

CONFIDENTIAL PERSONAL INFORMATION BOOKLET

It is very important that you return the completed booklet to our office. We must receive this booklet **no later than the Friday** before your initial meeting.

GENERAL INSTRUCTIONS FOR THE BOOKLET

We have designed this booklet to gather information concerning your family and assets. Please read each section carefully and fill out the information to the best of your ability. **Whenever necessary, put additional family or financial information on clearly labeled plain sheets of paper.**

Some parts of the booklet may not apply to you. If that's the case, just continue to next information request. If you already have all the financial information we've requested in some other form, you may return it in the other form instead of completing the Financial Information section of the booklet.

We will assume that you own the property in your own name. However, if you own your property jointly with another person--- such as a child, sibling, parent, or friend--- please note this fact on the booklet.

VALUING YOUR ASSETS

We rely on you to figure out the value of your assets. We will plan your estate based upon the value of the assets you furnish us. We are not experts in appraising assets or valuing businesses. Although we do not require exact values, the values you furnish us should be reasonable approximations of value.

If you have any questions about the approximate value of any of your assets, we strongly encourage you to discuss this issue with your other advisors. For example, if you own a business, you should probably ask your accountant for an estimate of the current value of the business. Or, if you have questions about the death benefit of your life insurance, contact your life insurance agent for correct information.

QUESTIONS

If you encounter questions in filing out this booklet or in organizing your important information, please call our office at **(757) 220-8554**. A member of our staff will be available to help you. We look forward to meeting with you!

FAMILY INFORMATION

Full Legal Name: _____ (____) (____/____/____)
Age (Birth Date)
(____-____-____)
Soc. Sec. #

Home Address: _____

Home City/St/Zip: _____

Home Phone: _____ Home E-mail _____

Occupation & Employer (or former occupation & employer): _____

Do you have any serious health concerns? Yes No

Describe: _____

Living Children

<u>Full Name of Children and Mailing Address</u>	<u>Birthdate</u>	<u>Marital Status (M/S/D)</u>
1. _____ _____	_____	_____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Spouse Name: _____		
2. _____ _____	_____	_____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Spouse Name: _____		

3. _____
_____ Spouse Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. _____
_____ Spouse Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. _____
_____ Spouse Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Deceased Children

Full Legal Name

Birthdate

Date of Death

1. _____

2. _____

Personal and Family Considerations

1. Are all of the above persons (you, children, and spouses) United States citizens? Yes No

2. Do any of your children or grandchildren require special planning consideration? Yes No
(For example, for educational, health, mental, or physical needs.)

Describe: _____

3. Are you making payments pursuant to a divorce or property settlement agreement? Yes No

4. Are you obligated to name a child as a beneficiary on any life insurance policy pursuant to a judgment of divorce? Yes No

5. Are there any persons other than minor children who are dependent upon you? Yes No

Who and how? _____

6. Does any family member receive Social Security or other government benefits? Yes No

7. Do you presently have a

Living Trust? Yes No Date of Document _____

Irrevocable Life Insurance Trust? Yes No Date of Document _____

Will? Yes No Date of Document _____

Power of Attorney? Yes No Date of Document _____

Medical Directive? Yes No Date of Document _____

Living Will? Yes No Date of Document _____

8. Are you currently the beneficiary of anyone else's trust? Yes No

9. Do you have long-term care insurance? Yes No

10. Have you ever filed a Federal Gift Tax Return? Yes No

When and why? _____

11. Have you made any gifts over \$10,000 to anyone other than your spouse or a charity? Yes No

If yes, please indicate to whom, when and what was the property given: _____

12. Do you have a safety deposit box Yes No

13. Please list the names and phone numbers of your Physician and Key Advisors (i.e., who advises you concerning property, investing, business and taxes)

Primary Care Physician: _____

CPA: _____

Personal Bank & Banker: _____

Financial Advisor: _____

Stock Broker: _____

Insurance Agent: _____

Other: _____

FINANCIAL INFORMATION

Monthly Income

Income from Employment: \$ _____
Monthly Social Security Income: \$ _____
Monthly Pension Income \$ _____
Other Monthly Income \$ _____

Annual income needed for desired standard of living: \$ _____

Cash Accounts (LA)

Cash assets include checking accounts, savings accounts, certificates of deposit, and money market accounts.

	Bank Name	Account Number	Type of Account	Owner	Current Balance
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____

Stocks, Bonds, Mutual Funds, and Treasury Bills & Notes (LA)

Please list your stocks, bonds, mutual funds, and treasury bills & notes. Do not include annuities, IRAs, or tax-deferred retirement plans in this section. You will list these later.

	Description	Owner	Current Value	Held by Broker (Yes/No)
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____
4.	_____	_____	\$ _____	_____
5.	_____	_____	\$ _____	_____

Retirement Plans (QP)

Please enter all Individual Retirement Accounts (IRA), Simplified Employee Pensions (SEP), 401(k) and Keogh Plans, Employee Stock Ownership Plans (ESOP), Profit Sharing Plans, and Tax-Sheltered Annuities (TSA) in this section.

	Company & Account Number	Owner	Beneficiary	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____

Life Insurance and Annuities (I)

In this section please list all of your life insurance policies, including group-term policies on your life under a company insurance plan. Also, please list your annuities. Do not list tax-sheltered annuities (TSAs) under this section. You will list TSAs under the section on Retirement Plans.

	Company & Policy Number	Owner	Insured	Beneficiary	Cash Value	Payable at Death
1.	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	_____	\$ _____	\$ _____
4.	_____	_____	_____	_____	\$ _____	\$ _____
5.	_____	_____	_____	_____	\$ _____	\$ _____

Notes and Accounts Receivable (NLA)

Notes and accounts receivable are amounts owed to you by other persons, including your children.

	Name of Debtor	Owed To	Balance
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Business Interests (BI)

Business interests are closely held stocks, partnership interests, or sole proprietorships that you own. Please indicate if the business is a corporation, limited liability company, or sole proprietorship and the value of your interest in the business.

Name & Type of Business	Owner	Value of Interest
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Real Estate (RE)

Real estate includes land and buildings (including your personal residence) that you either own outright or jointly with another person. It also includes any so-called "time-share" vacation property and condominiums. If real estate is subject to mortgage, please show mortgage balance.

General Description and Address	Owner	Fair Market Value	Mortgage Balance
1. _____ _____ _____	_____	\$ _____	\$ _____
2. _____ _____ _____	_____	\$ _____	\$ _____
3. _____ _____ _____	_____	\$ _____	\$ _____

Anticipated Inheritance, Gift, or Lawsuit Proceeds (NLA)

Include gifts or inheritances that are expected sometime in the future; Or monies anticipated through a lawsuit.

General Description	Owner	Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Other Valuable Assets (NLA)

Include here any other assets you may own, including personal effects such as furniture, automobiles, collectibles, and other personal assets of more than a nominal value.

General Description	Owner	Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Liabilities (L)

Do not include the amount of any real estate mortgages. You have already reported these under the Real Estate Section.

Name of Creditor	Owed By	Amount Owed
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

WHO ARE YOUR INTENDED HEIRS?

To whom do you want your property left at death?

Name and Relationship to You (son, daughter, friend, charity etc.)	To Get How Much? (amount or percentage)	City, State (if not already provided)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____

A. Do you have specific things (heirlooms, collectables, family business, real estate, etc.) you want to go to specific individuals? If so, what and to whom?

B. If one of your named heirs dies before you or shortly after you, who do you want to get their share? Their Children (your grandchildren)? Their Spouse (your son or daughter-in-law)? Or your other surviving Children?

YOUR SUCCESSORS

Typically, when most people travel, they make arrangements for their affairs to be taken care of while they are gone. When there are young children being left at home, there are usually several lists of instructions left for the babysitter, or whoever is left in charge.

Your successors are the “babysitters” you are placing in charge of your affairs while you are incapacitated and after you are gone. You will want to decide who will assist you if you become disabled or when you die. We will discuss these “helpers” at length during our meeting.

This is a vital part of the planning process, which most people are ill equipped to decide on the spot. You do not have to have an answer set in stone at this time. We would prefer, however, that you have several choices to consider choosing from.

Please write the full name, home address, home, work, and cell phone numbers of your successors.

1. Who would you choose as your Executor or Trustee to administer your estate at your death?

	Answer
First Choice	
Second Choice	
Third Choice	

2. Who would you choose as your Agent appointed in your Durable Power of Attorney to manage your financial affairs if you were mentally incapacitated?

	Answer
First Choice	
Second Choice	
Third Choice	

3. Who would you appoint in your Advance Medical Directive to make health care decisions for you if you were mentally incapacitated and could not make those decisions for yourself?

	Answer
First Choice	
Second Choice	
Third Choice	

4. If you have minor children, who would you choose to raise your children if you and your spouse could not?

	Answer
First Choice	
Second Choice	
Third Choice	

YOUR ESTATE PLANNING PRIORITIES

We believe that an individual's estate plan should be an expression of the individual; a statement not only of what happens to his or her "stuff" at death, but as important, an accurate reflection of who he or she really is while alive. Accomplishing this requires that we do more than apply formulas or analyze numbers on a page. Simply stated, to design a plan that reflects you, we need to know more than just what you own--- We need to know more about who you are.

Under each section, please circle how important the specific planning issue is to you.

PLANNING ISSUE

IMPORTANCE

Least Most

Retaining Control During Lifetime

Assure my standard of living in the future	1	2	3	4	5
Protecting assets from nursing home costs	1	2	3	4	5
Protect my assets from creditors & lawsuits	1	2	3	4	5

Planning for Incapacity

Financial management	1	2	3	4	5
Health care decisions	1	2	3	4	5

Avoiding Death Probate

Cost	1	2	3	4	5
Delay	1	2	3	4	5
Publicity	1	2	3	4	5

Tax Planning

Reduce or eliminate any income taxes	1	2	3	4	5
Reduce or eliminate any estate taxes	1	2	3	4	5

Keeping Assets in the Bloodline

1	2	3	4	5
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Planning for Minor (Grand)children

1	2	3	4	5
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Planning for Beneficiary's "Special Needs"

1	2	3	4	5
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