Legacy Law Associates, P.L.

Attorneys and Counsellors at Law

Confidential Personal Information Form

County and State of Residence ____ Date ________________________

Client #1

Full Legal Name ____ Soc. Sec. No. XXX-XX-_______________

Name you want on your documents ____

Nickname _______________________ Date of Birth ___________________ Religion _________________________

Current or prior employment ____ Retired? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No (If no, then citizen of what country?)

☐ Married (date of marriage __________________________) ☐ Divorced ☐ Widowed ☐ Single ☐ Partner

If married, do you have a pre- or post-marriage agreement? ☐ Yes (provide a copy) ☐ No

Client #2

Full Legal Name ____ Soc. Sec. No. XXX-XX-_______________

Name you want on your documents ____

Nickname _______________________ Date of Birth ____________________ Religion _________________________

Current or prior employment ____ Retired? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No (If no, then citizen of what country? _______________________________________)

Family Advisors

Your family advisory may be your financial planner, CPA, insurance agent, other attorneys, bankers, or stock broker. We are interested in those that you rely on and have confidence in regarding your finances.

CPA Name _______________________________________ Email ____

Firm Name _______________________________________ Telephone No. ____________________________________

Financial Advisor__________________________________ Email ____

Firm Name _______________________________________ Telephone No. ____________________________________

Other Advisor ____________________________________ Email ____

Firm Name _______________________________________ Telephone No. ____________________________________

Are any of these advisors what you consider to be your "trusted advisor"? Is this someone you would
☐ want included in the planning ☐ call to tell them about your planning when done ☐want copies of planning sent.

If so, who? ____

Children (including deceased children)
And other people you name as beneficiaries

1. Name ______________________ Nickname ______________________

☐ Male ☐ Female Date of Birth ____________ Relationship to you ______________________

Address ____

Phone ______________________ Email ______________________

☐ Married ☐ Partner (Spouse/Partner name ______________________) ☐ Divorced ☐ Widowed ☐ Single

Children & ages ____

Concerns ____

2. Name ______________________ Nickname ______________________

☐ Male ☐ Female Date of Birth ____________ Relationship to you ______________________

Address ____

Phone ______________________ Email ______________________

☐ Married ☐ Partner (Spouse/Partner name ______________________) ☐Divorced ☐ Widowed ☐ Single

Children & ages ____

Concerns ____

3. Name ______________________ Nickname ______________________

☐ Male ☐ Female Date of Birth ____________ Relationship to you ______________________

Address ____

Phone ______________________ Email ______________________

☐ Married ☐ Partner (Spouse/Partner name ______________________) ☐ Divorced ☐ Widowed ☐ Single

Children & ages ____

Concerns ____

4. Name ______________________ Nickname ______________________

☐ Male ☐ Female Date of Birth ____________ Relationship to you ______________________

Address ____

Phone ______________________ Email ______________________

☐ Married ☐ Partner (Spouse/Partner name ______________________) ☐ Divorced ☐ Widowed ☐ Single

Children & ages ____

Concerns ____

IMPORTANT Are any of those named above someone you would

☐want included in the planning ☐ want copies of planning sent

☐ call to tell them about your planning when done ☐ want to meet us

If so, who? ____

Children (including deceased children)
And other people you name as beneficiaries

5. Name ______________________ Nickname ______________________
☐ Male ☐ Female Date of Birth __________ Relationship to you ______________
Address ____
Phone ______________________ Email ______________________
☐ Married ☐ Partner (Spouse/Partner name ______________) ☐ Divorced ☐ Widowed ☐ Single
Children & ages ____
Concerns ____

6. Name ______________________ Nickname ______________________
☐ Male ☐ Female Date of Birth __________ Relationship to you ______________
Address ____
Phone ______________________ Email ______________________
☐ Married ☐ Partner (Spouse/Partner name ______________) ☐ Divorced ☐ Widowed ☐ Single
Children & ages ____
Concerns ____

7. Name ______________________ Nickname ______________________
☐ Male ☐ Female Date of Birth __________ Relationship to you ______________
Address ____
Phone ______________________ Email ______________________
☐ Married ☐ Partner (Spouse/Partner name ______________) ☐ Divorced ☐ Widowed ☐ Single
Children & ages ____
Concerns ____

8. Name ______________________ Nickname ______________________
☐ Male ☐ Female Date of Birth __________ Relationship to you ______________
Address ____
Phone ______________________ Email ______________________
☐ Married ☐ Partner (Spouse/Partner name ______________) ☐ Divorced ☐ Widowed ☐ Single
Children & ages ____
Concerns ____

IMPORTANT Are any of those named above someone you would

☐ want included in the planning
☐ want copies of planning sent
☐ call to tell them about your planning when done
☐ want to meet us

If so, who? ____

Other People or Charities/Schools/Churches You Plan to Name in Your Planning
(to receive money or to be named as an executor, trustee, or other position of authority)

1. Name ______________________________
Relationship ______________________________
Address ______________________________
Telephone ______________ Email ______________
Comments ______________________________

2. Name ______________________________
Relationship ______________________________
Address ______________________________
Telephone ______________ Email ______________
Comments ______________________________

3. Name ______________________________
Relationship ______________________________
Address ______________________________
Telephone ______________ Email ______________
Comments ______________________________

4. Name ______________________________
Relationship ______________________________
Address ______________________________
Telephone ______________ Email ______________
Comments ______________________________

5. Name ______________________________
Relationship ______________________________
Address ______________________________
Telephone ______________ Email ______________
Comments ______________________________

FUNERAL AND BURIAL INFORMATION
Preferred Funeral Home ______________________ ☐ Prearrangements ☐ Prepaid

Do You Have Burial Lots ☐ Yes ☐ No If so, where ______________________

Do You Prefer to Be Cremated? ☐ Yes ☐ No If so, ashes disposed of ______________

Are You A Veteran __________ If so, do you want a funeral with Military Honors? ☐ Yes ☐ No

COMMENTS ______________________________

Client #1	Client #2	Important Family Questions **Please check a box if this applies to you.**
☐	☐	Have you been previously divorced?
☐	☐	If so, are you making payments pursuant to a divorce decree? (please bring a copy)
☐	☐	Have you been widowed?
☐	☐	If you are currently married, have you lived in any of the following states while married to your current spouse? AZ, CA, ID, LA, NV, NM, TX, WA, WI
☐	☐	Have you filed federal or state gift tax returns? (please bring a copy)
☐	☐	Do you have prior wills, trusts, or other estate planning documents? (please bring a copy)
☐	☐	Are you expecting an inheritance from anyone?
☐	☐	Do you have long term care insurance?
☐	☐	Do you have any major health concerns?
☐	☐	Do you have any creditor problems or concerns?
☐	☐	Do any of your children or grandchildren have special educational, medical, or physical needs? If so, who? ______
☐	☐	Do you have any other special concerns about any of your children or grandchildren? If so, who? ______
☐	☐	Do you financially assist any adult child, sibling, or parent? If so, who? ______
☐	☐	Do you need to plan for children from a previous marriage or relationship?
		Are you concerned about protecting a child's inheritance from creditors or divorced spouses?
☐	☐	Do you have special concerns about your current income or the assets you own? Which? ______
☐	☐	Do you need to find a new CPA, financial advisor, or other professional to assist you? What type of professional? ______
☐	☐	Do you maintain a safe deposit box? If so, location ______ Who can enter this box? ______
☐	☐	Do you store information, files, photographs, or other digital media assets that are valuable to you? Where? ☐ Home ☐ Online Service______
☐	☐	Are you concerned about probate, the probate process, and minimizing probate?
☐	☐	Are there any questions we are not asking you about? What are those questions? ______

Asset Overview

Please list any of the following

- Bank accounts (checking, savings, C.D.'s)
- Brokerage Accounts (identify IRA's or other retirement accounts)
- Annuities
- Retirement Accounts
- Saving Bonds
- Business entities (and value guess)
- Stock and Bonds
- Real Estate
- Life Insurance
- Other Valuable assets (mortgages, partnerships, etc)
- Liabilities (mortgage, credit lines, other significant debt)
- Pensions and Social Security

Description of Asset	**Owner** (how is the account titled?)	**Estimated Value**
1. Bank of America Checking Account (example) Notes	(i.e., John & Mary, or John's Trust, or joint)	$1,000.00 (example)
2. __________ Notes		
3. __________ Notes		
4. __________ Notes		
5. __________ Notes		
6. __________ Notes		
7. __________ Notes		
8. __________ Notes		
9. __________ Notes		

Description of Asset	Owner	Estimated Value
10. ____________________ Notes		
11. ____________________ Notes		
12. ____________________ Notes		
13. ____________________ Notes		
14. ____________________ Notes		
15. ____________________ Notes		
16. ____________________ Notes		
17. ____________________ Notes		
18. ____________________ Notes		
19. ____________________ Notes		
20. ____________________ Notes		