



McGUIRE WOOD & BISSETTE
LAW FIRM

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CONFIDENTIAL PERSONAL INFORMATION

Date: _____

Your Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

County of Residence: _____

E-mail Address: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Citizenship: _____

Veteran Status: _____

Dates of Service/Branch: _____

Please provide the following information regarding your current or last employer and note if retired:

Name of Employer: _____

Position: _____

Employer's Address: _____



Your Spouse's Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

County of Residence: _____

E-mail Address: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Citizenship: _____

Veteran Status: _____

Dates of Service/Branch: _____

Please provide the following information regarding your current or last employer and note if retired:

Name of Employer: _____

Position: _____

Employer's Address: _____

CURRENT MARRIAGE

Date of Marriage: _____

Place of Marriage: _____

PRIOR MARRIAGES

Have either of you been previously married?

YES / NO

If yes, please explain: _____

When did the prior marriage(s) end? _____

How did the prior marriage(s) end (death/divorce)? _____

Have you signed an agreement governing your rights and responsibilities toward your current or a former spouse? YES / NO (if yes, please provide a copy of that agreement)

Have you ever lived in a community property state? YES / NO

PROFESSIONAL ADVISORS:

Attorney: _____

Address: _____

Phone Number: _____

Accountant: _____

Address: _____

Phone Number: _____

Investment Advisor: _____

Address: _____

Phone Number: _____

Insurance Agent: _____

Address: _____

Phone Number: _____

LOCATION OF:

Safe Deposit Box: _____

Valuable Papers: _____

How did you come to choose this firm/attorney for your estate planning needs? _____

Are there any specific topics or issues you would like to discuss? _____

CHILDREN

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Social Security Number: _____

Married? YES / NO Parent if not a child of current marriage: _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Social Security Number: _____

Married? YES / NO Parent if not a child of current marriage: _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Social Security Number: _____

Married? YES / NO Parent if not a child of current marriage: _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Social Security Number: _____

Married? YES / NO Parent if not a child of current marriage: _____

Is any child disabled? _____

Is any child adopted? _____

Is any child deceased? _____

GRANDCHILDREN

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Married? YES / NO

Parent: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Married? YES / NO

Parent: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Married? YES / NO

Parent: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Married? YES / NO

Parent: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Married? YES / NO

Parent: _____

Is any grandchild disabled? _____

Is any grandchild adopted? _____

Is any grandchild deceased? _____

ASSET SCHEDULE

Real Estate:

Location/Description	Title Holder/Owner(s)	Mortgage Amount	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance or Long Term Care Insurance:

Company	Insured	Owner	Beneficiaries	Value
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____

Does anyone other than you or your spouse own insurance on your life? YES / NO

RETIREMENT ACCOUNTS (e.g. IRA, 401k, SEP, 403b):

Account Type	Description	Owner	Beneficiaries	Value
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____
_____	_____	_____	Primary: _____ Contingent: _____	_____

Investments (e.g. stocks, mutual funds, brokerage accounts):

Company	Description	Owner	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these accounts payable to a designated beneficiary? YES / NO

Cash, CDs, and Checking/Savings/Money Market Accounts:

Banking Institution	Type of Account	Owner	Balance/Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these accounts payable to a designated beneficiary? YES / NO

Business Interests (e.g. limited liability company, partnership, closely-held corporation):

If so, please provide any copies of operating or partnership agreements, split-dollar agreements, and non-qualified deferred compensation agreements.

Business Entity	Shares Held	Owner	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Promissory Notes, Mortgages, and other monies payable/owed to you by others:

Description	Debtor	Owner	Balance Owed to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Automobiles, boats, jewelry, household furnishings, and other miscellaneous personal property:

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



LIABILITY/DEBT SCHEDULE

Debts you owe to institutions or individuals (e.g. promissory notes, credit cards, conditional guarantees)

Description	Creditor	Borrower	Balance Owed on Debt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME SCHEDULE

Please provide the following information regarding the monthly income of you and your spouse.

INCOME SOURCE	YOU	YOUR SPOUSE
Wages/Work Earnings		
Social Security Select the type: Retirement/Disability/SSI		
Veterans' Benefits		
Private Pension		
Public Employee Pension		
Railroad Retirement		
Annuity		
Alimony		
Unemployment Compensation		
Worker's Compensation		
Rental Income		
Trust Income		
Interest and Dividends		
Other:		
Other:		
Other:		
Other:		
TOTAL MONTHLY INCOME:		

GIFT HISTORY

Please indicate any gifts or transfers of any asset for less than fair market value in the past 5 years.

Asset	Recipient	Value	Was a gift tax return filed?

