



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)? _____

-If by death, was a Form 706 (U.S. Estate Tax Return) filed for deceased spouse? YES / NO

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: _____

E-Mail: _____ Social Security Number: _____

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

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

E-Mail: _____ Social Security Number: _____

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

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

E-Mail: _____ Social Security Number: _____

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

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

E-Mail: _____ 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: _____	_____
Type of Insurance:	_____		Contingent: _____	
_____	_____	_____	Primary: _____	_____
Type of Insurance:	_____		Contingent: _____	
_____	_____	_____	Primary: _____	_____
Type of Insurance:	_____		Contingent: _____	
_____	_____	_____	Primary: _____	_____
Type of Insurance:	_____		Contingent: _____	

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

Retirement Accounts (e.g. IRA, 401k, SEP, 403b, qualified annuities):

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

Investments (e.g. stocks, mutual funds, brokerage accounts, non-qualified annuities):

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Intellectual property rights including copyrights, trademarks, and patents, both registered and unregistered (e.g. photographs, artwork, inventions, etc.) and/or Digital Assets including website domains, blogs, digital photos, digital accounts, cryptocurrency (e.g. iCloud, PayPal, Venmo, Etsy, digital bank accounts, Bitcoin, etc.):

LIABILITY/DEBT SCHEDULE

Debts you owe to institutions or individuals (e.g. taxes, 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?

Have you ever filed a gift tax return? Yes No

CONSIDERATION SHOULD BE GIVEN TO THE FOLLOWING:

Note: If you do not understand all of the questions on the following pages, we will be happy to review them with you. Please also provide copies of any existing powers of attorney, last wills and testaments, & trusts.

1. Who should be the Executor of your estate? Primary: _____
Backup: _____

2. Who should be Trustee of any trusts for children? Primary: _____
Backup: _____

3. Describe the way each of you would like your property to be distributed at your death:
If your spouse survives you: _____

If you survive your spouse: _____

In the event of your simultaneous deaths: _____

In the event all named beneficiaries predecease you: _____

4. At what age would you like your children or the designated beneficiaries to receive the principal of any trust for their benefit? _____

5. If you are guardian for either minor children or a disabled adult, whom would you like to designate as the primary and backup guardian for those individuals?

6. Would you like to discuss an advance directive for mental health treatment?

7. Do you anticipate receiving an inheritance in the near future? If so, please explain the source and estimated amount: _____

8. Are you currently a beneficiary of a trust? If so, please explain and provide a copy.

9. Are you currently serving as legal guardian, power of attorney, trustee, or executor for another person? _____

10. Are you currently involved in a lawsuit or have reason to believe that you will be involved in a lawsuit? _____