



Personal Information Form

*** All information contained in this form is confidential and protected by attorney-client privilege. ***
Completing this **prior to your appointment** will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

Grady H. Williams, Jr., LL.M. and Alison E. Hickman, J.D.

Name: _____ DOB: _____ US citizen Naturalized citizen resident alien
occupation: _____ retired employed Veteran Yes No
Marital status: single/widow(er) married (date _____) first second other _____ Social Security No.: _____

Spouse (if applicable): _____ DOB: _____ DOD (if applicable) _____
 US citizen Naturalized citizen resident alien occupation: _____ retired employed
 first marriage second marriage other _____ Social Security No.: _____ Veteran Yes No

Address: _____ City: _____ State: _____ Zip Code _____

Home # _____ Cell # _____ Work # _____ e-mail address _____

Which number(s) would you prefer to be contacted at? home cell work What is best time? _____

Referred to us by: Name: _____ Firm Name: _____

Contacts: Financial Advisor _____ Firm: _____ Phone: _____
Accountant/tax: _____ Firm: _____ Phone: _____

Existing Estate Planning:	You	Spouse <input type="checkbox"/> NA	Date Document Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily benefit: \$ _____ Term _____

Have you transferred or gifted away assets away in the last 60 months? Amount \$ _____ Date: _____

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.

You - current health status: Good Concern Problem
Specific concern/problem: _____

Spouse - current health status: Good Concern Problem
Specific concern/problem: _____

	You	Spouse <input type="checkbox"/> NA
Do you have children:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No
Please specify:	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster	<input type="checkbox"/> joint <input type="checkbox"/> you <input type="checkbox"/> step <input type="checkbox"/> adopted <input type="checkbox"/> foster
Do you have grandchildren:	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes How many? _____ <input type="checkbox"/> No

What would completing your estate planning accomplish for you? _____

What do you see as your biggest risk if you don't complete your estate plan? _____

Rank the level of importance to you on the following issues (1 = Low 10 = High)

- | | |
|---|---|
| ____ Avoid probate | ____ Protect assets from government/lawsuits/nursing homes |
| ____ Keep estate matters private | ____ Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy) |
| ____ Minimize/eliminate taxes | ____ Keep it simple for my family when something happens to me (disability/death) |
| ____ Remain independent and in control of my care and/or assets | ____ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled |

PERSONAL/FAMILY INFORMATION

CHILDREN (if applicable) or BENEFICIARIES (who you want to get your "Stuff")

Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
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Children: none How many? _____ Ages: _____
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Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ Male Female Date of Birth: _____
Address: _____ Phone: _____
Child of: joint you spouse adopted Other relation _____
 student employed - Occupation: _____
 Single Married first second other - how long? _____ Spouse's name: _____ occupation: _____
Children: none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

FINANCIAL INFORMATION SHEET

**** It is very important you indicate in each category ownership and dollar amount separately. ****

Monthly Income:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages				
Pension				
Social Security				
Investments				
Other				

Total Value

ASSET INFORMATION AS OF Please provide total amount for each type of asset and who owns.

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts				
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts				
Retirement Accounts: IRA, 401L, 403B, SEP, etc				
Life Insurance - Death Benefit				
Life Insurance - Cash Value				
Stocks you hold (not in brokerage accounts)				
Bonds you hold (not in brokerage accounts)				
Annuities - original amount				
Annuities - month and year purchased				
Annuities - current value				
Real Estate: residence (per tax bill)				
Real Estate: other				
Vehicles: automobile, motorcycle, boats, snowmobiles, etc				
Total Value				

Over Please →

OTHER ASSETS NOT LISTED

TYPE	YOU	SPOUSE	JOINT	TOTAL
Total Value				

LIABILITIES

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage				
Loans Payable				
Other				
Total Value				

BUSINESS INTERESTS

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm				
Partnership or LLC Interest				
Corporation		S-Corp?		
Other:				
Total Value				

Notes/Comments: