



# Personal Information Form for Grady H. Williams, Jr., LL.M.

\*\*\* 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.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized citizen  resident alien  
Occupation: \_\_\_\_\_  retired  employed Veteran  Yes  No  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail address \_\_\_\_\_

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  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home # \_\_\_\_\_

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: \_\_\_\_\_

<u>Existing Estate Planning:</u>	<u>You</u>	<u>Spouse</u> <input type="checkbox"/> NA	<u>Date Document Executed</u>
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 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 Do you have children:  Yes How many? \_\_\_\_\_  No  
Please specify:  joint  you  step  adopted  foster

Spouse  NA Do you have children:  Yes How many? \_\_\_\_\_  No  
Please specify:  joint  you  step  adopted  foster

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: \_\_\_\_\_
Special needs/considerations: \_\_\_\_\_
Potential problems/hardships/issues: \_\_\_\_\_

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Potential problems/hardships/issues: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_
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Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_
Special needs/considerations: \_\_\_\_\_
Potential problems/hardships/issues: \_\_\_\_\_

## Personal Financial Information

**\*\* It is very important you indicate in each category ownership and dollar amount separately, as well as total value.\*\***

### MONTHLY INCOME:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investment Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>Total Income</b>	\$	\$	\$	\$

### ASSET INFORMATION AS OF \_\_\_\_\_ (date) - 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, 401K, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$ = original amount    date=month/year purchased CV=current value	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____	\$ _____ date ____ CV _____
Real estate: residence	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$	\$

**Over Please →**

**OTHER ASSETS:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**LIABILITIES:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**BUSINESS INTEREST:**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

Other things you think we should know:

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