

PERSONAL & FINANCIAL INFORMATION

For Estate Planning with Attorney Paul Premack

Date completed: _____.

Completed by: _____

Instructions: This information form is designed to be very complete. If it asks for information that is not applicable to your situation, just answer "N/A" (not applicable). If there is something unusual in your circumstances, please provide that additional information on extra sheets.

AFTER COMPLETING this form, save it to your computer and then upload that saved file to Premack at www.Premack.com/submit-info.

Personal Details	Me	My Spouse (if married)
Full name		
Phone Number		
Date of birth		
Place of birth (city/state)		
Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other:	<input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other:
Are there children from this marriage?	<input type="checkbox"/> No <input type="checkbox"/> Yes: list their names I'm not married	
Last 3 digits of SSN		
Last 3 digits of driver's license number		
Date on which we married		
City/State where we married		

Prior marriage history

For Me

For My Spouse

Ex-Spouse name		
Marriage ended by	<input type="checkbox"/> Divorce <input type="checkbox"/> Death	<input type="checkbox"/> Divorce <input type="checkbox"/> Death
Year marriage ended		
Names of children from this marriage		

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Marriage ended by	<input type="checkbox"/> Divorce <input type="checkbox"/> Death	<input type="checkbox"/> Divorce <input type="checkbox"/> Death
Year marriage ended		
Names of children from this marriage		

[COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD, NOTING THOSE THAT ARE DECEASED – add another page if more space is needed]

Name and address of this child		
This child is	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Deceased; date of death:	
Best phone # for this child		
Select:	<input type="checkbox"/> Child of this marriage <input type="checkbox"/> From Prior marriage. Parents are:	
Date of birth		
Is this child legally disabled?	<input type="checkbox"/> YES - If yes, does this child receive government benefits, and from what program? _____ <input type="checkbox"/> NO	
Current spouse of this child		
Former Spouse of this child		
This child's children	<u>DOB / age</u>	<u>Name of other parent</u>

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Your Financial and Business Consultants

Names, addresses, and telephone numbers of your business and financial advisors, including:

Stockbroker	
Accountant	
Banker	
Other attorneys	

Inter Vivos Trusts

Have you previously established any inter vivos (living) trusts? If yes, provide a copy of trust agreement to the attorney.

Name of the trust	
Date established	
Value of corpus	
Revocable or irrevocable?	
Annual income from trust	
Income beneficiaries	
Residual beneficiaries	

MONTHLY INCOME

Me

My Spouse

Salary		
Pension		
Social Security		
Other sources		
TOTAL per month		

Personal Property Assets

Bank or Brokerage name	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> MM <input type="checkbox"/> CD <input type="checkbox"/> Brokerage
Approximate Balance	
Arrangements	<input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> Pay on Death <input type="checkbox"/> Solo account
Funds are	<input type="checkbox"/> Community Property <input type="checkbox"/> Separate Property of _____

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Safe deposit box:

Location		
Box number		
Who can sign on the box?		
Description and value of contents		

Automobiles

#1 Make, model & year	
How registered	
Current value	
Loan Balance	

#2 Make, model & year	
How registered	
Current value	
Loan Balance	

Insurance policies with death benefits

Policy number	
Insurance Co name	
Type of policy	
Date acquired	
Cash value	
Face Amount	
Owner	
Beneficiaries	

Policy number	
Insurance Co name	
Type of policy	
Date acquired	
Cash value	
Face Amount	
Owner / Insured	
Beneficiaries	

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Type of policy	
Date acquired	
Cash value	
Face Amount	
Owner / Insured	
Beneficiaries	

Pensions, IRAs, profit sharing plans, and similar programs

Title or description of plan	
Approximate balance	
Amount of RMD this year	
Beneficiary designation	

Title or description of plan	
Approximate balance	
Amount of RMD this year	
Beneficiary designation	

Title or description of plan	
Approximate balance	
Amount of RMD this year	
Beneficiary designation	

Residence:

Address and Legal Description	
Names on deed	
Status	<input type="checkbox"/> Community Property <input type="checkbox"/> Separate Property of _____
Year purchased	
Purchase price	
Estimated current market value	
Outstanding mortgages?	<input type="checkbox"/> None <input type="checkbox"/> Purchase mortgage? Balance: _____ <input type="checkbox"/> Reverse Mortgage? <input type="checkbox"/> Home equity loan?
Do you already have:	<input type="checkbox"/> Community Property Survivorship Agreement <input type="checkbox"/> Living Trust <input type="checkbox"/> Lady Bird Deed <input type="checkbox"/> Life Estate Deed

Other real property

Address and Legal Description	
Names on deed	
Status	<input type="checkbox"/> Community Property <input type="checkbox"/> Separate Property of _____
Year purchased	
Purchase price	
Estimated current market value	
Outstanding mortgages?	<input type="checkbox"/> None <input type="checkbox"/> Purchase mortgage? Balance: _____ <input type="checkbox"/> Reverse Mortgage? <input type="checkbox"/> Home equity loan?
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Debts – not including Home Loans and Car Loans (list those with car / house)

Creditor name	
Debt owed by	<input type="checkbox"/> Both of us <input type="checkbox"/> One of us: _____
Debt is	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured (like credit card)
Outstanding balance	

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Outstanding balance	

Funeral Preplanning

Name of Funeral Home	
Do you desire:	Cremation Traditional interment Other:
Is funeral pre-paid?	Yes No
Name of cemetery / location	
Other arrangements you desire for your funeral:	

Personal Representatives		
Executor of Will	For Me	For my spouse
1st Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
2nd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
3rd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:

Financial Agent	For Me	For my spouse
1st Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
2nd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
3rd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:

Medical Agent	For Me	For my spouse
1st Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
2nd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other:
3rd Choice: Name/address/phone		<input type="checkbox"/> Same <input type="checkbox"/> Other: