

**McDONALD LAW FIRM**  
**CONFIDENTIAL PERSONAL INFORMATION FORM**  
**PLEASE PRINT CLEARLY**

Date Completed: \_\_\_\_\_

CLIENT #1:

Full Legal Name: \_\_\_\_\_

How do you sign your name on legal documents: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Soc. Sec. Nr.: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Bus. Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Business Email: \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen  Lived in the following states: CA WA NV AZ NM TX ID LA or WI

Do you own property in one of these states?  yes  no

HEALTH:  GOOD  FAIR  POOR Are there any existing conditions that we should know about?

CLIENT #2:

Full Legal Name: \_\_\_\_\_

How do you sign your name on legal documents: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Soc. Sec. Nr.: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Bus. Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Business Email: \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

U.S. Citizen  Lived in the following states: CA WA NV AZ NM TX ID LA or WI

Do you own property in one of these states?  yes  no

HEALTH:  GOOD  FAIR  POOR Are there any existing conditions that we should know about?

**CHILDREN'S INFORMATION**

CHILD #1:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

CHILD #2:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

CHILD #3:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

CHILD #4:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

CHILD #5:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

CHILD #6:

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

Parents: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names:	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CAN WE DISCLOSE INFORMATION TO THE CHILD NAMED ABOVE?  YES  NO

Do any of your children have any mental or physical disabilities?  YES  NO

If so, please indicate the name of the child and describe the physical or mental disabilities:

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Do any of your children have any dependency addiction issues (gambling, drugs, etc.)?  YES  NO

If so, please summarize issues here naming child(ren) so affected.

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Do you have any pets?  YES  NO

If yes, please list names, ages and type of animal.

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**OTHER DEPENDENTS**

Friends or relatives who are dependents.

DEPENDENT #1:

Full Legal Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

CAN WE DISCLOSE INFORMATION TO THE DEPENDANT NAMED ABOVE?  YES  NO

DEPENDENT #2:

Full Legal Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc.Sec. Nr. \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Married:  Divorced  Widowed:  Single Spouse's Name: \_\_\_\_\_

CAN WE DISCLOSE INFORMATION TO THE DEPENDANT NAMED ABOVE?  YES  NO

**OTHER PROFESSIONAL ADVISORS**

Name of CPA: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Financial Advisor: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Family Attorney: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Stock Broker: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Personal Banker: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## IMPORTANT FAMILY QUESTIONS

Please check "YES" or "NO" for your answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre and/or post marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse previously completed a Health Care Surrogate Designation or Living Will? (Please furnish a copy.)		
Have you or your spouse previously completed wills, trusts, powers of attorney or estate plans? (Please furnish copies.)		
Are you and your spouse citizens of the United States?		
If you answered "NO", are either you or your spouse a resident or non-resident alien?		
Are you concerned about who will handle your affairs if you become disabled?		
Are you concerned about your loved ones' abilities to handle any future inheritance?		
Do you have any concerns about your children's creditors or liabilities?		
Do you own or have any rental property?		
Do you own any real estate outside of Florida? If yes, where is the property located? _____		
Are you or your spouse beneficiaries or trustees of any trust?		
Do you or your spouse have a power of appointment under any trust?		
Do you or your spouse anticipate receiving an inheritance? If yes, estimate the size of the inheritance _____		

Please list any other considerations, which are important to planning for you and your loved ones:

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**DISPOSITION OF ESTATE**

What are your general desires as to the disposition of your estate?

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Who is/are the beneficiaries of your estate?

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Is there anyone in your family that you do not want to receive anything from your estate:  YES  NO

If yes, please list: \_\_\_\_\_

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Have you thought about distributions to the beneficiaries?  YES  NO

If so, how would you like to make distributions to the beneficiaries: \_\_\_\_\_

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If you have grandchildren, have you considered leaving anything to them? If yes, please describe how you want to leave assets to your grandchildren: \_\_\_\_\_

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Have you made any donations to any charitable organizations?  YES  NO

If yes, please indicate the nature and amount of the contributions and whether you would consider making such contributions in the future.

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**SPECIFIC GIFTS:** Do you wish to make any specific gifts of specific property either at this time or at the time of your death?  YES  NO If yes, please indicate your wishes here.

Name of Recipient	Amount	Description Of Gift	Relationship	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PREVIOUS GIFTS:** Have you made any gifts to anyone in the past year?  YES  NO If yes, please describe here.

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ESTATE PLANNING MATTERS

In this section, please provide the name, address & telephone number of your “helpers”. Generally it is preferred that you have at least three (3) different alternatives for each position. However, your family and/or circumstances may dictate otherwise.

**DISABILITY TRUSTEES:** Who would you like to serve as Trustee of your trust if you become disabled?

Name	Address	Phone Number
1 <sup>st</sup> Choice:	_____	
2 <sup>nd</sup> Choice:	_____	
3 <sup>rd</sup> Choice:	_____	
4 <sup>th</sup> Choice:	_____	
5 <sup>th</sup> Choice:	_____	

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE TRUSTEES NAMED HERE?  YES  NO

**POST-DEATH TRUSTEES:** Who would you like to serve as Trustee after your death? (surviving spouse is usually one of the trustees).

Name	Address	Phone Number
1 <sup>st</sup> Choice:	_____	
2 <sup>nd</sup> Choice:	_____	
3 <sup>rd</sup> Choice:	_____	
4 <sup>th</sup> Choice:	_____	
5 <sup>th</sup> Choice:	_____	

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE TRUSTEES NAMED HERE?  YES  NO

Who would you like to serve as the Personal Representative of your estate? (This person is technically different than a Trustee. However, the same person can serve as both the Trustee and Personal Representative.)

Name	Address	Phone Number
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1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

4<sup>th</sup> Choice: \_\_\_\_\_

5<sup>th</sup> Choice: \_\_\_\_\_

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE PERSONAL REPRESENTATIVES NAMED HERE?

YES  NO

Who would you like to serve as your Attorney-in-Fact (Agent) under your Durable Power of Attorney?

Name	Address	Phone Number
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1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

4<sup>th</sup> Choice: \_\_\_\_\_

5<sup>th</sup> Choice: \_\_\_\_\_

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE AGENTS NAMED HERE?  YES  NO

Who would you like to serve as your Health Care Surrogate?

Name	Address	Phone Number
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1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE SURROGATES NAMED HERE?  YES  NO

Who would you like to serve as your guardian for any minor children?

Name

Address

Phone Number

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE GUARDIANS NAMED HERE?  YES  NO

Who would you like to serve as your guardian if you become disabled and it becomes necessary to appoint a guardian for you?

Name

Address

Phone Number

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

(If you wish for two persons to serve together, please indicate that above.)

CAN WE DISCLOSE INFORMATION TO THE GUARDIANS NAMED HERE?  YES  NO

**REAL PROPERTY**

TYPE: Homes \* Land \* Buildings \* Timeshares. TYPE OF OWNERSHIP: Joint tenants with survivorship (JTWROS) \* Tenants in Common (TC) \* Tenancy by the Entireties (TBE). (Please provide a copy of the deed or agreement relating to such property and a copy of the insurance policy, title insurance policy, personal liability (umbrella) policy and mortgage statement.) Please list primary residence first.

**PRINCIPAL RESIDENCE:**

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO Have you filed for Homestead Exemption?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL PROPERTY:**

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL PROPERTY:

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL PROPERTY:

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL PROPERTY:

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

ADDITIONAL PROPERTY:

Address: \_\_\_\_\_ City & County: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Year property purchased: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Do you have a mortgage?  YES  NO

Lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_



**CASH ACCOUNTS**

TYPE: Checking Account (CA) \* Savings Account (SA) \* Certificates of Deposit (CD) \* Safety Deposit Box (SD). Indicate type below. (Please provide the latest statement for each account.)

-----  
#1: INSTITUTION NAME                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#2: INSTITUTION NAME                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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#3: INSTITUTION NAME                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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#4: INSTITUTION NAME                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#5: INSTITUTION NAME                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Are any funds electronically deposited or withdrawn from any of the accounts above?  YES  NO  
Are you named as a co-owner on any accounts by someone else (ie, parents, children, etc.)?  YES  NO  
NOTE: If account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

**INVESTMENT ACCOUNTS**

TYPE: Money Market (MM) \* Investment (J) \* Cash Management (CM) \* or other account that is in street name. Indicate type below. Please provide the latest statement for each account.

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#1: BROKERAGE FIRM                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#2: BROKERAGE FIRM                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#3: BROKERAGE FIRM                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#4: BROKERAGE FIRM                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----  
#5: BROKERAGE FIRM                      TYPE/ACCOUNT #                      OWNER                      CURRENT VALUE

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

-----

Are any funds electronically deposited or withdrawn from any of the accounts above?  YES  NO  
Are you named as a co-owner on any accounts by someone else (ie, parents, children, etc.)?  YES  NO  
NOTE: If account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS

Please indicate any stock certificates that are in your possession (please attach a copy). Stock owned in a family business or non-publicly traded company should be listed under "Corporate Business and Professional Interests". Stocks held in street name or investment accounts should be listed under "Investment Accounts".

-----  
#1: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO

-----  
#2: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO

-----  
#3: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO  
-----

-----  
#4: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO

-----  
#5: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO

-----  
#6: NAME OF STOCK                      NUMBER OF SHARES                      OWNER                      FAIR MKT VALUE

\_\_\_\_\_

Basis: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Transfer Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a DRIP plan?  YES  NO

-----  
Are any of the above referenced stock pledged as collateral on any loans?  YES  NO

Are you named as a co-owner on any stocks owned by someone else? (parents, siblings, children, etc.)  
 YES  NO

## STOCK OPTIONS

Please list all vested and non vested stock options. Please provide contracts for each issue.

---

#1: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

#2: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

#3: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

-----  
#4: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

\_\_\_\_\_  
Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----  
#5: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

\_\_\_\_\_  
Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----  
#6: NAME OF STOCK OPTION    NUMBER OF OPTIONS    OWNER

\_\_\_\_\_  
Strike Price: \_\_\_\_\_ Date of Grant: \_\_\_\_\_ Qualified/Non-Qualified

Current Value of Stock/Share: \_\_\_\_\_ Date of Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
-----

**PERSONAL EFFECTS**

TYPE: Major personal effects such as motor vehicles, RVs, motor homes/trailers, art collections, hummels, etc. and other valuable non-business personal property. (Indicate type below and give a lump sum value for miscellaneous items.) Please provide a copy of the title for any motor vehicles.

TYPE	OWNER	VALUE	IS THERE A LIEN AGAINST THE ASSET?	
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Name of Car Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RETIREMENT PLANS**

TYPE: Profit Sharing (PS) \* H.R. 10 \* IRA \* SEP IRA \* 401(k) \* 403(b) \* TIAA CREF \* TSA \* TSP Please attach copy of latest statement and contract.

---

COMPANY #1:	TYPE OF PLAN	BENEFICIARY	OWNER	VALUE
_____	_____	_____	_____	_____

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

---

COMPANY #2:	TYPE OF PLAN	BENEFICIARY	OWNER	VALUE
_____	_____	_____	_____	_____

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

---

COMPANY #3:	TYPE OF PLAN	BENEFICIARY	OWNER	VALUE
_____	_____	_____	_____	_____

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES  NO

---



-----  
COMPANY #4:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN

\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO

-----  
COMPANY #5:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN

\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO

-----  
COMPANY #6:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN

\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO  
-----

**PENSION PLANS**

Please attach a copy of the latest statement.

-----  
COMPANY #1:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN  
\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO

-----  
COMPANY #2:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN  
\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO

-----  
COMPANY #3:                    TYPE OF                    BENEFICIARY                    OWNER                    VALUE  
   PLAN  
\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently receiving benefits from this plan?  YES                     NO  
-----

**LIFE INSURANCE POLICIES**

TYPE: Term (T) \* Whole Life (WL) \* Variable or Universal Life (VL or UL) \* Split Dollar (SD) \* Group Life (GL) \* Second to Die (2) Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy write "corporation".

-----

COMPANY #1:	TYPE OF POLICY	INSURED	OWNER	VALUE
-------------	----------------	---------	-------	-------

\_\_\_\_\_

Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Term of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----

COMPANY #2:	TYPE OF POLICY	INSURED	OWNER	VALUE
-------------	----------------	---------	-------	-------

\_\_\_\_\_

Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Term of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----

COMPANY #3:	TYPE OF POLICY	INSURED	OWNER	VALUE
-------------	----------------	---------	-------	-------

\_\_\_\_\_

Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Term of Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----

-----

COMPANY #4:	TYPE OF POLICY	INSURED	OWNER	VALUE
_____	_____	_____	_____	_____
Face Amount: _____ Cash Value: _____ Term of Coverage: _____				
Policy Number: _____ Agent Name: _____				
Telephone: _____ Fax: _____ Email: _____				
Address: _____ City: _____ State: _____ Zip: _____				
Primary Beneficiary: _____ Contingent Beneficiary: _____				

-----

COMPANY #5:	TYPE OF POLICY	INSURED	OWNER	VALUE
_____	_____	_____	_____	_____
Face Amount: _____ Cash Value: _____ Term of Coverage: _____				
Policy Number: _____ Agent Name: _____				
Telephone: _____ Fax: _____ Email: _____				
Address: _____ City: _____ State: _____ Zip: _____				
Primary Beneficiary: _____ Contingent Beneficiary: _____				

-----

COMPANY #6:	TYPE OF POLICY	INSURED	OWNER	VALUE
_____	_____	_____	_____	_____
Face Amount: _____ Cash Value: _____ Term of Coverage: _____				
Policy Number: _____ Agent Name: _____				
Telephone: _____ Fax: _____ Email: _____				
Address: _____ City: _____ State: _____ Zip: _____				
Primary Beneficiary: _____ Contingent Beneficiary: _____				

-----

Are any of the above referenced insurance policies pledged as collateral on any loans?  YES  NO

**DISABILITY INSURANCE**

-----  
Company Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----  
Company Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----  
**LONG TERM CARE INSURANCE**

-----  
Company Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Amount of Daily Coverage: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

-----  
Company Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Amount of Daily Coverage: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ANNUITIES (non-qualified)**

Please attach a copy of the latest statement and the contract.

-----  
COMPANY #1 NAME:                      ANNUITANT                      CONTRACT NR.                      OWNER

\_\_\_\_\_  
Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----  
COMPANY #2 NAME:                      ANNUITANT                      CONTRACT NR.                      OWNER

\_\_\_\_\_  
Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----  
COMPANY #3 NAME:                      ANNUITANT                      CONTRACT NR.                      OWNER

\_\_\_\_\_  
Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

-----  
Are you receiving any regular distributions from any annuity contracts?                       YES                       NO

If yes, do the distributions have "survivorship" or "period certain" provisions?                       YES                       NO  
 Survivorship                       Period Certain

**BONDS**

TYPE: US Savings Bonds (USB) \* Corporate Bonds (CB) \* Municipal Bonds (MB) \* Treasury Bills (TB)

Indicate type below.

TYPE	OWNER	FACE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONIES OWED TO YOU**

TYPE: Promissory Note Payable to You (PN) \* Other monies owed to you Please provide a copy of any promissory notes.

Name & Address of Debtor	Due Date	Owed To	Current Balance	Promissory Note	
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PARTNERSHIP, LLC & LLP INTERESTS**

TYPE: General & Limited Partnerships. Please list the percentages that you own. Please provide a copy of the Partnership Agreement.

Name of Partnership, LLC or LLP: \_\_\_\_\_

Owners: \_\_\_\_\_ Value: \_\_\_\_\_

Who holds Partnership, LLC or LLP papers: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a "Professional" Partnership, LLC or LLP?  YES  NO

Entity Type:  General Partnership  Limited Partnership  Limited Liability Company

Name of General Partner or Managing Member: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Partnership, LLC or LLP: \_\_\_\_\_

Owners: \_\_\_\_\_ Value: \_\_\_\_\_

Who holds Partnership, LLC or LLP papers: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this a "Professional" Partnership, LLC or LLP?  YES  NO

Entity Type:  General Partnership  Limited Partnership  Limited Liability Company

Name of General Partner or Managing Member: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**CORPORATE BUSINESS INTERESTS**

TYPE: Privately owned (non-publicly traded) stock. Please provide a copy of your Corporate Book and any Buy/Sell Agreements, if applicable.

COMPANY #1 NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Is there a Buy/Sell Agreement?  YES  NO

Is this an S Corporation?  YES  NO Is this a "Professional Corporation"?  YES  NO

(S=income flows to owners; C=corporation gets taxed and distributions to shareholders are taxed again)

COMPANY #2 NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Is there a Buy/Sell Agreement?  YES  NO

Is this an S Corporation?  YES  NO Is this a "Professional Corporation"?  YES  NO

(S=income flows to owners; C=corporation gets taxed and distributions to shareholders are taxed again)

COMPANY #3 NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Shares: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Owner: \_\_\_\_\_

Value: \_\_\_\_\_ Is there a Buy/Sell Agreement?  YES  NO

Is this an S Corporation?  YES  NO Is this a "Professional Corporation"?  YES  NO

(S=income flows to owners; C=corporation gets taxed and distributions to shareholders are taxed again)

**SOLE PROPRIETORSHIP INTERESTS**

TYPE: All assets owned by you in a sole proprietorship type of business

BUSINESS #1 NAME:	Description of Business	Owner	Value
_____	_____	_____	_____

Is this a "Professional" Business?     YES  NO

Business Insurance Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

BUSINESS #2 NAME:	Description of Business	Owner	Value
_____	_____	_____	_____

Is this a "Professional" Business?     YES  NO

Business Insurance Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

BUSINESS #3 NAME:	Description of Business	Owner	Value
_____	_____	_____	_____

Is this a "Professional" Business?     YES  NO

Business Insurance Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT**

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

DESCRIPTION	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**GAS, OIL OR MINERAL RIGHTS**

TYPE: Lease (L) \* Overriding Royalty (OR) \* Fee Mineral Estate (FME) \* Working Interest (WI) \* Pooling Agreement (PA) Please provide a copy of the Agreement, Certificate or Deed.

COMPANY #1 NAME: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
County: \_\_\_\_\_ Owner: \_\_\_\_\_ Value: \_\_\_\_\_

COMPANY #2 NAME: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
County: \_\_\_\_\_ Owner: \_\_\_\_\_ Value: \_\_\_\_\_

**OTHER ASSETS**

TYPE: Any property you own that does not fit into any other category (burial plot, patents, season tickets for professional teams, frequent flyer airmile accounts, royalties on books, UTMA/UGMA accounts, etc.)

DESCRIPTION	OWNER	VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I affirm that all of the information contained on this form is accurate and timely. I agree that the McDonald Law Firm is not responsible for discovering any inaccuracies or omissions contained herein. If I have additional information regarding assets and/or changes in my life then it is my responsibility to promptly submit to the McDonald Law Firm a completely updated Personal Information form.**

_____ CLIENT #1 SIGNATURE	_____ DATE
_____ CLIENT #2 SIGNATURE	_____ DATE

**Complete and return to:**  
  
**McDonald Law Firm**  
**222 S. U.S. Highway One, Suite 203**  
**Tequesta, Florida 33469**  
**561-748-2233 voice**  
**561-748-2280 fax**  
email to: [laura@mcdonaldlawfirmfl.com](mailto:laura@mcdonaldlawfirmfl.com)