



**ESTATE PLANNING**  
LAW GROUP OF GEORGIA

JAMES M. MISKELL P.C.

# Personal Information Form

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized Citizen  Resident Alien  
occupation: \_\_\_\_\_  retired  employed Veteran  Yes  No  
Marital status:  single/widow(er)  married (date \_\_\_\_\_)  first marriage  second marriage  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail: \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized Citizen  Resident Alien  
occupation: \_\_\_\_\_  retired  employed Veteran  Yes  No  
Marital status:  single/widow(er)  married (date \_\_\_\_\_)  first marriage  second marriage  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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 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 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

Do you have grandchildren:  Yes How many? \_\_\_\_\_  No  Yes How many? \_\_\_\_\_  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 marriage) How long married? \_\_\_\_\_ 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 marriage) How long married? \_\_\_\_\_ 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 marriage) How long married? \_\_\_\_\_ 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 marriage) How long married? \_\_\_\_\_ 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 marriage) How long married? \_\_\_\_\_ Spouse's name: \_\_\_\_\_  
occupation: \_\_\_\_\_  
Children:  none How many? \_\_\_\_\_ Ages: \_\_\_\_\_  
Special needs/considerations: \_\_\_\_\_  
Potential problems/hardships/issues: \_\_\_\_\_

***If any other person will be named in your estate planning documents, please provide an additional page with their full names, addresses, ANY and ALL phone numbers where they might be reached (i.e., work, cell, home, etc.) and email addresses.***

## 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 (per tax bill)	\$	\$	\$	\$
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:

---



---



---



---



---