



**GADZO LAW, P.C.**

**PERSONAL  
INFORMATION  
FORM**

**CONFIDENTIAL**

# Step

# 1

## Background Information

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you.

Trust  Or Will  Name: \_\_\_\_\_

### Client 1 Information

Full Legal Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Other names you use(d) \_\_\_\_\_

Name on Documents: \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Birthplace \_\_\_\_\_ Citizenship  U.S.  Other \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Single  Married  Widowed  Divorced

If Married: Date \_\_\_\_\_ Place \_\_\_\_\_ Prenuptial Agreement? \_\_\_\_\_

If Widowed: DOD \_\_\_\_\_ Name of Deceased \_\_\_\_\_

If Divorced: Date \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Are either of your parents still living? \_\_\_\_\_ Are either of your grandparents still living? \_\_\_\_\_

### Client 2 Information

Full Legal Name \_\_\_\_\_ Prefer to be called \_\_\_\_\_

Other names you use(d) \_\_\_\_\_

Name on Documents: \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Birthplace \_\_\_\_\_ Citizenship  U.S.  Other \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Single  Married  Widowed  Divorced

If Married: Date \_\_\_\_\_ Place \_\_\_\_\_ Prenuptial Agreement? \_\_\_\_\_

If Widowed: DOD \_\_\_\_\_ Name of Deceased \_\_\_\_\_

If Divorced: Date \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Are either of your parents still living? \_\_\_\_\_ Are either of your grandparents still living? \_\_\_\_\_

### Children's Information (Please indicate if you're the joint parents (JT) or individual (CL1) or (CL2).)

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  JT  CL1  CL2

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  JT  CL1  CL2

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  JT  CL1  CL2

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  JT  CL1  CL2

# Step

# 2

# Asset Assessment

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title "ownership" is important for tax and transfer matters. The "value" will be significant in determining potential tax liability.

### Business Interests (Please describe any interest you have in a partnership, sole proprietorship, limited liability company, etc.)

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Approx value \$ \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Approx value \$ \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Approx value \$ \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_ Approx value \$ \_\_\_\_\_

### Stock Options

Name of Company: \_\_\_\_\_ Date of Grant(s): \_\_\_\_\_ Total # of Options: \_\_\_\_\_

Approx. Value Vested Options: \_\_\_\_\_ Approx. Value of Unvested Options: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Date of Grant(s): \_\_\_\_\_ Total # of Options: \_\_\_\_\_

Approx. Value Vested Options: \_\_\_\_\_ Approx. Value of Unvested Options: \_\_\_\_\_

### Real Estate

Property #1: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Current Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Title:  Joint Tenancy  Community Property  Separate Property of \_\_\_\_\_  Other

Property#2: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Current Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Title:  Joint Tenancy  Community Property  Separate Property of \_\_\_\_\_  Other

Property#3: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Current Value: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Title:  Joint Tenancy  Community Property  Separate Property of \_\_\_\_\_  Other

### Account Information (Please indicate if title is held as joint tenancy(JT), community property (CP), separate property (SP), or don't know (?).)

<u>Name of Institution</u>	<u>Owner</u>	<u>Approx. Value</u>
Checking: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Checking: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Checking: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Money Market: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Money Market: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Other Accounts: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____

# Step

# 2

# Asset Assessment (Cont.)

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title "ownership" is important for tax and transfer matters. The "value" will be significant in determining potential tax liability.

CDs: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

CDs: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Savings Bonds: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Savings Bonds: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Brokerage: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Brokerage: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Brokerage: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

IRA/RothIRA/SEP: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

IRA/RothIRA/SEP: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

IRA/RothIRA/SEP: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

401(k): \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

401(k): \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Annuities: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Pension/Profit sharing: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

### Personal Property (Please indicated how you hold title. If you do not know, please use (?).)

Autos/Boats/RVs: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Autos/Boats/RVs: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Autos/Boats/RVs: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Other property: \_\_\_\_\_  JT  CP  SP of \_\_\_\_\_  ? \$ \_\_\_\_\_

Safe Deposit Box: \_\_\_\_\_ Where is the Box? \_\_\_\_\_

### Liabilities

Notes and accounts payable: \_\_\_\_\_

Notes and accounts payable: \_\_\_\_\_

Notes and accounts payable: \_\_\_\_\_

### Life Insurance (If life insurance is multiple of salary, provide salary and multiple)

Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Life Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Life Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Life Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy No. \_\_\_\_\_ Life Insured: \_\_\_\_\_ Value: \$ \_\_\_\_\_

# Step

# 3

# Nominations of Powers

Identify all potential Trustees, Executors, Financial Agents, Health Care Agents, Guardians, and Temporary Caregivers.

## Client 1 Information:

### **Trustee/Executor (This person will manage your financial assets that you leave in your trust/will.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

### **Financial Agent (This person will manage your assets if you become incapacitated.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

### **Health Care Agent (This person will make health care decisions in the event you are unable to.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Guardian (This person will care for your minor children if anything happens to you.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Step**

**3**

# Nominations of Powers (Cont.)

Identify all potential Trustees, Executors, Financial Agents, Health Care Agents, Guardians, and Temporary Caregivers.

**Client 2 Information:**

**Trustee/Executor (This person will manage your financial assets that you leave in your trust/will.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Financial Agent (This person will manage your assets if you become incapacitated.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Care Agent (This person will make health care decisions in the event you are unable to.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Guardian (This person will care for your minor children if anything happens to you.)**

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

# Step

# 4

## Potential Individual Beneficiaries

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify potential "alternate" individuals who you may wish to be a beneficiary of your estate. Please use full legal names.

### Primary Beneficiary 1

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Primary Beneficiary 2

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Primary Beneficiary 3

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Primary Beneficiary 4

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### **If the above Beneficiaries are deceased, who do you want to inherit?**

### Secondary Beneficiary 1

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Secondary Beneficiary 2

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Secondary Beneficiary 3

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Secondary Beneficiary 4

Full Legal Name \_\_\_\_\_ Percentage Inheritance \_\_\_\_\_

Relationship \_\_\_\_\_ Special Needs? \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

<b>Step</b>	<b>Potential Charitable Beneficiaries</b>
<b>5</b>	<p>Many but not all of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Take a moment and contemplate whether you would ever include such a bequest in your estate plan.</p>

Name of Charity	Address

<b>Step</b>	<b>Distribution Details &amp; Gifts</b>
<b>6</b>	<p>Please indicate if you want your beneficiaries to receive their inheritance in a lump sum at a certain age or event, or if you want the inheritance staggered over their lifetimes. Additionally, please let us know if there are any particular gifts of cash or personal property you would like to include.</p>

**Ages of Distribution to Beneficiaries**

Age of Distribution _____	Percentage of Distribution _____
Age of Distribution _____	Percentage of Distribution _____
Age of Distribution _____	Percentage of Distribution _____
Age of Distribution _____	Percentage of Distribution _____

**Specific Gifts**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



**Step**

**7**

# The Initial Meeting

## General Document Request

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial meeting the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates (or statement).
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce which continued obligations exist.
8. Last 2 years of personal income tax returns.
9. Last 2 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

## Affirmation

**The undersigned understands that Gadzo Law, P.C. (the “Firm”) will need to rely on the information supplied to develop an estate plan. The undersigned also understands that inaccurate or incomplete information could negatively impact the designed estate plan. Consequently, if the Firm is retained, they will need to be provided with complete and accurate information prior to the signing of estate planning documents.**

Client 1: \_\_\_\_\_

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

Client 2: \_\_\_\_\_

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