DECLUE
LAW OFFICES

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LEGAL PLANNING INFORMATION as of _____ (Month/Year)

PERSONAL DATA:

Person 1:_____ DOB: ___/___/___ SSN: ____-___-_____
FIRST MIDDLE LAST

Address: _____

_____ _____ _____ _____
CITY STATE ZIP COUNTY

Day Phone:_____ Eve. Phone: _____ E-Mail: _____

Veteran: ___Yes ___ No U. S. Citizen: ____Yes ____ No Living at home? _____ Yes _____ No

If NO, where? Hospital _____ Nursing facility _____ Other_____

Employer: _____ Retirement Date: _____

Person 2 (if any) - Check One: ☐ **Wife** ☐ **Husband** ☐ **N/A** ☐ **Other:_____**

Person 2: _____ DOB:___/___/___ SSN: ____-___-_____
FIRST MIDDLE LAST

Same address as Person 1? _____Yes _____ No If NO, please complete:

Address: _____

_____ _____ _____ _____
CITY STATE ZIP COUNTY

Day Phone:_____ Eve. Phone: _____ E-Mail: _____

Veteran: ___Yes ___ No U. S. Citizen: ____Yes ____ No Living at home? _____ Yes _____ No

If NO, where? Hospital _____ Nursing facility _____ Other_____

Employer: _____ Retirement Date: _____

Was this form completed by someone other than **Person 1**_____ or **Person 2** _____? If so, who?

Name: _____
FIRST MIDDLE LAST

Address: _____

_____ _____ _____ _____
CITY STATE ZIP COUNTY

Day phone: _____ Eve. Phone: _____ Cell: _____

E-Mail: _____ Relationship to Person 1/2: _____
Are you the primary person we should contact with regard to this file? _____ Yes _____ No

FAMILY: USE ADDITIONAL SHEETS IF NECESSARY

Date of Marriage: ___/___/____ Was a prenuptial agreement executed? _______ If yes, please attach a copy

Children:____

First Name **MI** **Last Name**

Address City State Zip Phone Number(s)

Age Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name**

Address City State Zip Phone Number(s)

Age Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name**

Address City State Zip Phone Number(s)

Age Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name**

Address City State Zip Phone Number(s)

Age Spouse's Name Number Of Children Ages Of Children

First Name **MI** **Last Name**

Address City State Zip Phone Number(s)

Age Spouse's Name Number Of Children Ages Of Children

Do you or your spouse have children by a previous relationship or marriage? ______________________________

If so, who? ____

Do you or your spouse have any children who have died, leaving children? ______________________________

If so, who? ____

Do you have special financial or caregiving responsibility for any family members (aging parents, disabled children or grandchildren, other relatives)? ____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property?
____

In your household, who: Pays the bills? ___________________ Balances the checkbook? _______________

Decides how to invest?____________ Decides upon insurance? _______________

MEDICAL/DISABILITY:

Is anyone in your family receiving Social Security or SSI because of disability? If so, who? _____

_____

Is anyone at risk because of a medical condition or family history for becoming seriously ill or disabled?

_____

HEALTH INSURANCE:	Person 1		Person 2	
	Company	Monthly Premium	Company	Monthly Premium
MEDICARE	_____		_____	
INSURANCE FROM EMPLOYER	_____		_____	
MEDICARE SUPPLEMENT	_____		_____	
LONG TERM CARE INSURANCE	_____		_____	
OTHER	_____		_____	

HELPERS:

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult about your care? (List in order of priority): _____

_____

_____

Who knows best how you like to live and would help you if you were incapacitated? _____

If you were unable to carry out your financial business or planning, whom would you want to pay bills, make investment decisions and carry out other transactions for you? (List in order of priority): _____

_____

_____

Does someone prepare your taxes? _____ If yes, who? _____

Do you consult someone about investment decisions? _____ Who? _____

Name and address of your personal physician: _____

Do you have an insurance agent? _____ Who? _____

Do you and/or your spouse have a spiritual advisor? _____ Who? _____

Other advisors (name and address)? _____

We would like to thank the person who referred you to our office:

Name: _____

Address: _____

City _____ State _____ Zip_____

Phone: (_____)_____

ASSETS:

Real Estate

Address/Description of Property	Value	Mortgage	Purchase price (Tax Basis)	How is it Titled? (Names as they appear on Deed)

Financial

Checking and Savings Accounts, CD's, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other:

Description and location of Property Include # of Shares, Due Date & Rate of Return Where Applicable	Value/Balance	Account No.	How is it Titled? (Names as they appear on Instrument)

Retirement Accounts
Keogh, IRA, 401k, 403b, SEP, other:

Description and location of Property Include # of Shares, Due Date & Rate of Return Where Applicable	**Value/Balance**	**Account No.**	**How is it Titled?** (Names as they appear on Instrument)

Do you or your spouse have an interest in any business? _____

_____

Do you or your spouse expect an inheritance? _____

_____

Have your or your spouse made any substantial gifts in the last five years? _____

_____

MONTHLY INCOME:	**PERSON 1**	**PERSON 2**	**JOINT**
Social Security			
Employment			
Pension from _____			
Pension from _____			
IRAs, Annuities, etc. _____			
Rents _____			
Business Interest(s) _____			
Interest and Dividends _____			
Other _____			
TOTALS			

Which sources of income have a benefit for a surviving spouse? _____

LIABILITIES:	Description	Balance Due	Monthly Payment	Maturity Date
Mortgages				
Notes to Banks				
Notes to Others				
Loans on Insurance				
Other				

LIFE INSURANCE

Whose Life?	Insurance Company	Face Value	Cash Value	Policy No.	Yearly Cost	Beneficiary

Are the **owners** of any of the policies different from the person whose life is insured? _____

_____

OTHER PROPERTY WITH DESIGNATED BENEFICIARIES

Do you have IRAs, Vested Pension Plan, Annuities or Other Assets that would pass, upon your death, to a particular beneficiary that you have designated?

Owner	Description	Value	Designated Beneficiary

PERSONAL PROPERTY: (Autos, R.V.s, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.)

Description of Property	Value	How is it titled?

Do you have a Safe Deposit Box at the bank? _____

If so, please list the contents:_____

_____

LOCATION OF IMPORTANT PAPERS: _____

LEGAL:	**Date Made**	**Location of Original**
Last Will and Testament:	_____	_____
Durable Power of Attorney:	_____	_____
Living Will/Health Care Power of Attorney:	_____	_____
Living Trust:	_____	_____

Financial Obligations arising from dissolution of marriage or support actions: _____

_____

I am the legally appointed guardian of: _____

I have been appointed under a power of attorney from: _____

I am serving as executor or administrator of an estate: _____

I have signed or will be signing health care contracts for: _____

I am obligated on other legal contracts or documents: _____

I am involved in a lawsuit: _____

I have lived in a community property state (Arizona, Calif., Idaho, Louisiana, Nevada, New Mexico, Texas, Washington State or Wisconsin):

_____

Other legal concerns or information?:

_____

_____

_____

_____

_____

_____

_____