

Personal Information Form ("PIF")

*(Including Financial Information)

The Alpern Law Firm
Asset Protection
Estate Planning
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Plan, Preserve, Protect

All information contained in this form is confidential and protected by attorney- client privilege

***Note: We also suggest that you begin to gather, collect, and /or organize for our review, your personal, financial and legal documents.**

CLIENT BACKGROUND INFORMATION

Name: _____ DOB: _____

____ US citizen ____ Naturalized citizen ____ resident alien

Occupation: _____ ____ retired ____ employed

Marital status: ____ Single/widow ____ married (date _____) ____ first ____ second
____ other ____ divorced

Social Security No: _____

Spouse (if applicable): _____ DOB _____

____ US citizen ____ Naturalized citizen ____ resident alien

Occupation: _____ ____ retired ____ employed

Marital status: ____ Single/widow ____ married (date _____) ____ first ____ second
____ other ____ divorced

Social Security No: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home#: _____ Cell#: _____

Work#: _____ e-mail address: _____

Which number(s) would you prefer to be contacted at? ____ home ____ cell ____ work

What is the best time to contact you: _____

Referred to us by: Name: _____ Firm Name: _____

Contacts: Financial Advisor: _____ Firm: _____

Phone: _____

Accountant: _____ Firm: _____

Phone: _____

EXISTING ESTATE PLANNING

	<u>You</u>	<u>Spouse</u> ___ NA	<u>Date Document Executed</u>
Will	___ Yes ___ No	___ Yes ___ No	Date: _____
Trust	___ Yes ___ No	___ Yes ___ No	Date: _____
Power of Attorney	___ Yes ___ No	___ Yes ___ No	Date: _____
Health Care Proxy	___ Yes ___ No	___ Yes ___ No	Date: _____
Living Will	___ Yes ___ No	___ Yes ___ No	Date: _____
Long-Term Care Insurance	___ Yes ___ No	___ Yes ___ No	Date: _____

Your health status plays an important role in the design 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: _____

	<u>You</u>	<u>Spouse</u> ___ NA
Do you have children:	___ Yes How many? _____ No ___	___ Yes How many? _____ No ___
Please specify:	___ joint ___ you ___ step ___ adopted ___ foster	___ joint ___ you ___ step ___ adopted ___ foster

Is there anyone in your family with special health concerns/special needs or that requires special consideration?
 ___ Yes ___ No

Comments/Concerns: _____

PERSONAL/FAMILY INFORMATION

CHILDREN (if applicable) or BENEFICIARIES (who you may want to receive your "stuff")

1. Name: _____ Male ___ Female ___
 Date of Birth: _____ Social Security Number: _____
 Address: _____
 Phone: _____ E-mail address: _____
 Child of ___ joint ___ you ___ spouse ___ adopted ___ foster child other relation: _____
 ___ student ___ employed – occupation _____
 ___ Single ___ Married ___ first ___ second ___ other How long _____
 spouse's name: _____ spouse's occupation: _____
 Children: ___ none how many ___ ages: _____
 Special needs/health/considerations: _____
 Potential problems/hardships/issues: _____

2. Name: _____ Male ___ Female ___
 Date of Birth: _____ Social Security Number: _____
 Address: _____
 Phone: _____ E-mail address: _____
 Child of ___ joint ___ you ___ spouse ___ adopted ___ foster child other relation: _____
 ___ student ___ employed – occupation _____

Single Married first second other How long _____
spouse's name: _____ spouse's occupation: _____
Children: none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

3. Name: _____ Male Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of joint you spouse adopted foster child other relation: _____
 student employed – occupation _____
 Single Married first second other How long _____
spouse's name: _____ spouse's occupation: _____
Children: none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

4. Name: _____ Male Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of joint you spouse adopted foster child other relation: _____
 student employed – occupation _____
 Single Married first second other How long _____
spouse's name: _____ spouse's occupation: _____
Children: none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

5. Name: _____ Male _____ Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of ___ joint ___ you ___ spouse ___ adopted ___ foster child other relation: _____
___ student ___ employed – occupation _____
___ Single ___ Married ___ first ___ second ___ other How long _____
spouse's name: _____ spouse's occupation: _____
Children: ___ none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

6. Name: _____ Male _____ Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of ___ joint ___ you ___ spouse ___ adopted ___ foster child other relation: _____
___ student ___ employed – occupation _____
___ Single ___ Married ___ first ___ second ___ other How long _____
spouse's name: _____ spouse's occupation: _____
Children: ___ none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

7. Name: _____ Male _____ Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of ___ joint ___ you ___ spouse ___ adopted ___ foster child other relation: _____
___ student ___ employed -- occupation _____

Single Married first second other How long _____
spouse's name: _____ spouse's occupation: _____
Children: none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

8. Name: _____ Male Female
Date of Birth: _____ Social Security Number: _____
Address: _____
Phone: _____ E-mail address: _____
Child of joint you spouse adopted foster child other relation: _____
 student employed – occupation _____
 Single Married first second other How long _____
spouse's name: _____ spouse's occupation: _____
Children: none how many _____ ages: _____
Special needs/health/considerations: _____
Potential problems/hardships/issues: _____

PERSONAL PLANNING GOALS AND ESTATE DISTRIBUTION GOALS

What you want us to help you accomplish: _____

Is there anything else about you or your family or your personal goals that you would like to tell us?

Proposed Distribution of Your Assets or Property. Please provide us, if you wish, with a general explanation of how you want to leave or distribute your assets or property to your designated beneficiaries/heirs (please also reference names of your designated beneficiaries)

Distribution of Specific Assets or Family heirlooms. Are there any specific assets or family heirlooms that you would like to be distributed to certain heirs or beneficiaries?

Financial Information Sheet

** 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	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

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 Funds	\$	\$	\$	\$
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 invested 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, boat, snowmobiles, etc.	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

OTHER ASSETS NOT LISTED:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$

Corporation	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Are there any written agreements which state how your interest in that business will be handled or transferred if you retire become disabled or die? If so, please attach copies of those agreements.

Notes/Comments:

Do you have any concerns or have there been any problems with your credit or credit history? If yes, please explain.

1. Do you have Safe Deposit Box(es)? ___ You ___ Spouse/Partner

If so what are the contents:

2. Are/were you or your spouse a Veteran? ___ You ___ Spouse

What War or Conflict? _____

3. Have you made any gifts or uncompensated transfers to individuals or charities over \$ 1000.00 within the last 5 years? ___ Yes ___ No

If you have any health issues or problems, what are they, has there been a diagnosis?

___ You ___ Spouse

4. Are you receiving any assisted care? ___ Yes ___ No ___ You ___ Spouse ___ Both

If so, how much?

5. Have you ever been in a nursing home, hospital or medical facility for 30 days or more?

Yes No You Spouse Both

Is so, when:

6. Do you have a prepaid funeral? Yes No You Spouse Both

7. Will you be receiving any possible inheritance(s) from relatives or other individuals?

Yes No You Spouse Both

If yes, please explain from whom and possible amounts:

8. Who are your intended beneficiaries (i.e. who do you intend to leave your assets/property to when you pass)?

9. Do any of them have any creditor, lawsuits, or divorce concerns? ___ No ___ Yes

10. Has a child provided caregiver services to you within the past 2-4 years? ___ No ___ Yes

11. Are you in a nursing home, hospital or medical care facility currently? ___ No ___ Yes

If so when did you enter the facility: _____

If you are in a nursing home what is the name and location of the facility?

If you are in a nursing home what is the daily rate of care/monthly cost?

12. Have you been threatened with a lawsuit or legal action? ___ No ___ Yes

If you have, please explain:

13. Are you involved or have you ever been involved or named as a Plaintiff or Defendant in any lawsuit(s)? ___ No ___ Yes

If so, please explain:

14. Have you ever filed for bankruptcy? ___ No ___ Yes

If so, please explain:

15. Are you contemplating filing for bankruptcy? ___No ___Yes

If so, please explain:

16. Do you have any creditor problems? ___No ___Yes

If so, please explain:

17. Are you a Guarantor or Signor on any loans or financial documents? ___ No ___ Yes

18. Are you involved with or have you ever been involved with any governmental investigations? ___No ___ Yes

If so, what are the issues and/or outcomes?

19. Are you involved with or have you ever been involved with any state licencing board investigations? ___ No ___ Yes

If so, what are the issues and/or outcomes?

20. Of the assets listed herein on his form, have you ever had any appraisals of any of the assets? No Yes

If so, please explain and attach copies:

21. Have you and/or your business entities and/or any trusts timely and properly filed any and all taxes with the applicable governmental taxing authorities? No Yes

22. Have you ever filed a Medicaid Application? No Yes

If so, when and what county and state and for whom?

23. Have any of your children predeceased you? No Yes

24. Are you aware of any circumstances which could give rise to a claim or lawsuit against you or any business in which you are involved? No Yes

If so, please give details, including the person(s) who may have such claims, the maximum amount of such claims and the specific facts of each case:
