

HILL WALLACK LLP
ESTATE PLANNING PERSONAL INFORMATION QUESTIONNAIRE
(Please Print and Complete Each Section)

Today's Date: _____

CLIENT'S FULL NAME: _____ Birth Date: _____

CLIENT'S PREFERRED TITLE: ___Mr. ___Mrs. ___Ms. ___Dr. U.S. Citizen? Y/N

PRINT in the below space how you sign your name on legal documents:

Are you: ___Married ___Divorced ___Single ___Widowed Any Prior Marriages? Y/N

Address: _____

City: _____ State: _____ Zip: _____ County _____

Home Phone _____ Cell Phone _____

Email Address: _____

Employer: _____ Business Phone: _____

SPOUSE'S FULL NAME: _____ Birth Date: _____

SPOUSES'S PREFERRED TITLE: ___Mr. ___Mrs. ___Ms. ___Dr. U.S. Citizen? Y/N

PRINT in the below space how your spouse signs their name on legal documents:

Address: _____

City: _____ State: _____ Zip: _____ County _____

Home Phone _____ Cell Phone _____

Email Address: _____

Employer: _____ Business Phone: _____

Does Your Spouse Have Any Prior Marriages? Y/N

I have lived in the following states: CA WA NV AZ NM TX ID LA WI
(please check all that apply)

I have a Will: Y/N Dated: _____

I have a Trust: Y/N Dated: _____

I have an Advanced Directive: Y/N Dated: _____

I have a Power of Attorney: Y/N Dated: _____

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For your protection, it is critical that you list all children here, living or not.

Child #1

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer _____ Occupation _____ Education _____

Married Spouse's Name: _____ Widowed Divorced Single

Who is/are the biological parent/s of this child? Please circle: Husband Wife Both Husband & Wife

Names of children of Child #1: _____, _____, _____, _____

Child #2

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer _____ Occupation _____ Education _____

Married Spouse's Name: _____ Widowed Divorced Single

Who is/are the biological parent/s of this child? Please circle: Husband Wife Both Husband & Wife

Names of children of Child #2: _____, _____, _____, _____

Child #3

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer _____ Occupation _____ Education _____

Married Spouse's Name: _____ Widowed Divorced Single

Who is/are the biological parent/s of this child? Please circle: Husband Wife Both Husband & Wife

Names of children of Child #3: _____, _____, _____, _____

Check box if there are additional children. Please attach their information using a separate page.

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ASSETS	AMOUNT FOR CLIENT	AMOUNT FOR SPOUSE	AMOUNT FOR JOINT OWNERSHIP
Cash Accounts (i.e. CD's, savings, checking)			
Investment Account (i.e. brokerage accounts)			
Stocks (not held in investment account)			
Personal Effects (i.e. jewelry, furniture, etc.)			
Retirement Plans (i.e. 401K, Roth IRS, etc.)			
Life Insurance Policies (face value)			
Annuities			
Bonds (not held in investment account)			
Secured Notes (money owed to you)			
Partnership & LLC's Interest			
Corporate Business Interests			
Sole Proprietorship Interests			
Anticipated Inheritance, Gift, or Judgment			
Oil, Gas, and Mineral Interests			
Other Assets			
Personal Residence*			
Other Real Property (# of other properties: ___)*			
Address:			
TOTAL ASSETS			

*PLEASE PROVIDE A PHOTOCOPY OF THE MOST RECENT DEED (GRANT OR QUITCLAIM, NOT DEAD OR TRUST) FOR EACH PROPERTY LISTED, AND A COPY OF A RECENT PROPERTY TAX BILL FOR EACH.

LIABILITIES

Loans Payable			
Accounts Payable			
Real Estate Mortgages			
TOTAL LIABILITIES			

NET ESTATE

("TOTAL ASSETS" MINUS "TOTAL LIABILITIES")

COMBINED NET ESTATE

(CLIENT NET + SPOUSE NET + JOINT NET)

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