

Personal Planning Worksheet

Section I. General Information

(please print)

Date ___/___/___

Single Adult or

Husband: Full Legal Name _____

Birthdate ___/___/___

Usual Signature Name _____

SS# _____ - _____ - _____

Wife: Full Legal Name _____

Birthdate ___/___/___

Usual Signature Name _____

SS# _____ - _____ - _____

Home Address _____ City/St/Zip _____

County _____ Phone _____ Cell _____ Fax for confidential info _____

Date of Marriage ___/___/___ Did you and your spouse ever sign a pre or post marriage contract? _____

Please circle: Is this Husband's first marriage? Yes or No Is this Wife's first marriage? Yes or No

Section II. Business

Single Adult or Husband:

Wife:

Where Employed _____ Where Employed _____

Title/Occupation _____ Title/Occupation _____

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

County _____ Phone _____ County _____ Phone _____

E-mail Address _____ E-mail Address _____

Section III. Your Children and Grandchildren

Full Name and Mailing Address of Children

Birthdate

Marital Status

(If not from your marriage together, please circle for **Husband or Wife**)

(M/S/D)

(Please Circle)

1. _____ **H or W** ___/___/___ Phone: _____

Address _____ Spouse Name _____

City/St/Zip _____ Number of Children for this child: _____

Child's Birthdate

Child's Birthdate

Name(s) of children: (a) _____ ___/___/___ (b) _____ ___/___/___

(c) _____ ___/___/___ (d) _____ ___/___/___

Birthdate

Marital Status

(If not from your marriage together, please circle for **Husband or Wife**)

(M/S/D)

(Please Circle)

2. _____ **H or W** ___/___/___ Phone: _____

Address _____ Spouse Name _____

City/St/Zip _____ Number of Children for this child: _____

Name(s) of children: (a) _____ *Child's Birthdate* ____/____/____ (b) _____ *Child's Birthdate* ____/____/____
 (c) _____ *Child's Birthdate* ____/____/____ (d) _____ *Child's Birthdate* ____/____/____

(If not from your marriage together, please circle for Husband or Wife)
 3. _____ **(Please Circle)** **H or W** ____/____/____ *Birthdate* _____ *Marital Status (M/S/D)* _____ Phone: _____
 Address _____ Spouse Name _____
 City/St/Zip _____ Number of Children for this child: _____

Name(s) of children: (a) _____ *Child's Birthdate* ____/____/____ (b) _____ *Child's Birthdate* ____/____/____
 (c) _____ *Child's Birthdate* ____/____/____ (d) _____ *Child's Birthdate* ____/____/____

(If not from your marriage together, please circle for Husband or Wife)
 4. _____ **(Please Circle)** **H or W** ____/____/____ *Birthdate* _____ *Marital Status (M/S/D)* _____ Phone: _____
 Address _____ Spouse Name _____
 City/St/Zip _____ Number of Children for this child: _____

Name(s) of children: (a) _____ *Child's Birthdate* ____/____/____ (b) _____ *Child's Birthdate* ____/____/____
 (c) _____ *Child's Birthdate* ____/____/____ (d) _____ *Child's Birthdate* ____/____/____

Section IV. Important Family Information

Are all of the above persons (you, spouse, and children) U.S. citizens? _____ If not, please list citizenship on last page of this document.

1.) Do any of your children or grandchildren require special consideration? (Consider, for example, their educational, mental, or physical needs.) Describe: _____

2.) Is anyone, other than your minor children, dependent upon you? Yes or No Who & how? _____

3.) Is there a Court Order requiring you to pay alimony or child support? _____

4.) Does any family member receive Social Security or other government benefits? _____

5.) On your real estate tax bill(s), what exemption(s) do you get (ie. owner occupied, mortgage, veteran disability, etc.)?
 Please list: _____

6.) Do you presently have a	Yes or No	Date of document
Living Trust?	_____	____/____/____
Irrevocable Life Insurance Trust?	_____	____/____/____
Will?	_____	____/____/____

(continue on next page)

Yes or No

Date of document

Power of Attorney?*

**including those for USDA or other government programs or purposes*

____/____/____

Please provide copies of the above documents so the attorney may review them.

7.) Have you ever filed a Federal Gift Tax Return? Yes or No When & why? _____

8.) Have you made any substantial gifts (over \$10,000 in value) to anyone other than your spouse or a charity? Yes or No
If yes, please indicate to whom, when, and what was the property given: _____

9.) Is it likely you would inherit from another family member? If yes, please explain: _____

Please list the names and addresses of your key advisors (who advises you concerning property, investing, business and taxes)

CPA: _____

Personal Bank & Banker: _____

Financial Advisor: _____

Insurance Agent: _____

Other: _____

Other: _____

Section V. Affiliations, Organizations, and Not-For-Profits

Church Affiliation:

Name: _____

Pastor: _____

Address: _____

Organizations:

Name of Entity _____

Name of Entity _____

Contact Person _____

Contact Person _____

Telephone No. _____

Telephone No. _____

Name of Entity _____

Name of Entity _____

Contact Person _____

Contact Person _____

Telephone No. _____

Telephone No. _____

