

PERSONAL INFORMATION FORM



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

Date: _____

NAME (Print How You Sign Documents): _____

Preferred Name (Nickname): _____ Citizenship: US citizen Naturalized citizen resident alien

Employer: _____ Occupation: _____

Date of Birth: _____ SocSec#: _____ E-mail: _____

Work #: _____ Cell #: _____ TXT/SMS #: _____

Home phone #: _____ Fax #: _____

Marital Status: not married married (date: _____) divorced separated widow(er) domestic partners

Current health status: Good Concern Problem Specific concern/problem: _____

Physical Address: _____

City: _____ State: _____ Zip Code _____ County: _____

Mailing address is same as physical address

Mailing Address: _____

City: _____ State: _____ Zip Code _____ County: _____

Winter Address: _____ From _____ to _____

City: _____ State: _____ Zip Code _____ County: _____

If Applicable

SPOUSE'S NAME (Print How You Sign Documents): _____

Preferred Name (Nickname): _____ Citizenship: US citizen Naturalized citizen resident alien

Employer: _____ Occupation: _____

Date of Birth: _____ Date of Death (if applicable): _____

SocSec#: _____ E-mail: _____

Work #: _____ Cell #: _____ TXT/SMS #: _____

Home phone #: _____ Fax #: _____

Current health status: Good Concern Problem Specific concern/problem: _____

How would you prefer we confirm your appointment(s): Phone Text message E-mail Letter

Referred to us by: _____ OR Attended Seminar

Financial Advisor: _____ Address: _____

Accountant: _____ Address: _____

Rank the level of importance to you on the following issues (1 = Low 10 = High)

- ___ Avoid probate
- ___ Keep estate matters private
- ___ Minimize/eliminate taxes
- ___ Remain independent and in control of my care and/or assets
- ___ Provide detailed instructions/authority to people I trust to have the care I desire provided for me if I become disabled
- ___ Protect assets from government/lawsuits/nursing homes
- ___ Keep it simple for my family when something happens to me (disability/death)
- ___ Protect assets from government/lawsuits/nursing homes
- ___ Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's and beneficiary's lawsuits, divorce or bankruptcy)



<i>Please check "Yes" or "No" for your answer for the following questions:</i>	<i>Yes</i>	<i>No</i>
Do any of your children receive governmental support or benefits?		
Are you or your spouse receiving social security or disability benefits?		
Do you own real estate in any state other than Wyoming? If Yes, which state(s)? _____		
Have you or your spouse ever filed federal gift tax returns?		
Did you or your spouse ever sign a pre- or post -marriage contract?		
Do you own any shares in a Subchapter S Corporation?		
Do you own a farm or ranch?		
Do you own a closely held business or professional practice?		
Are you expecting an inheritance from your parents or anyone else?		

CHILDREN/BENEFICIARIES INFORMATION

Please list your children's information here OR beneficiaries (who you want to get your assets)

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Full Legal Name: _____ **Nickname:** _____
 Male Female **Date of Birth:** _____ **Date of Death (if applicable):** _____
Child of: joint husband wife adopted other: _____ **SocSec#:** _____
Physical Address: _____ **Mailing:** _____
City: _____ **State:** _____ **Zip Code** _____ **County:** _____
Home #: _____ **Cell #:** _____ **E-mail:** _____
Employer: _____ **Occupation:** _____
 Single Married how long? _____ (first second other) **Spouse's Name:** _____
Children: none **How many?** _____ **Ages:** _____ **This child is to be disinherited:**
Special needs/other issues: _____

Please list Agents, Trustees, and Personal Representatives information here (who you want to serve, not children and beneficiaries listed above)

(FULL NAME means the name of the person written the way you would like it to appear in your planning documents).

Full Name: _____ male female
Date of Birth: _____ Relationship to you: _____
Address: _____ Phone: _____

Full Name: _____ male female
Date of Birth: _____ Relationship to you: _____
Address: _____ Phone: _____

Full Name: _____ male female
Date of Birth: _____ Relationship to you: _____
Address: _____ Phone: _____

Full Name: _____ male female
Date of Birth: _____ Relationship to you: _____
Address: _____ Phone: _____

Full Name: _____ male female
Date of Birth: _____ Relationship to you: _____
Address: _____ Phone: _____