
CONFIDENTIAL

ESTATE PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE

The purpose of this Personal Information Questionnaire is to help prepare for our upcoming consultation. This preparation provides us with important personal information about you, your family and your trusted advisors. The last page of this questionnaire asks for an estimated value of the estate assets. Your complete answers will help enable us to most effectively advise you on your situation.

It will be very helpful if you can complete and return this Personal Information Questionnaire to our office prior to our initial consultation meeting.

LAW OFFICES OF
THE MALL MALISOW FIRM, P.C.
HOLISTIC ESTATE & ELDERCARE ATTORNEYS
30445 NORTHWESTERN HWY., SUITE 250
FARMINGTON HILLS, MICHIGAN 48334
(248) 538-1800 (248) 538-1801 FACSIMILE
(866)-699-1800 TOLL FREE

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Client # 2

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Married Divorced Widowed Single Spouse's Name: _____

Child # 5

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names Parents Ages Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Married Divorced Widowed Single Spouse's Name: _____

Child # 6

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names Parents Ages Special Needs

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Married Divorced Widowed Single Spouse's Name: _____

OTHER DEPENDENTS

Friends or relatives who are dependents.

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

OTHER PROFESSIONAL ADVISORS

Name of CPA: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Family Attorney: _____

Law Firm _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Stock Broker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Personal Banker: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)		
Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Are you and your spouse United States citizens?		
If you answered "NO," are either you or your spouse a resident or a non-resident alien?		

Estimated Asset Valuation Sheet

ASSETS*	<i>AMOUNT</i>	
	CLIENT #1	CLIENT #2
Cash Accounts		
Investment Accounts		
Stocks		
Automobiles and Recreational Vehicles		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Homestead		
Other Real Property		
Oil, Gas, and Mineral Interests		
Business Interests: (S Corp, LLC, Partnership)		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Pre-Paid Funeral/Burial Costs/Plots		
Other Assets		
TOTAL ASSETS		
	CLIENT #1	CLIENT #2
LIABILITIES	<i>AMOUNT</i>	
Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		
NET ESTATE		
	CLIENT #1	CLIENT #2
ANNUAL INCOME		

* Joint Tenancy (JT), Tenancy in Common (TC), and Community Property (CP) values go 1/2 in Client #1's column and 1/2 in Client #2's column