

## PERSONAL PROFILE

### CLIENT

Full Legal Name: \_\_\_\_\_

Other Name(s) Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth and Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Veteran ID number/Branch of service: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone number: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Name of Trust:

What would you like to name the trust we make for you?

\_\_\_\_\_

Following are several examples:

"The Joseph Brown Revocable Intervivos Trust"

"The Joseph Brown Trust"

"The Brown Family Trust"

"The Brown and Smith Family Trust"

"The Joseph J. Brown Revocable Living Trust"

Do you already have a trust?      ( ) Yes, date established: \_\_\_\_\_ ( ) No

**Name three people you trust to make financial decisions in the event of your death or incapacity**

1.

2.

3.

**MARITAL INFORMATION**

Do you plan to marry or register as a domestic partner in the near future? ( ) Yes ( ) No

If you are currently registered as a domestic partner, please provide the date and place of registration: \_\_\_\_\_

Have you executed a premarital agreement? ( ) Yes ( ) No

**CHILDREN**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SS Number \_\_\_\_\_  
Citizenship \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SS Number \_\_\_\_\_  
Citizenship \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SS Number \_\_\_\_\_  
Citizenship \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SS Number \_\_\_\_\_  
Citizenship \_\_\_\_\_

**Name who you would trust to raise your children if you could not raise them yourself?**

- 1.
- 2.

**Age of distribution to young beneficiaries                      Percent**

- 1.
- 2.
- 3.

Do any of the children listed above have special needs? ( ) Yes ( ) No

Do you have any child support obligations to a former spouse or domestic partner?  
( ) Yes ( ) No

Do you or any of your descendants have sperm or ovum on deposit at a laboratory or invitro fertilization clinic? ( ) Yes ( ) No

Do you have any grandchildren? ( ) Yes ( ) No

**OTHER FAMILY**

Mother, Name & Age \_\_\_\_\_  
Address \_\_\_\_\_

Father, Name & Age \_\_\_\_\_  
Address \_\_\_\_\_

Siblings:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Former Spouse:

Name \_\_\_\_\_

Ended by death or divorce? Date?

**FINANCIAL PROFILE**

**For every parcel of real property you own, please provide an address and if possible an Assessor's Parcel Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For every financial account you own, attach a few pages of a recent statement. Examples of accounts are:**

- Bank accounts
- Brokerage accounts
- IRA, SEP-IRA
- 401(k), 403(b)
- Profit Sharing, etc.

**List every life insurance policy you own:**

Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount

**Please describe all businesses in which you own an interest. Examples include:**

Professional Practice; Sole Proprietorship; S. Corp; C. Corp; Family Limited Partnership; Limited Liability Company; Partnerships; Limited Partnerships.

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**Liabilities:**

Mortgage: \_\_\_\_\_

Average credit card debt: \_\_\_\_\_ Other debts: \_\_\_\_\_

**OTHER INFORMATION**

Do you expect to inherit property in the near future?      ( ) Yes      ( ) No  
Have you made gifts of over \$10,000 to anyone?      ( ) Yes      ( ) No  
Where do you keep a list of your passwords? If reluctant to disclose, who knows where you  
keep a list of your passwords? \_\_\_\_\_  
Do you have a prepaid burial, cremation or funeral plan?      ( ) Yes      ( ) No

**ADVANCE HEALTH CARE DIRECTIVE**

List the names, addresses, telephone numbers and e-mail addresses of those you trust to make medical decisions for you in the event you cannot make them yourself.

**Agent One:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Agent Two:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Agent Three:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_