

Personal Information Questionnaire

for

LAW OFFICES

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Business, Legacy and Estate Planning :: Asset Protection :: Wealth Counsel
Elder Law and Fiduciary Litigation

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Date: _____

PERSONAL INFORMATION QUESTIONNAIRE

Your Full Name

Your Signing Name
for Legal Documents

Other Names by Which
You Are Also Known

Social Security Number

Birth Date

Your Home Address

County

Home Phone Number

Home Fax

Cell Phone Number

Citizenship

Employer (or "Retired")
Position

Your E-Mail

Marital/Partner Status

Date of Marriage

Spouse/Partner's Full Name

Spouse/Partner's Signature
Name for Legal Documents

Other Names by Which Your
Spouse or Partner is Known

Social Security Number

Birth Date

Home Phone Number

Home Fax

Cell Phone Number

Citizenship

Employer (or "Retired")
Position

E-Mail

How did you hear about One World Legacy & Estate Planning?

CHILDREN

1. **Full Name:**

Nickname:

Spouse Name:

Female Male

Birthdate: Soc. Sec. Number:

Parents' names:

Address:

Home Phone :

Cell:

Email:

No. of Children:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

2. Full Name:

Nickname:

Spouse Name:

Female Male

Birthdate: Social Security Number:

Parents' names:

Address:

Home Phone:

Cell:

Email:

No. of Children:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

3. Full Name:

Nickname:

Spouse Name:

Female Male

Birthdate: Social Security Number:

Parents' names:

Address:

Home Phone:

Cell:

Email:

No. of Children:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

4. **Full Name:**

Nickname:

Spouse Name:

Female Male

Birthdate:

Social Security Number:

Parents' names:

Address:

Home Phone:

Cell:

Email:

No. of Children

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

5. **Full Name:**

Nickname:

Spouse Name:

Female Male

Birthdate:

Social Security Number:

Parents' names:

Address:

Home Phone:

Cell:

Email:

No. of Children:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

6.. **Full Name:**

Nickname:

Female Male

Birthdate:

Social Security Number:

Parents' names:

Address:

Home Phone:

Cell:

Email:

No. of Children:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

<u>OTHER HEIRS OR DEPENDANTS</u>

1. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

2. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

3. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

4. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

5. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

6. **Full Name:**

Relationship:

Parents:

Female Male

Birthdate:

Social Security Number:

Address:

Home Phone:

Cell:

Email:

Special Needs/Considerations:

Potential Problems/Hardships/Issues:

ACCOUNTING, FINANCIAL AND LEGAL ADVISORS

We work with everyone on your financial team to ensure you the best possible planning. We rely heavily on your other advisers to carry out the strategies you choose.

ACCOUNTING

Nickname

Firm Name
Address

Phone
Fax

E-Mail Address

INVESTMENTS

Nickname

Firm Name
Address

Phone Fax
E-Mail Address

INSURANCE

Nickname

Firm Name
Address

Phone Fax
E-Mail Address

LEGAL

Nickname

Firm Name
Address

Phone Fax
E-Mail Address

PERSONAL QUESTIONS

GUARDIANS FOR YOUR MINOR CHILDREN. Who would you choose to raise your children if you were unable to do so? N/A

First Choice

Second Choice

Third Choice

Yes No Do you have a child with a learning disability?

Yes No Do any of your children receive governmental support or benefits?

Yes No Do any of your children have special educational, medical, or physical needs?

Yes No Are any of your children institutionalized?

Yes No Do you provide primary or other major financial support to adult children?

Yes No Are you or your spouse/partner receiving social security, disability, or other governmental benefits?

Yes No Have either you or your spouse/partner been divorced?

Yes No Are you or your spouse/partner making payments pursuant to a marital settlement agreement? (If so, please send us a copy.)

Yes No Have you or your spouse/partner ever signed a pre- or post-marriage or relationship contract? (If so, please send us a copy.)

Yes No Have you or your spouse/partner been widowed? (Please send us a copy of any federal or state estate tax return that you filed.)

Yes No Have you or your spouse/partner ever filed federal or state gift tax returns? (If so, please send us a copy.)

Yes No Have you or your spouse/partner completed previous will, trust, or other estate planning documents? (If so, please send us a copy.)

Please send any wills, trusts, or agreements requested on this page to us by mail, by email attachment to ron-work@oneworld.ws or by fax to (434) 528-3220.

DISABILITY TRUSTEES. If you ever become unable to effectively manage your property or financial affairs, who would you want to handle your financial affairs for you? (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

FOR YOU

FOR YOUR SPOUSE OR PARTNER

First Choice

Second Choice

Third Choice

Fourth Choice

MEDICAL DECISIONMAKERS. If you ever become unable to communicate your wishes to your doctor, who would you want to make medical decisions for you? (Name your spouse or partner or one or more persons, if you know. If you do not know, we will help you decide who would be most appropriate.)

FOR YOU

FOR YOUR SPOUSE OR PARTNER

First Choice

Second Choice

Third Choice

Fourth Choice

EXECUTORS AND DEATH TRUSTEES. Upon your death, who would you want to carry out your will and trust instructions? (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

FOR YOU

FOR YOUR SPOUSE OR PARTNER

First Choice

Second Choice

Third Choice

Fourth Choice

YOUR GOALS

What do you want to discuss or accomplish when we next meet?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

CASH ACCOUNTS

NAME OF BANK OR INSTITUTION	TYPE OF ACCO UNT	ACCOUNT NUMBE R	OWNER	CURRENT BAL AN CE
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INVESTMENT ACCOUNTS (other than retirement accounts)

NAME OF BROKERAGE OR INVESTMENT FIRM	TYPE OF ACCO UNT	ACCOUNT NUMBE R	OWNER	CURRENT BAL AN CE
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\$ _

UNEXERCISED EMPLOYEE STOCK OPTIONS

GRANT	NUMBER	GR A N T E DTYPE	VEST	COMPANY	OWNER	CURRENT OPTION VALUE
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\$ _

RETIREMENT PLANS AND ACCOUNTS

TYPE OF

P
L
A

EMPLOYER OR INSTITUTION

OWNER

DEATH BENEFICIARY

VALUE

\$ _

ANNUITIES

CHECK IF

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COMPANY

OWNER

DEATH BENEFICIARY
IF
PAYMENTS
ARE NOT
ONLY
FOR LIFE

VALUE

-
-
-
-
-
-

\$ _

LIFE INSURANCE POLICIES

Insurance

Company

Type of Policy

Whose Life Is
Insured?

Death Benefit

Cash

Value

Loan
F

Owner
:

Beneficiary:

Policy Number:

Who Pays the
Premium?

Insurance

Company

Type of Policy

Whose Life Is
Insured?

Death Benefit

Cash

Value

Lo

Owner:

Beneficiary:

Policy Number:

Who Pays the Premium?

Insurance

Company

Type of Policy

Whose Life Is
Insured?

Death Benefit

Cash

Value

Lo

Owner:

Beneficiary:

Policy Number:

Who Pays the
Premium?

LIFE INSURANCE POLICIES (CONTINUED)

Insurance Company	Type of Policy	Whose Life Is Insured?	Death Benefit	Cash Value	Lo
Owner:		Beneficiary:			
Policy Number: Who Pays the Premium?					
Insurance Company	Type of Policy	Whose Life Is Insured?	Death Benefit	Cash Value	Lo
Owner:		Beneficiary:			
Policy Number: Who Pays the Premium?					
Insurance Company	Type of Policy	Whose Life Is Insured?	Death Benefit	Cash Value	Lo
Owner:		Beneficiary:			

Policy Number: Who Pays the Premium?	
We will complete this section	
NET CASH VALUE	NET PROCEEDS
\$ _____	\$ _____

MORTGAGES, NOTES & OTHER DEBTS OWED TO YOU

Name of Debtor and Description of Nature of Loan, If Applicable	Year of Loan	Year Loan is	To Whom Is This	Current Loan Balance
		D u e	Debt Owed ?	

\$ _

PARTNERSHIP INTERESTS

NAME OF PARTNERSHIP	GENERAL	LIMITED	OWNER	VALUE OF
	P A R T N E R %	P A R T N E R %		

\$ _

LLC, CORPORATE, OR PROFESSIONAL INTERESTS

NAME OF CORPORATION OR COMPANY	TYPE OF ENTITY	BUY/SELL AGREE - MENT?	% OWNED	OWNER	VALUE
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

\$

SOLE PROPRIETORSHIP BUSINESS INTERESTS

NAME OF CORPORATION OR COMPANY	DESCRIPTION OF BUSINESS	OWNER	VALUE

\$

REAL PROPERTY INTERESTS

NAME OR ADDRESS OF PROPERTY	TYPE OF PROPERTY	% OWNED	OWNER	MORT GAGE	TOTAL VALUE
TOTAL GROSS VALUE					\$ <u> </u>
- TOTAL REAL PROPERTY LIABILITIES					- <u> </u>
TOTAL GROSS VALUE					\$ <u> </u>

ANTICIPATED INHERITANCE OR LAWSUIT JUDGMENT

PLEASE DESCRIBE THE INHERITANCE OR LAWSUIT SO THAT WE UNDERSTAND THE NATURE OF IT	OWNER	ESTIMATED VALUE
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\$ _

OTHER ASSETS

PLEASE DESCRIBE EACH ASSET SO THAT WE UNDERSTAND THE NATURE OF IT	OWNER	ESTIMATED VALUE
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\$

PERSONAL EFFECTS, CARS, BOATS AND PLANES

ASSET DESCRIPTION	OWNER	ESTIMATED VALUE
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Estimated value of all personal effects not listed above

\$

LIABILITIES (other than real property liabilities)

PLEASE DESCRIBE EACH LIABILITY SO THAT WE UNDERSTAND THE NATURE OF IT	WHO OWES THE DEBT?	ESTIMATED VALUE
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\$

	TOTAL COMBINED ASSETS
Cash Accounts	
Investment Accounts	
Unexercised Employee Stock Options	
Retirement Plans and Accounts	
Annuities	
Mortgages, Notes & Other Debts Owed to You	
Partnership Interests	
LLC, Corporate, or Professional Interests	
Sole Proprietorship Business Interests	
Real Property Interests	
Anticipated Inheritance or Lawsuit Judgment	
Other Assets	
Personal Effects, Boats, and Automobiles	
TOTAL ASSETS	\$
Real Property Mortgages & Liabilities	\$
Other Liabilities	
TOTAL LIABILITIES	\$
NET WORTH	\$
Insurance Cash Values Less Policy Loans	
Insurance Face Amounts Less Policy Loans	
NET WORTH TODAY	\$
TOTAL ESTATE	\$

You need not complete gray entries labeled “for office use”.
We will complete any entries that you do not.

MONTHLY INCOME

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$

Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$