



Personal Information Form
CONFIDENTIAL

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STEP

Basic Background Information

1

In this section, you provide us with important objective information about you, your age, marital status, where you live, and how best to communicate with you.

This section will ensure that your names are spelled correctly in your documents. Please print clearly.

Client 1 Information

Interview Date: ____/____/____ Atty: ____

Name (as used in signature) _____

Also Known As _____ Prefer To Be Called _____

Birth Date ____/____/____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Never married Married Widowed Divorced: If yes, date ____/____/____ US Citizen? Yes No

Are either of your parents still living? Yes No

Are either of your grandparents still living? Yes No

Do you have a Revocable Living Trust? Yes No

Date of Marriage ____/____/____

Existing Pre- or Postnuptial Agreement? Yes No

Date: ____/____/____

If married, have you lived in any of the following states while married to each other? (Mark All That Apply)

Arizona Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin California

Client 2 Information

Name (as used in signature) _____

Also Known As _____ Prefer To Be Called _____

Birth Date ____/____/____ Age _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Never married Married Widowed Divorced: If yes, date ____/____/____ US Citizen? Yes No

Are either of your parents still living? Yes No

Are either of your grandparents still living? Yes No

Do you have a Revocable Living Trust? Yes No

Date of Marriage ____/____/____

Existing Pre- or Postnuptial Agreement? Yes No

Date: ____/____/____

If married, have you lived in any of the following states while married to each other? (Mark All That Apply)

Arizona Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin California

STEP

Children, Grandchildren, & Other Potential Individual Beneficiaries

2

Identify all children and grandchildren. Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary).

If you have no children, please provide contact information for each individual beneficiary. Also, cross out the word CHILD and indicate the nature of your relationship to the beneficiary. Please copy and attach additional pages if you have more than four beneficiaries.

Child 1 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ DOB ____/____/____ Sex: M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Married Divorced Widowed Single Spouse's Name _____ Date Married ____/____/____

Children (name, age, and gender): _____

Child 2 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ DOB ____/____/____ Sex: M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Married Divorced Widowed Single Spouse's Name _____ Date Married ____/____/____

Children (name, age, and gender): _____

Child 3 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ DOB ____/____/____ Sex: M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Married Divorced Widowed Single Spouse's Name _____ Date Married ____/____/____

Children (name, age, and gender): _____

Child 4 Parent: Husband Wife Joint Special Needs: Medical Educational Financial

Full Legal Name _____ DOB ____/____/____ Sex: M F

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Married Divorced Widowed Single Spouse's Name _____ Date Married ____/____/____

Children (name, age, and gender): _____

Are you concerned with your children's ability to get along with one another? Yes No

STEP

Appointing People To Assist You

3

One of the most important aspects of any estate plan is the appointment of various persons to assist you and your family in times of need; particularly when death or disability strikes. These appointed helpers are called by different names depending on the type of estate plan you elect to implement. In this Section, we try and avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Who do you nominate to serve as guardian for your minor children (if any)?

Guardians		
	Client 1 Responses	Client 2 Responses
Initial Choice		
Back Up # 1		
Back Up # 2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs during your incapacity?

Financial Agents/Disability Trustee		
	Client 1 Responses	Client 2 Responses
Initial Choice		
Back Up # 1		
Back Up # 2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

Health Care Agents		
	Client 1 Responses	Client 2 Responses
Initial Choice		
Back Up # 1		
Back Up # 2		

If you were deceased, who would you choose to administer and distribute your estate after your death?

Estate Fiduciary/Personal Representative		
	Client 1 Responses	Client 2 Responses
Initial Choice		
Back Up # 1		
Back Up # 2		

STEP

Potential Charitable Beneficiaries

4

Some of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization

Address (If Known)

1.		
2.		
3.		
4.		

STEP

People Who Advise You

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Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters.

Name

Telephone

Auto/Home Insurance Agent _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tax Advisor (CPA, EA, etc.) _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Attorney _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Life Insurance Agent _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Advisor _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stock Broker _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Banker _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Advisor _____	
I would recommend this person to my friends/family: <input type="checkbox"/> Yes <input type="checkbox"/> No	

May we contact your listed advisors? Yes No

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the more pressing to you.

	<u>Level of Concern (If Any)</u>			
	None	Low	Medium	High
<u>Tax Concerns</u>				
- Risk of the IRS "inheriting" half the estate when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of capital gain taxes paid on the sale of property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of unnecessary income taxes being paid on investment assets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Family Concerns</u>				
- Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of a child or other beneficiary losing his/her inheritance to creditors, lawsuits, to mismanagement of the money or to a divorcing spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of unnecessary litigation from heirs who receive less than they think they are entitled to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk that parents, who may need financial assistance, are not provided for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Disability</u>				
- Risk of loss of control over your assets in event of your disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die and without pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of an unnecessary guardianship if you become incapacitated or unable to make financial and health related decisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Creditor Concerns</u>				
- Risk of lawsuits against you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of loss of your assets to a nursing home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Post-Death Concerns</u>				
- Risk of unnecessary costs and delays associated with the estate passing through probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he/she is unaware of what is required and is unaware of the personal liability for those mistakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Risk of private matters unnecessarily being made public.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP

Asset Assessment

7

Determining the ownership, value, and character of your assets is important to your estate and legacy plan. The title ownership is important for tax and transfer matters. The value will be significant in determining potential tax liability. The character is relevant in assessing the manner by which the asset can transfer.

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas, and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other In-State Real Property						
Other Out-Of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
Total Liabilities (\$\$\$)						

Net Estate (\$\$\$) (Total Assets minus Total Liabilities)						
--	--	--	--	--	--	--

COMBINED NET ESTATE (\$\$\$)

(Client Net + Spouse Net + Joint Net)

=

STEP**About Your Goals & Objectives****8**

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used, but rather on the outcomes to be achieved.

Goals	Consequences If Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: The undersigned hereby states and affirms that the information contained in this confidential Estate Planning Questionnaire is an accurate and complete record of all assets, liabilities, and account information, and that Van Dyck Law, LLC will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

Client 1: _____

DATE: ____/____/____

Client 2: _____

DATE: ____/____/____

Additional Documentation

General Document Request: In some instances, it may be necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation so that they are available as necessary during the interview:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Pre or Postnuptial Agreement (if applicable).
4. Long-term care policies (if any).
5. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

Congratulations on completing this questionnaire.

We appreciate the opportunity to work with you on your estate plan.