

DATA GATHERING FORM



For: _____

Date: _____

DATA GATHERING FORM



SECTION ONE PERSONAL DATA

1. General:	Husband	Wife
Full name	_____	_____
Other or Former names	_____	_____
Name as you want it to appear in documents	_____	_____
Date of birth	_____	_____
Social Security No.	_____	_____
Citizen of What Country	_____	_____
Occupation	_____	_____
Name and address of employer	_____ _____	_____ _____
2. Home address, email, fax and telephone numbers:		
Street:	_____	
City/Town and State	_____	Zip _____
Home Telephone:	(____) _____ - _____	
Husband Business Telephone:	(____) _____ - _____	
Wife Business Telephone:	(____) _____ - _____	
Husband cell phone:	(____) _____ - _____ (optional)	
Wife cell phone:	(____) _____ - _____ (optional)	
Fax number:	(____) _____ - _____	
Email address:	_____	
3. Date of Marriage: _____ Place: _____		

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4. **Children of this Marriage:** ____ (number)

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any children adopted? _____

Are any children deceased? If so, are there any living children of the deceased child?

Do any of the children have special medical, psychological or educational needs?
(Please specify) _____

Is there any other information regarding your children that would be relevant to this process?

5. **Spouses of Children:**

<u>Name of Child</u>	<u>Name of Spouse</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. **Grandchildren:**

<u>Name of Grandchild</u>	<u>Name of Parent</u>
_____	_____
_____	_____
_____	_____
_____	_____

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7. Prior Marriages:

Husband: Yes No

If yes, name of former wife: _____

Wife: Yes No

If yes, name of former husband: _____

Please *attach copies* of any separation or divorce agreements, any judgments for divorce and any pre- or post-nuptial agreements, unless copies are presently held by this office.

Names of Children of Prior Marriages:

Husband's

Wife's

8. Names and Addresses of Living Parents:

Husband's

Wife's

State of health:

Anticipated inheritance:

9. Names of Living Brothers and Sisters:

Husband's

Wife's

10. Do you presently have a will or a trust?

Husband: Yes No

Wife: Yes No

If so, please *attach copies* unless copies are presently held by this office.

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11. **Since your marriage, have you ever lived in any of the following community property states:**

Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington?

Yes No If yes, please check the applicable state(s) above.

12. **Do you have the power to appoint assets under another person's will or trust? (This does not include being named an executor or trustee)**

Husband: Yes No

Wife: Yes No

If so, please provide details: _____

13. **Have you made any substantial gifts in the past or placed property in joint names with a non-spouse?**

Husband: Yes No

Wife: Yes No

If so, please provide details: _____

14. **Are you a beneficiary under any trust?**

Husband: Yes No

Wife: Yes No

If so, please *attach copies* unless copies are presently held by this office.

15. **Location of safe deposit box:** _____

16. **Name and address of:**

Investment Broker: _____

Accountant: _____

Life Insurance Agent: _____

Property and Casualty Insurance Agent: _____

**SECTION TWO
FINANCIAL DATA**

SUMMARY OF ASSETS

	Husband	Wife	Joint
Annual Income	_____	_____	_____
Savings Accounts	_____	_____	_____
Securities (A)	_____	_____	_____
Stock Options (B)	_____	_____	_____
Closely Held Business Interests (C)	_____	_____	_____
Real Estate: (D) (gross fair market value)			
Primary Residence:	_____	_____	_____
Other Property:	_____	_____	_____
Life Insurance (E)	_____	_____	_____
Retirement Plans: (F)	_____	_____	_____
Personal Property: (fair market value, not replacement value)			
Art/Antiques	_____	_____	_____
Jewelry	_____	_____	_____
Automobile(s)	_____	_____	_____
Miscellaneous (G)	_____	_____	_____
Other Assets: (H)	_____	_____	_____
TOTAL ASSETS	_____	_____	_____

Please give your best estimate of value to the nearest \$1,000 and feel free to attach additional pages if necessary to include all assets. The letters refer to supporting data requested on page 8.

SUMMARY OF LIABILITIES

Mortgages

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by what Real Estate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Indebtedness

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by what Asset</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONFIDENTIAL

COMMENTS

These letters refer to the asset classification on the previous Summary of Assets schedule.

- A. Please provide recent statements from investment firms and pertinent information regarding any non-registered securities.
- B. Please attach stock option agreement and describe number of vested and non-vested options, strike price, current stock price, and any other relevant information.
- C. Please describe briefly the closely held business interest:

- D. Please describe briefly the location of the real estate, its fair market value, and attach copies of any deeds:

- E. Please complete attached Schedule of Insurance.

- F. Please complete attached Schedule of Retirement Benefits.

- G. Please describe the miscellaneous tangible personal property here:

- H. Please describe the "other" items here:

SCHEDULE OF INSURANCE

Individual Life Insurance Policies: Husband (H) Wife (W) Trust (T)

<u>Name of Insurer</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. Do you or your spouse have an irrevocable life insurance trust? _____
2. When was the last time the policies were reviewed with your insurance advisor? _____
3. Are any of the policies owned by your business? _____
4. Are the premiums for any of the policies paid by your business (or subject to a split dollar agreement)?

Group Life Insurance Policies:

<u>Name of Employer</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Miscellaneous:

1. Do you or your spouse own Long Term Care Insurance? _____
2. Do you or your spouse have a Disability Insurance Policy? _____
3. Do you or your spouse have an Umbrella Liability Insurance Policy? _____
4. Have you or your spouse recorded a Declaration of Homestead? _____

SCHEDULE OF RETIREMENT BENEFITS

Company Sponsored Qualified Plans: **Husband (H) Wife (W) Trust (T)**
(pension plan, profit sharing, 401(k), Simple, SEP, 403(b), etc.)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>	<u>Co. Match</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Individually Owned Qualified Retirement Plans: (IRA, Roth IRA, Qualified Annuity)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Qualified Retirement Benefits: (deferred compensation, golden parachute, non-qualified deferred annuity)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____