

VOLD & MORRIS, LLC
PERSONAL INFORMATION
SINGLE PERSON

This information should be completed and returned to the attorney's office. Make a copy or request the attorney's office make a copy if you wish. You should call the attorney's office every three years (or sooner if health or financial circumstances warrant) and make an appointment for an estate planning review.

Date Form Completed

1. FULL NAMES, CURRENT ADDRESSES AND SOCIAL SECURITY NUMBER OF (IF YOU HAVE A PREDECEASED SPOUSE, GIVE NAME AND DATE OF DEATH):

A. Self: SS# _____

B. Deceased or divorced husband or wife (circle one): SS# _____

C. Children: Include SS#, Address and Phone #:

D. Grandchildren, only if your child is deceased, with name of deceased child (include phone #):

E. Father and Mother, if living (include phone #):

F. Brothers and Sisters, if living (include phone #):

G. Other heirs or beneficiaries under the estate plan and phone #:

2. Date of your birth _____
Place of your birth _____

3. State of residence _____
Citizenship _____

4. Date of marriage to deceased or divorced spouse _____
Residence (county and state) at time of marriage _____

5. If ever divorced, name of former spouse, date of divorce, location of divorce (county and state), location of any property settlement agreement:
6. Names and addresses of relatives to be notified of death, at once:
7. Names and addresses of friends to be notified of death:
8. Property, persons or animals requiring immediate and special attention in event of your death or disability:
9. Funeral arrangements preferred or made - cemetery lot or place of burial; also what type of ceremony do you prefer:
10. A. Have you completed any anatomical gift forms and if so, described:
B. Have you completed a living will? If so, provide a copy or location where it can be found:
11. Name of accountant, address, telephone number, and papers in accountant's possession:
12. Name and address of personal physician:
13. Name and address of any person to whom you have given a power of attorney:
14. Location and type of insurance policies, including accidental death proceeds from organizations or credit cards - issuing companies, policy number, amount and beneficiaries, name and address of insurance agent to contact with respect to policy (use other side if necessary):

15. Description and value of annuities owned, person to contact with respect to policies:

16. Location of the following (use other side if necessary):
 - A. Birth certificates, marriage certificate, discharge papers:

 - B. Safe deposit box and key:

 - C. Stocks, bonds and other securities, and name and address of any broker holding them or having record of transactions:

 - D. Real estate, deeds, mortgage papers, notes, and financial agreements:

 - E. Bank and savings accounts and bank books:

 - F. Tax returns:

 - G. Children's medical records:

17. Annual gifts of more than \$3,000 prior to 1982 and annual gifts of more than \$10,000 after December 31, 1981:

18. Name and address of employer. If self-employed, name and address of business:

19. Pension arrangements, employee death benefits to which entitled:

20. Names of organizations - fraternal, trade, church affiliation, etc., to which you belong, and any benefits coming to the family from these (to be used for obituary as well as being sure family receives benefits):

21. Names of significant debtors and creditors and descriptions of amounts and terms involved:

22. If a surety or cosigner on notes of others, details of such transactions:

23. Name, address and phone numbers of proposed guardians for minor children:

24. Name, address and phone number of financial planner or advisor:

25. Name, address and phone number of broker and each brokerage house where you maintain accounts or through whom you place stock orders:

26. Name, address and telephone of Trust Protector, if applicable:

27. Any other pertinent information: