



**PERSONAL  
INFORMATION  
FORM**

**CONFIDENTIAL**

---

10200 GROGAN'S MILL RD., SUITE 220. ♦ THE WOODLANDS, TX 77380  
(832) 246-8481  
[WWW.MEREDITH-LAW.COM](http://WWW.MEREDITH-LAW.COM)

## PLANNING YOUR MEETING

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 are called by different names depending on the type of estate plan you elect to implement.

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. What would you like to accomplish, what outcome do you want to achieve. What are your goals?

### About Your Goals & Objectives

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

### Be prepared to discuss:

1. If you were incapacitated for any period of time, who would you choose to handle your financial affairs?
2. If you were incapacitated for any period of time, who would you choose to make health care decisions for you?
3. If you have minor children, who would you nominate to serve as Guardian for your minor children (if any)?
4. If you were deceased, who would you choose to administrate and distribute your estate?
5. Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, university, YMCA, or favorite philanthropy. Consider whether you would ever include such a bequest within your legacy plan.
6. If you have pets, who will care for them after your passing.

### Documentation Needed (if applicable)

**General Document Request.** In some instances, it is necessary for us to review other documents before we can make planning recommendations. If any of the following apply to you, please bring those documents with you when we meet.

1. If you have existing copies of planning documents such as wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate you own.
3. Pre or Postnuptial Agreement.
4. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist (if any).

# SIMPLE BACKGROUND INFORMATION

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

## Client 1 Information

Your name as it appears most often to title property and accounts

\_\_\_\_\_

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_  
(Other names used to title property and accounts)

Birth date \_\_\_\_\_ Age: \_\_\_\_\_ Husband's SS# (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Primary contact telephone number (Circle One: Home Cell) \_\_\_\_\_

Secondary telephone number (Circle One: Home Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Preferred method of communication: Email Phone U.S. Mail

Employer \_\_\_\_\_ Business number \_\_\_\_\_

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

## Client 2 Information

Your name as it appears most often to title property and accounts

\_\_\_\_\_

Also Known As \_\_\_\_\_ Prefer to be called \_\_\_\_\_  
(Other names used to title property and accounts)

Birth date \_\_\_\_\_ Age: \_\_\_\_\_ Wife's maiden name \_\_\_\_\_

Primary contact telephone number (Circle One: Home Cell) \_\_\_\_\_

Secondary telephone number (Circle One: Home Cell) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Preferred method of communication: Email Phone U.S. Mail

Employer \_\_\_\_\_ Business number \_\_\_\_\_

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

Date of Marriage \_\_\_\_\_ Existing Pre/Postnuptial Agreement? Yes No Date: \_\_\_\_\_

**STEP**

**3**

# POTENTIAL "INDIVIDUAL" BENEFICIARIES

Identify all potential individual beneficiaries of your estate (e.g., 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)

**Beneficiary 1** Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

**Beneficiary 2** Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

**Beneficiary 3** Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

**STEP****3****POTENTIAL "INDIVIDUAL" BENEFICIARIES**

Identify all potential individual beneficiaries of your estate (e.g., 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)

**Beneficiary 4 Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

**Beneficiary 5 Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

**Beneficiary 6 Relationship to Client : \_\_\_\_\_ Special Needs: Medical Educational Financial**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Married Divorced Widowed Single

Spouse's Name: \_\_\_\_\_

Circle One

Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F  
 Children's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F

## CONCERNS & ANXIETIES

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 most pressing to you.

Assign a number in the box below for your level of concern for each of you. 1—Low concern; 4—High concern

		Husband	Wife
<b>Family Concerns</b>	Risk that assets left to your spouse may not pass to your intended heirs as a result of your spouse remarrying		
	Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money, creditors, lawsuits, or a divorcing spouse		
	Risk that an inheritance received by a beneficiary who has a disability would render them ineligible for governmental benefits		
	Risk that parents, who may need financial assistance, are not provided for		
<b>Disability Concerns</b>	Risk of loss of control over your assets in the event of your disability		
	Risk of unwanted efforts made to save your life if you feel it is best to cease such efforts and pass away peacefully and pain free		
	Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child		
<b>Tax Concerns</b>	Risk of the IRS "inheriting" some of your estate when you pass away		
<b>Creditor Concerns</b>	Risk of lawsuits against you		
	Risk of loss of your assets to a nursing home		
<b>Post Death Concerns</b>	Risk of unnecessary costs and delays associated with the estate passing through probate		
	Risk of private affairs being made public		

**STEP**

**5**

**ASSET ASSESSMENT**

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. Please complete the following asset information sheet.

<b>ASSETS</b>			
<b>Banking</b>			
<b><u>Name of Financial Institution:</u></b> ( ie. checking, savings, CD, Money Market, Investment/Brokerage Accounts, Stocks)	<b>Last 4 digits of account number</b>	<b>Owner of the account (If joint account, write Joint)</b>	<b>Approximate Value</b>
<b>Non Probate Accounts</b>			
<b><u>Name of Company</u></b> that holds these plans	<b>Last 4 digits of account number</b>	<b>Owner of the plan</b>	<b>Approximate Value</b>
401(k):			
IRA:			
403(b):			
Pension Plans:			
Life Insurance (death value):			
Annuities:			
<b>Business Interests</b>			
Partnership & LLC Interests		<b>Owner of business</b>	<b>Approximate Value</b>
Corporations Business Interests			
Sole Proprietorship Interests			
Monies Owed to You (promissory notes)			
<b>Real Property</b>			
	<b>County/State property is located</b>	<b>Name(s) on Deed</b>	<b>Approximate Value</b>
Personal Residence			
Other Texas Real Property			
Other Out-of-State Real Property (ie. Condo, 2nd home, Timeshare)			
Oil, Gas, and Mineral Interests			
<b>Other Assets</b>			
	<b>Owner</b>	<b>Owner</b>	<b>Approximate Value</b>
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other “toys”, etc.)			
Anticipated Inheritance, Gift, or Judgment			

**STEP****6****ASSET ASSESSMENT**

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. (If necessary, approximate current total values).

**Affirmation:** We understand that the Meredith Law Firm, PC (the “Firm”) will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: \_\_\_\_\_

DATE: \_\_\_\_\_

Client 2: \_\_\_\_\_

DATE: \_\_\_\_\_

Your Financial Advisor plays a key role in the establishment of your estate plan. We may need to contact your Financial Advisor to confirm and/or change beneficiary designations and titling of accounts. Please provide their contact information below.

	Name	Telephone	Email Address
Financial Advisor			

We would like to thank the person(s) who referred you to our office. Who may we thank?

	Name	Telephone	Email Address
Referred by:			