



**HORACIO SOSA, P.A.**  
ATTORNEY AT LAW

### Personal Information Form

**\*\*All information contained in this form is confidential and protected by attorney – client privilege\*\***

Completing this prior to your appointment will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  US citizen  Naturalized citizen  Resident alien  
 Occupation: \_\_\_\_\_  Retired  Employed  Veteran  Yes  No  
 Marital status:  single/widow(er)  married (date \_\_\_\_\_)  first  second  other \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Spouse (If applicable): \_\_\_\_\_ DOB: \_\_\_\_\_ DOD (if applicable) \_\_\_\_\_

US citizen  Naturalized citizen  Resident alien Occupation: \_\_\_\_\_  Retired  Employed  
 first marriage  second marriage  other \_\_\_\_\_ Social Security No: \_\_\_\_\_ Veteran  Yes  No

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ E-mail address \_\_\_\_\_

Which number (s) would you prefer to be contacted at?  Home  cell  work What is best time? \_\_\_\_\_

Referred to us by: Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Contacts: Financial Advisor \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Accountant /tax \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Existing Estate Planning</u>	<u>You</u>	<u>Spouse</u> <input type="radio"/> <u>NA</u>	<u>Date Document Executed</u>
Will	<input type="radio"/> Yes <input type="radio"/> NO	<input type="radio"/> Yes <input type="radio"/> NO	Date:- _____
Trust	<input type="radio"/> Yes <input type="radio"/> NO	<input type="radio"/> Yes <input type="radio"/> NO	Date:- _____
Power of Attorney	<input type="radio"/> Yes <input type="radio"/> NO	<input type="radio"/> Yes <input type="radio"/> NO	Date:- _____
Health Care Proxy	<input type="radio"/> Yes <input type="radio"/> NO	<input type="radio"/> Yes <input type="radio"/> NO	Date:- _____
Living Will	<input type="radio"/> Yes <input type="radio"/> NO	<input type="radio"/> Yes <input type="radio"/> NO	Date:- _____

Long-Term care Insurance     Yes  NO     Yes  NO

Daily benefit: \$ \_\_\_\_ Term \_\_\_\_

Have you transferred or gifted away assets away in the last 60 months? Amount \$ \_\_\_\_ Date: \_\_\_\_\_

**Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.**

**You** - current health status  Good  Concern  Problem    **Spouse** - current health status  Good  Concern  Problem

Specific concern/problem:- \_\_\_\_\_ Specific concern/problem:- \_\_\_\_\_

**You**

**Spouse NA**

Do you have children: -  Yes How many? \_\_\_\_  NO

Yes How many? \_\_\_\_  NO

Please specify     joint  you  step  adopted  foster

joint  you  step  adopted  foster

Do you have grandchildren: -  Yes How many? \_\_\_\_  NO

Yes How many? \_\_\_\_  NO

What would completing your estate planning accomplish for you? \_\_\_\_\_

What do you see as your biggest risk if you don't complete your estate plan?

**Rank the following (1-8) in order of importance for you currently (1=Most Important 8=Least Important)**

\_\_\_\_\_ Avoid probate

\_\_\_\_\_ Protect assets from govt/lawsuits/nursing homes

\_\_\_\_\_ Keep estate matters private

\_\_\_\_\_ Protect assets for family from predators after my death (I.e. my spouse disability or remarriage, my children's/beneficiary's lawsuits, divorce or bankruptcy)

\_\_\_\_\_ Minimize/eliminate taxes

\_\_\_\_\_ Remain independent and in control of my care and /or assets

\_\_\_\_\_ keep it simple for my family when something happens to me (disability/death)

\_\_\_\_\_ Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled

**PERSONAL /FAMILY INFORMATION**

**CHILDREN (if applicable) or BENEFICIARIES (who you want to get your stuff)**

**Name:** \_\_\_\_\_  male  female Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Child of:  joint  you  spouse  adopted  foster child  other relation \_\_\_\_\_

student  employed – occupation \_\_\_\_\_

Single  married  First  second  other – how long? \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Occupation \_\_\_\_\_

Children: -  none How many? \_\_\_\_\_ Ages \_\_\_\_\_

Special needs/ considerations: \_\_\_\_\_

Potential problems/hardships/issues: \_\_\_\_\_

**Name:** \_\_\_\_\_  male  female Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Child of:  joint  you  spouse  adopted  foster child  other relation \_\_\_\_\_

student  employed – occupation \_\_\_\_\_

Single  married  First  second  other – how long? \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Occupation \_\_\_\_\_

Children: -  none How many? \_\_\_\_\_ Ages \_\_\_\_\_

Special needs/ considerations: \_\_\_\_\_

Potential problems/hardships/issues: \_\_\_\_\_

**Name:** \_\_\_\_\_  male  female Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Child of:  joint  you  spouse  adopted  foster child  other relation \_\_\_\_\_

student  employed – occupation \_\_\_\_\_

Single  married  First  second  other – how long? \_\_\_\_\_ Spouse + s name: \_\_\_\_\_ Occupation \_\_\_\_\_

Children: -  none How many? \_\_\_\_\_ Ages \_\_\_\_\_

Special needs/ considerations: \_\_\_\_\_

Potential problems/hardships/issues: \_\_\_\_\_

**Financial Information Sheet**

**\*\*It is very important you indicate in each category ownership and dollar amount separately, as well as total value.\*\***

**MONTHLY INCOME**

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

**ASSET INFORMATION AS OF \_\_\_\_\_ (date) - Please provide total amount for each type of asset and who owns.**

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash checking saving cds money market & cash management account	\$	\$	\$	\$
Investment/Broker-held accounts (not including cash) and Mutual Fund accounts	\$	\$	\$	\$
Retirement accounts : IRA 401k, 403B, SEP etc	\$	\$	\$	\$
Life insurance death benefit and cash value	D.B \$ C.V.\$	D.B \$ C.V.\$	D.B \$ C.V.\$	D.B \$ C.V.\$
Stocks you hold ( not in brokerage accounts)	\$	\$	\$	\$
Bonds you hold ( not in brokerage accounts)	\$	\$	\$	\$
Annuities \$= original amount invested date=month/year purchased CV=current value	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____
Real estate residence ( per tax bill)	\$	\$	\$	\$
Real estate other	\$	\$	\$	\$

Vehicles automobile motorcycle boats snowmobiles etc	\$	\$	\$	\$
<b>Total Assets</b>	\$	\$	\$	\$

**BUDGET AND HEALTH INSURANCE**

What is your monthly budget?	\$			
What is your monthly cost of health insurance?	\$			
	\$			
<b>Total Value</b>	\$			

**LIABILITIES**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loan Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

**BUSINESS INTEREST**

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC interest	\$	\$	\$	\$
Corporation <input type="radio"/> S-Corp	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>Total Value</b>	\$	\$	\$	\$

Other things you think we should know:

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