

# GAP - PERSONAL INFORMATION

Date: \_\_\_\_\_

Client's Legal Name: \_\_\_\_\_ also known as \_\_\_\_\_  
(legal name most often used)

prefer to be called \_\_\_\_\_

Birth date: \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? Y / N

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

Mobile Phone: \_\_\_\_\_ email Address: \_\_\_\_\_

It is okay to communicate with me via email or text High School graduate Y/ N Year: \_\_\_\_\_ HS: \_\_\_\_\_

Attending which University? \_\_\_\_\_ What year? \_\_\_\_\_

Will you be covered under a parent's Insurance or the Health Plan of the University? \_\_\_\_\_

Career/Job: \_\_\_\_\_ Do you have health insurance? \_\_\_\_\_

Married/Engaged? Y / N Do/did you have a pre marital contract (if so, provide copy)? Y / N

Related to or a Previous Client of the Firm? Y / N Who? \_\_\_\_\_

Do you have children? If so please provide the following:

Child's Name	Birth date	Parent or Relationship
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1. _____	_____	_____
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2. _____	_____	_____
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## DECISION-MAKERS - PLANNING

### Financial Decision-makers:

1. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

2. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

3. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

### Health/Medical Care Decision-makers - Agents:

1. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

2. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

3. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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



**BURIAL, CREMATION, AND OTHER PREFERENCES:** Burial? Cremation? Other? \_\_\_\_\_

**Guardians For Minor Children:**

1. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

2. Legal Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

**ASSETS**

1. Bank or Financial Investment Accounts:

a. \_\_\_\_\_ Balance: \_\_\_\_\_

b. \_\_\_\_\_ Balance: \_\_\_\_\_

c. \_\_\_\_\_ Balance: \_\_\_\_\_

d. \_\_\_\_\_ Balance: \_\_\_\_\_

2. Vehicle in your name: Y / N

3. Own a home or condo? Y / N If yes, address: \_\_\_\_\_

**CONCERNS**

Interests / Hobbies: \_\_\_\_\_

Have you ever been sued? Y / N Do you have pending, threatened or actual lawsuit filed against you? Y / N

**RISK MANAGEMENT:** Do you have insurance policies: Auto / Renters Y / N Umbrella Liability Y / N

Today's date: \_\_\_\_\_

Who referred you to our offices? \_\_\_\_\_

This Confidential Data Profile was prepared by the following individual(s) and its accuracy may be relied upon in the design, preparation and funding of any estate plan:

\_\_\_\_\_  
Signature – Client

