

Personal Information Form



HOOPER LAW OFFICE,
A Pathway to your Legacy LLC

Appleton

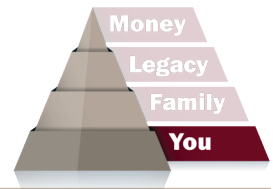
2 N. Systems Drive
Appleton, WI 54914
920.993.0990

Green Bay

926 Willard Drive, Ste. 116
Green Bay, WI 54304
800.794.5548

Oshkosh

3475 Omro Road, Ste. 100
Oshkosh, WI 54904
800.794.5548



Personal Information Form

Please bring this form with you to your initial meeting. All information provided herein is considered CONFIDENTIAL INFORMATION by HOOPER LAW OFFICE and will not be shared with anyone outside of our office.

Date Completed _____

Please Print

First Name _____ Middle Name _____

Last Name _____ Nickname _____

Name Used to Sign Legal Documents (please print) _____

Home Address _____

City _____ State _____ ZIP _____ County _____

Birth Date _____ Age _____ Social Security Number _____

Email _____ Home Phone _____

Employer _____ Position _____ Cell Phone _____

Current Marital Status: Single Married, Date _____

Marital History:

Widowed, Date _____ Divorced, Date _____ # Times Married _____

Spouse

First Name _____ Middle Name _____

Last Name _____ Nickname _____

Name Used to Sign Legal Documents (please print) _____

Email _____ Cell Phone _____

Birth Date _____ Age _____ Social Security Number _____

Employer _____ Position _____

Marital History:

Widowed, Date _____ Divorced, Date _____ # Times Married _____

Who would you prefer we contact with questions? _____

Preferred method of contact (e.g. phone, email, etc.) _____

Military Service

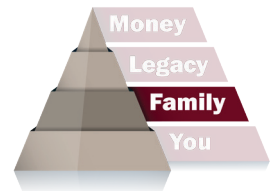
Name Used in Military _____ Date Entering Service _____

Branch _____ Date of Discharge _____

Name Used in Military _____ Date Entering Service _____

Branch _____ Date of Discharge _____

Referred By _____ Located In _____



Children's Information

Child #1 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #2 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

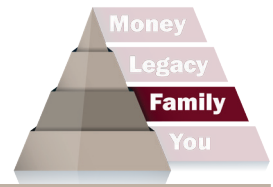
Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Children's Information

Child #3 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #4 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

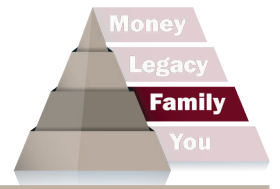
Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Children's Information

Child #5 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child #6 Age _____ Child of: Both Adopted _____ Only

First Name _____ Middle Name _____

Last Name _____ Gender: Male Female

Home Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Birth Date _____ Social Security Number _____

Employer _____ Occupation _____

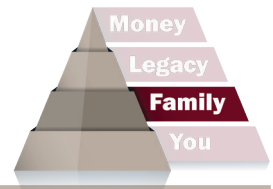
Child's Special Needs: Medical Educational Financial

Marital Status of the Child: Married Divorced Widowed Single

If Married, Spouse's Name _____ Spouse's Occupation _____

Does this child have children? Yes No

Children's Names	Gender	Age	Birth Child	Stepchild	Adopted	Special Needs
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Parents

Are any of your parents living? Yes No

Name _____ Age _____ Father of _____

Name _____ Age _____ Mother of _____

Name _____ Age _____ Father of _____

Name _____ Age _____ Mother of _____

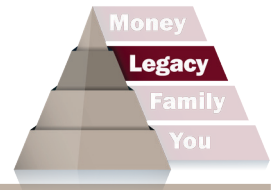


Family Pets

Name _____ Dog Cat Other _____

Name _____ Dog Cat Other _____

Name _____ Dog Cat Other _____



Community

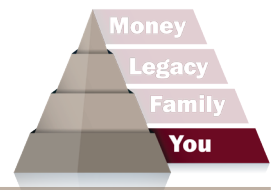
Please indicate any charitable, church, and/or community organizations in which you have strong personal involvement:

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____



Seasonal Address

Street Address _____

City _____ State _____ ZIP _____

Seasonal Telephone _____

When are you usually there (what months)? _____



Current Planning

Do you or your spouse have wills, trusts, or powers of attorney? Yes No
 Please bring copies of these documents to the meeting.

Do you or your spouse have long-term care insurance? Yes No
 Please bring copies of these documents to the meeting.

Are you currently paying for at-home care, assisted living, or nursing home? Yes No
 If yes, facility name _____

Monthly Cost \$_____ Date of Admission _____

Are you currently receiving consistent assistance from a family member or friend? Yes No
 If yes, are you paying them? Amount \$_____



Medical Information

Do you or your spouse have a medical condition we should know about? Yes No

You _____

Spouse _____



People Who Advise You

	Name	Telephone
Insurance Agent	_____	_____
Tax Advisor (CPA, EA, Etc.)	_____	_____
Family Attorney	_____	_____
Business Attorney	_____	_____
Financial Advisor	_____	_____
Stock Broker	_____	_____
Banker	_____	_____
Other Advisor	_____	_____



Nominations for Estate Plan

Financial Agents

If you were incapacitated for any period of time, who would you choose to handle your **financial** affairs?

You

(Name/Phone Number)

Spouse

(Name/Phone Number)

Initial Choice _____

Phone Number _____

Back Up #1 _____

Phone Number _____

Back Up #2 _____

Phone Number _____

Health Care Agents

If you were incapacitated for any period of time, who would you choose to make **health care** decisions for you?

You

(Name/Phone Number)

Spouse

(Name/Phone Number)

Initial Choice _____

Phone Number _____

Back Up #1 _____

Phone Number _____

Back Up #2 _____

Phone Number _____

HIPAA

(Health Insurance Portability and Accountability Act) is the medical privacy act that was passed to protect your healthcare information. Our HIPAA Authorization allows you to choose who you want to receive information regarding your health and medical status.

You _____

Spouse _____

Living Will

Do you or your spouse wish to be removed from life support if you cannot recover from a permanent, vegetative state?

You: Yes No

Spouse: Yes No



Nominations for Estate Plan

Trustee/Personal Representative

Who would you want to assume the legal responsibility of managing your assets and distributing your estate when you are no longer living?

You

Spouse

Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

Guardians

Who do you nominate to serve as guardian for your minor children (if any)?

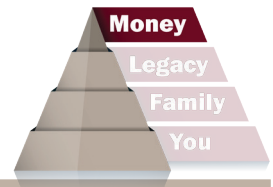
You

Spouse

Initial Choice	_____	_____
Phone Number	_____	_____
Back Up #1	_____	_____
Phone Number	_____	_____
Back Up #2	_____	_____
Phone Number	_____	_____

Notes

Write down any thoughts and/or reasoning behind why you have chosen these individuals. Include any questions or concerns you may have.



Estimated Value of My Estate

Assets	Approximate Values
Primary Home	\$ _____
Current Mortgage: <input type="checkbox"/> No <input type="checkbox"/> Yes, balance:	\$ _____
Other Real Estate	\$ _____
Current Mortgage: <input type="checkbox"/> No <input type="checkbox"/> Yes, balance:	\$ _____
Business Interests	\$ _____
Checking Accounts/Money Market Accounts	\$ _____
Regular Savings Accounts	\$ _____
Certificates of Deposit	\$ _____
Stocks/Bonds/Mutual Funds	\$ _____
Annuities	\$ _____
Life Insurance (Death Benefit)	\$ _____
	You \$ _____
	Spouse \$ _____
IRA/401K/Retirement Accounts	\$ _____
	You \$ _____
	Spouse \$ _____
Autos, Boats, RVs, etc.	\$ _____
Personal Property	\$ _____
Collectible Loans or other money due to you	\$ _____
Expected Inheritance	\$ _____

Total Assets (add everything up, except mortgages)	\$ _____
How much do you owe right now? (total mortgages, loans, etc.)	\$ _____
Net Worth (subtract the two)	Total \$ _____

Gross Monthly Income	You	Spouse
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____
Required Minimum Distributions	\$ _____	\$ _____
Income (add all together)	Total \$ _____	\$ _____

Notes



Please use this space to write in additional family information or to write down any questions you may have.