

PERSONAL & FINANCIAL INFORMATION
In Case of My Death

Provided by The Premack Law Office

Date completed: _____, 20_____.

Completed by: _____

***Instructions:** This information form is designed to be very complete. If it asks for information that is not applicable to your situation, just answer "N/A" (not applicable) or cross out that section. If there is something unusual in your circumstances, please provide that additional information on extra sheets.*

Information on --

Spouse 1

Spouse 2

Information on --	Spouse 1	Spouse 2
Full name		
Any other names used		
Date of birth		
Place of birth		
Citizenship US / Other?		
Occupation or profession		
Cellular telephone number		
Last 3 digits of Social Security Number		
Last 3 digits of driver's license number		

Marital History

Name of spouse		
This marital began on...		
This marriage started in what city/state?		

Prior Spouse name, if any		
Prior marriage ending year, place		

Prior Spouse name, if any		
Prior marriage ending year, place		

Prior Spouse name, if any		
Prior marriage ending year, place		

[COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD, NOTING THOSE THAT ARE DECEASED – add another page if more space is needed]

Name and address of this child	
Best phone # for this child	
Date of birth	
Name of this child's other parent	
Is this child legally disabled?	
Name of spouse of this child	
Names of this child's children	

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Your Financial and Business Consultants

Names, addresses, and telephone numbers of your business and financial advisors, including:

Stockbroker	
Accountant	
Banker	
Other attorneys	

Inter Vivos Trusts

Have you previously established any inter vivos (living) trusts? If yes, provide a copy of trust agreement to the attorney.

Name of the trust	
Date established	
Value of corpus	
Revocable or irrevocable?	
Annual income from trust	
Income beneficiaries	
Residual beneficiaries	

Your Income

Salary		
Pension or Social Security		
Income from other sources		

Personal Property Assets

Bank		
Approximate Balance		
Joint with survivorship? POD (Pay on Death)?		
Source of funds in account		

Bank		
Approximate Balance		
Joint with survivorship? POD (Pay on Death)?		
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Bank		
Approximate Balance		
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Source of funds in account		

Safe deposit box:

Location		
Box number		
How held		
Description and value of contents		

Automobiles

Make, model & year		
Year acquired		
How registered		
Current value		
Loan Balance		

Insurance policies with death benefits

Policy number		
Insurer		
Type of policy		
Date acquired		
Cash value		
Face Amount		
Owner		
Beneficiaries		
Source of payment for premiums		

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Insurer		
Type of policy		

Date acquired		
Cash value		
Face Amount		
Owner		
Beneficiaries		
Source of payment for premiums		

Pensions, IRAs, profit sharing plans, and similar programs

Title or description of plan		
Name of sponsoring organization		
Advances or loans		
Payment options		
Cash value, if any		

Real Property

Residence:

Address and Legal Description	
How is title held? [E.G., joint tenancy]	
Source of funds for acquisition and improvements	
Date purchased	
Purchase price	
Outstanding mortgages, liens, and other encumbrances	
Estimated current market value	

Other real property

Address and description	
How is title held?	
Use [E.G., vacation home, income property]	
Date purchased	
Purchase price	
Approximate income tax basis	
Source of funds for acquisition and improvements	
Outstanding mortgages, liens, and other encumbrances	
Estimated current market value	

Debts, Liabilities, and Obligations

Description of obligation:	
Is obligation a sole or joint obligation?	
Is this secured or unsecured?	
Outstanding balance	
Due date of obligation	

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Is this secured or unsecured?	
Outstanding balance	
Due date of obligation	

Personal Representatives

Executor:	Name/address/phone	Name/address/phone
First Choice:		
Second Choice:		
Third Choice:		

Financial Agent (if you lose the ability to handle your own finances):

First Choice:		
Second Choice:		
Third Choice:		

Medical Decision-maker (if you lose the ability to make your own medical decisions):

First Choice:		
Second Choice:		
Third Choice:		