LAW OFFICES OF
STEVEN M. BASCHE, LLC

PERSONAL
INFORMATION FORM

(PLEASE COMPLETE IN INK)

We must have this Personal Information Form ***returned to us at least three days prior to your Initial Estate Planning meeting*** so we have enough time to understand the specifics of your family situation before our meeting.

If you need assistance completing the information,
call our office (860-368-0414) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

500 Winding Brook Dr., 2nd Floor, Glastonbury, CT

www.baschelaw.com | T: (860) 368-0414| F: (860) 812-2100

PERSONAL INFORMATION

Spouse #1 Signature Name ____

(name most often used to title property and accounts)

Also Known As ____

(other names used to title property and accounts)

Prefer to be called ____________________ Birth date __________ SS# _____________ US Citizen? ___

Home Address ____________________________ City _______________ State ______ Zip ________

Home Telephone ___________ Cell Phone Number_______________ Business Telephone ___________

Occupation ____ Employer ___________________________

Business Address _____________________________ City __________________ State ___ Zip ______

E-mail Address ________________________________ ❑ It is okay to communicate with me via E-mail.

❑ Married: Date of Marriage ____________________ Existing Pre-Nuptial Agreement? Yes No

❑ Divorced ❑ Widowed ❑ Single

Spouse #2 Signature Name ____

(name most often used to title property and accounts)

Also Known As ____

(other names used to title property and accounts)

Prefer to be called ____________________ Birth date __________ SS# _____________ US Citizen? ___

Home Address _______________________________ City _____________ State ______ Zip ________

Home Telephone ___________ Cell Phone Number _______________ Business Telephone ___________

Occupation ____ Employer ___________________________

Business Address _____________________________ City __________________ State ___ Zip ______

E-mail Address ________________________________ ❑ It is okay to communicate with me via E-mail.

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name. For stepparents, note if only spouse is the biological parent.)

Name and Address	**Birth date**	**Parent or Relationship**
______________________________	____________	____________
______________________________	____________	____________
______________________________	____________	____________
______________________________	____________	____________
______________________________	____________	____________
______________________________	____________	____________

If any of your children have a mental or physical disability, do you want their inheritance protected by a Special Needs Trust ? Yes ☐ No ☐ Tell me more ☐

ADVISORS

	Name	**Telephone**
Accountant	______________________________	____________
Financial Advisor	______________________________	____________
Life Insurance Agent	______________________________	____________

Referred to Steve Basche by: ____

Do you need/want a referral to an Accountant, Financial Advisor or Insurance Agent?

☐ Yes, please. ☐ No thanks, I'm happy with my advisors.

IMPORTANT FAMILY QUESTIONS

	SPOUSE #1		SPOUSE #2	
Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*	☐ Yes	☐ No	☐ Yes	☐ No
Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy*	☐ Yes	☐ No	☐ Yes	☐ No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a business?	☐ Yes	☐ No	☐ Yes	☐ No
Do you own a long-term care (nursing home) insurance policy?	☐ Yes	☐ No	☐ Yes	☐ No
Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*	☐ Yes	☐ No	☐ Yes	☐ No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No
Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.*	☐ Yes	☐ No	☐ Yes	☐ No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

(E.g., Are there any specific people you want to exclude from your estate plan?)

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CONCERNS & ANXIETIES

One of our objectives is to help you identify your concerns and anxieties. Please review the following areas of concern that we frequently hear from clients, identify those which are of concern to you, and provide us with some sense of your level of concern with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most important to you.

Mark 3 for both clients. If the responses are different as to client 1 and client 2, please indicate those by marking two boxes with 1 for client 1, and 2 for client 2.	Level of Concern			
	None	Low	Med	High
Tax Concerns				
Risk of paying unnecessary estate taxes when we die				
Risk of capital gains taxes paid on the sale of property				
Risk of unnecessary income taxes being paid on investment assets				
Family Concerns				
Risk that assets left to your spouse might 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 to creditors, lawsuits, a divorcing spouse or to mismanagement of the money				
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild				
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits				
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to				
Risk that parents, who may need financial assistance, are not provided for				
Disability Concerns				
Risk of loss of control over your assets in event of your disability				
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain				
Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child				
Creditor Concerns				
Risk of lawsuits against you				
Risk of loss of your assets to a nursing home				
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner				
Post-Death Concerns				
Risk of unnecessary costs and delays associated with the estate going through probate				
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses				
Risk that the person charged with managing your affairs will make mistakes because he/she is unaware of the what is required and the personal liability for those mistakes				
Risk of private matters unnecessarily being made public				

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	Spouse #1	Joint	Spouse #2
Earned Monthly Income from Labor:	____________	____________	____________
Monthly Social Security Income:	____________	____________	____________
Monthly Pension Income:	____________	____________	____________
Other Monthly Income:	____________	____________	____________

ASSETS:

The values listed are for discussion purposes only. You may use the back of this paper to continue a list in each category of asset

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share, vacant land Burial Plot. (please list manner in which title held: If Married - Joint Tenants or Tenants in Common or Not sure)

General Description and/or Address	Owner	Market Value	Equity
______________________________	________	________	________
______________________________	________	________	________
______________________________	________	________	________
______________________________	________	________	________
______________________________	________	________	________
	Total	________	________

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, firearms, furs, and all other valuable non-business personal property *(indicate type below and* ***give a lump sum value for miscellaneous****, less valuable items.).*

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	________	________
______________________________	________	________
______________________________	________	________
______________________________	________	________
______________________________	________	________
	Total	________

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below)*.
Include Custodial / UTMA / 529 Accounts with/for children
Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Do you have a Safe Deposit Box? If so, where ___________________________

STOCKS, BONDS OR INVESTMENT ACCOUNTS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below). Do not include IRA's or 401(k)'s here

Stocks, Bonds or Investment Accounts, ESOP, Health Savings Accounts	Type	Acct. Number	Owner	Amount
			Total	

LIFE INSURANCE POLICES AND NON-QUALIFIED ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

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Total __________________

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), IRA, SEP, 401(K), qualified annuities. **ADDITIONAL INFORMATION:** Describe the type of plan, the plan owner, the current value of the plan, and any other pertinent information.

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Total ____________

BUSINESS INTERESTS

TYPE: L L C ' s , General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership

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Total ____________

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you,** or other money owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			Total	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail**.

Description ____

____

Total estimated value ________________

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category, such as royalties, livestock, etc.

Type	Owner	Value

Total ________

SUMMARY OF VALUES

ASSETS	Amount* Spouse #1	Spouse #2	Total Value
Real Property			
Furniture and Personal Effects			
Bank and Savings Accounts			
Stocks and Bonds		`	
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Financial Assets:			

* ***Joint Property values enter 1/2 in each spouse's column.***

Attorney Notes:

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

LONG-TERM GUARDIAN FOR YOUR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

Name, Address and Phone Number **Relationship**

____

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TRUST:

Would you like to form a trust so that your assets are not distributed outright to your children at the age of majority? Yes ☐ No ☐

If yes, please choose a person or entity to serve as Trustee of your trust and another person to serve as Successor Trustee. Include name and address (town and state). The trustee is the person or entity who is responsible for investing your trust funds and distributing them to your beneficiaries. Please give names and addresses of both and relationship to you. If you need help with this, leave blank and we can discuss at meeting.

Name, Address and Phone Number **Relationship**

____

____

SHORT-TERM GUARDIAN FOR YOUR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would be able to be immediately available to them (within 20 minutes) if you could not be located.

Name, Address and Phone Number **Relationship**

____

____

____

EXECUTOR/TRUSTEES

After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries? It is a good idea to name at least one Successor executor/trustee

Name, Address and Phone Number **Relationship**

____

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____

HEALTH CARE DECISION MAKERS (for Health Care Power of Attorney)

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

SPOUSE #1

Name and Address **Relationship**

1st Choice: ____

2nd Choice: ____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes ☐ No ☐

ORGAN DONATION: Do you want to be an organ donor? Yes ☐ No ☐
If yes, would you like to donate any needed organs or only certain organs for limited purposes as specified by you?
☐ Any purpose (transplant or research) ☐ Limited purposes ________________

SPOUSE #2

Name and Address **Relationship**

1st Choice: ____

2nd Choice: ____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes ☐ No ☐

ORGAN DONATION: Do you want to be an organ donor? Yes☐ No☐
If yes, would you like to donate any needed organs or only certain organs for limited purposes as specified by you?
☐ Any purpose (transplant or research) ☐ Limited purposes ________________

LEGAL/FINANCIAL DECISION MAKERS (for Power of Attorney)

If you were unable to make decisions for yourself, who would you want to make legal and financial decisions for you?

SPOUSE #1

Name and Address **Relationship**

1st Choice: ____

2nd Choice: ____

SPOUSE #2

Name and Address **Relationship**

1st Choice: ____

2nd Choice: ____

Before we meet, it is important to us to better understand what prompted you to schedule this appointment . What are you hoping to accomplish, and what happens if you don't accomplish those goals. Don't focus on the tools to be used –like "I want to have a Will" – but rather on the outcomes to be achieved – "I want a plan in place which specifies who gets my assets when I die."

About Your Goals and Objectives

Goals	*Consequences if Goal is not Accomplished*
1.	
2.	
3.	
4.	
5.	

Thank you for taking the time to fill out this form and answer the questions. This information will allow me to understand your personal and financial situation so that we may work together to develop an estate plan that fits your needs and addresses your concerns.

FOR OFFICE USE ONLY

- Will(s)
- Will(s) with Testamentary Trust
- Joint Revocable Living Trust
- Individual Revocable Living Trust(s)
- A/B Trust(s)
- Short and Long Form Power(s) of Attorney
- Living Will(s)
- Health Care Power(s) of Attorney
- Appointment of Standby Guardian
- Irrevocable Insurance Trust(s)
- Special Needs Trust
- Other documents ___________________________

Fee Quoted _______________

Deeds need ________________

Trust Funding Option __________

Engagement Letter delivered Yes/No

Engagement Letter returned__________

Documents out for review ___________

Documents executed _______________

Documents/Binder Delivered_________