



**CAMPBELL
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PERSONAL AND FINANCIAL INFORMATION FORM
All information contained in this form is confidential
and protected by attorney-client privilege.

Name: _____ **Nickname:** _____

Spouse's Name: _____ **Spouse's Nickname:** _____

Address: _____

(individual(s)* for whom planning is to be done)

If individual(s) in extended care facility please give name, address, & phone number:

Phone (indicate preference where you want to be called by an asterisk * or indicate by NA):

Home _____ **Work:** _____

Cell _____ **Other:** _____

Referred By: _____

1st Party Information: Name: _____

Social Security Number: _____ **Date of Birth:** _____

Retired Employed Occupation: _____

Marital Status: Single Married Widow(er)

Date of Marriage: _____ First Second Other _____

US Citizen Naturalized Citizen Resident Alien

2nd Party Information: Name: _____

Social Security Number: _____ Date of Birth: _____

Retired Employed Occupation: _____

Marital Status: Single Married Date of Marriage: _____

First Second Other _____

US Citizen Naturalized Citizen Resident Alien

Referred to us by: Name: _____

Firm Name: _____

Contacts:

Financial Advisor _____

Firm Name _____ Phone _____

Accountant _____

Firm Name _____ Phone _____

Existing Estate Planning: (please check any items you currently have)

	<u>You</u>	<u>Spouse</u>	<u>Date Document Executed</u>
Will	<input type="checkbox"/>	<input type="checkbox"/>	_____

Trust	()	()	_____
Power of Attorney	()	()	_____
Living Will	()	()	_____
Health Care Proxy	()	()	_____
Long Term Care Insurance	()	()	_____

Your health status is important to the designing of an estate plan.

Your - current health status: () Good () Concern () Problem

Specific Concern/problem: _____

Spouse – current health status: () Good () Concern () Problem

Specific concern/problem: _____

Please fill out next pages in detail as it pertains to your family.

What do you want your Estate Plan to accomplish? Is there anything else you or your family would like to share that is important to the creation of your plan?

FAMILY INFORMATION

CHILDREN: (If you are acting as Power of Attorney for the individual named on the first page, please indicate after your name (POA). Please furnish us with a copy of the Power of Attorney.)

1st Child: Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Phone Numbers: _____

Child of: () Joint () Husband () Wife () Adopted () Foster Child

() Student () Employed – Occupation: _____

() Single () Married – Spouse’s Name: _____

Spouse’s Occupation: _____

Children: () Yes () No How many? _____ Ages: _____

Special Needs/Considerations:

Potential Problems/Hardships:

2nd Child: Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Phone Numbers: _____

Child of: () Joint () Husband () Wife () Adopted () Foster Child

() Student () Employed – Occupation: _____

() Single () Married – Spouse’s Name: _____

Spouse’s Occupation: _____

Children: () Yes () No How many? _____ Ages: _____

Special Needs/Considerations:

Potential Problems/Hardships:

3rd Child: Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Phone Numbers: _____

Child of: () Joint () Husband () Wife () Adopted () Foster Child

() Student () Employed – Occupation: _____

() Single () Married – Spouse’s Name: _____

Spouse’s Occupation: _____

Children: () Yes () No How many? _____ Ages: _____

Special Needs/Considerations:

Potential Problems/Hardships:

Additional Children: _____
