



# EDWARDS GROUP LLC

C O U N S E L O R S   A T   L A W

*Your Life • Your Family • Your Legacy*

## PERSONAL INFORMATION FORM & PLANNING WORKSHEET

### **Instructions:**

1. Please complete this worksheet in ink.
2. If completing electronically, be sure to download and save the form before entering your information.
3. Please return worksheet at least three days prior to our meeting. This will ensure that we have enough time to understand the specifics of your situation before our meeting.
4. If you need assistance completing the information, call our office at (217) 726-9200 and we will gladly help you.
5. Don't worry about total accuracy – just do the best you can!

***ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL***

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How did you hear about our office? \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Section 1 PERSONAL INFORMATION**

Client's Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_  
(Name most often used to title property and accounts)

*(Note: If planning for long-term care, the client is the person who will be receiving care)*

Also Known As: \_\_\_\_\_  
(Other names used to title property and accounts)

County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen?  Yes  No  
(mm/dd/yyyy)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current or Prior Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Retired?  Yes  No

E-mail: \_\_\_\_\_  Yes, it's okay to communicate with me via e-mail

**MARRIAGE INFORMATION**

Married - Date of Marriage: \_\_\_\_\_  Divorced

Widowed - Date of Spouse's Death: \_\_\_\_\_  Single

Spouse's Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As: \_\_\_\_\_  
(Other names used to title property and accounts)

County: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen?  Yes  No  
(mm/dd/yyyy)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current or Prior Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_  Yes, it's okay to communicate with me via e-mail

**What is the primary reason for planning (PLEASE CHOOSE ONE):**

- To pay for client or spouse's current or anticipated long term care needs (proceed to **Section 2** and complete all **Sections**).
- To provide for my legacy after I'm gone (skip to **Section 4** and complete **Sections 4** through **8**).



**Section 3** **ELIGIBILITY INFORMATION** - Complete **ONLY** if planning for long-term care

**A. Military Service Information**

(Complete if **Client or Spouse** is a Veteran)

Veteran's Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date Inducted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably Discharged?  Yes  No

Medals/Honors: \_\_\_\_\_  
 \_\_\_\_\_

Do you have a copy of the Veteran's original discharge paperwork?  Yes  No

**B. Information About Previous Marriages**

**Client's Previous Marriages:**

**Spouse's Previous Marriages:**

Name of Prior Spouse	Reason Ended (Divorce/Death)	Date Ended	Name of Prior Spouse	Reason Ended (Divorce/Death)	Date Ended
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MEDICAL EXPENSES**

Please list any ongoing monthly un-reimbursed medical expenses of the client (and spouse or dependents if client is a veteran) including your cost of care facilities, costs of in-home care, health insurance premiums, etc.

Source	CLIENT	SPOUSE
Facility costs	\$	\$
In-home care costs	\$	\$
Health insurance premium	\$	\$
Medicare Part D (prescription drug coverage)	\$	\$
Dental insurance premiums	\$	\$
Other Medicare deductions	\$	\$
Other: _____	\$	\$
<b>TOTAL:</b>	<b>\$</b>	<b>\$</b>

**DEBT OWED**

Please list client and spouse's debts (mortgage liens, credit cards, vehicle loans, etc.).

Type of Debt	CLIENT	SPOUSE
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$

**Prior Gifting:** Has the client or spouse made any gifts or transfers of property of \$1000 or greater within the last 5 years? If yes, please list to whom given, when made, and amount or value of the gift or transfer.

Recipient Name	Date	Amount
		\$
		\$
		\$
		\$

## Section 4 YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

### Protect Yourself and Your Spouse

- From malpractice or other creditor claims
- From guardianship proceedings (aka "living probate") if you or your spouse become incapacitated
- From probate delays and stress upon your death or the death of your spouse
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

### Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the court probate process
- From financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For special needs beneficiary only:* from neglect in the government care system
- For business owners only:* by providing for the orderly continuation and transfer of family business interests rather than a distress sale

### Charitable Giving

- Benefit a charitable organization or activity

**Section 5** FAMILY INFORMATION

**Child #1** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #1 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #1's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child #2** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #2 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #2's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child #3** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #3 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #3's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 5** FAMILY INFORMATION

**Child #4** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #4 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #4's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child #5** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #5 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #5's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Child #6** Full Legal Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(mm/dd/yyyy)

This is a child of (select one):  Both client and spouse  Client only  Husband only  Wife only

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Child #6 is:  Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

<u>Child #6's Children Names</u>	<u>Birth Date</u>	<u>Special Needs or Issues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 6** **IMPORTANT RELATIONSHIPS**

Please tell us about any other family, friend(s) or helper(s) we may need to know about who:

- 1. Rely on you for assistance in their care/managing their affairs, or
- 2. You/your spouse rely on to provide you care or assist in managing your affairs
- 3. You/your spouse wish to include in your planning as helpers or beneficiaries

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special Needs/Issues?  Yes  No Please explain: \_\_\_\_\_

Single  Divorced  Widowed  Married: Spouse's Name: \_\_\_\_\_

**PETS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_



**Section 7** BACKGROUND INFORMATION

Please check "Yes" or "No" for your answer:

- Do any of your children receive governmental support or benefits?  Yes  No
- Do you have any adopted children?  Yes  No
- Do any of your children have special education, medical, physical needs or learning disabilities?  Yes  No
- Are you or your spouse receiving social security, disability, or other governmental benefits?  Yes  No
- Do you provide major financial support to adult children?  Yes  No
- Have either you or your spouse been divorced?  Yes  No
- Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.)  Yes  No
- Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.)  Yes  No
- Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.)  Yes  No
- Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)  Yes  No
- Are you currently the beneficiary of anyone else's trust?  Yes  No
- Does client/spouse anticipate inheriting assets (cash, real estate, farmland, business, etc.) from someone else's estate? (If yes, please explain.)  Yes  No

**Which of the following documents has client/spouse executed?  
(Check all that apply. Please provide copies.)**

**Last Will and Testament**

- Client Date: \_\_\_\_\_
- Spouse Date: \_\_\_\_\_

**Trust**

- Client Date: \_\_\_\_\_
- Spouse Date: \_\_\_\_\_

**Power of Attorney - Property**

- Client POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Spouse POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Power of Attorney - Healthcare**

- Client POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Spouse POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Financial/Investment Advisor**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Tax Advisor/Accountant**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Agent**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_





