

**HALLAUER LAW OFFICE, LLC  
PERSONAL INFORMATION  
MARRIED PERSONS**

This information should be completed and returned to the attorney's office. Make a copy or request the attorney's office make a copy if you wish. You should call the attorney's office every three years (or sooner if health or financial circumstances warrant) and make an appointment for an estate planning review.

\_\_\_\_\_ Date Form Completed

I. FULL NAMES, CURRENT ADDRESSES AND SOCIAL SECURITY NUMBER OF (IF YOU HAVE A PREDECEASED SPOUSE, GIVE NAME AND DATE OF DEATH):

A. Self: \_\_\_\_\_ SS# \_\_\_\_\_

B. Spouse: \_\_\_\_\_ SS# \_\_\_\_\_

C. Children: (H) = Husband's; (W) = Wife's; (O) = Ours; Include SS#, Address and Phone #:

D. Grandchildren, only if your child is deceased, with name of deceased child (include phone #):

E. Father and Mother, if living (include phone #):  
Self \_\_\_\_\_ Spouse \_\_\_\_\_

F. Brothers and Sisters, if living (include phone #):  
Self \_\_\_\_\_ Spouse \_\_\_\_\_

G. Other heirs or beneficiaries under the estate plan and phone #:

2. Date of your birth \_\_\_\_\_ Spouse \_\_\_\_\_  
Place of your birth \_\_\_\_\_ Spouse \_\_\_\_\_

3. State of residence \_\_\_\_\_ Spouse \_\_\_\_\_  
Citizenship \_\_\_\_\_ Spouse \_\_\_\_\_

4. Date of marriage to present spouse \_\_\_\_\_  
Residence (county and state) at time of marriage \_\_\_\_\_  
\_\_\_\_\_
5. If ever divorced, name of former spouse, date of divorce, location of divorce (county and state), location of any property settlement agreement:  
Self Spouse
6. Names and addresses of relatives to be notified of death, at once:  
Self Spouse
7. Names and addresses of friends to be notified of death:
8. Property, persons or animals requiring immediate and special attention in event of your death or disability:
9. Funeral arrangements preferred or made - cemetery lot or place of burial; also what type of ceremony do you prefer:
10. A. Have you completed any anatomical gift forms and if so, described:  
B. Have you completed a living will? If so, provide a copy or location where it can be found:
11. Name of accountant, address, telephone number, and papers in accountant's possession:
12. Name and address of personal physician:
13. Name and address of any person to whom you or your spouse have given a power of attorney:
14. Location and type of insurance policies, including accidental death proceeds from organizations or credit cards - issuing companies, policy number, amount and beneficiaries, name and address of insurance agent to contact with respect to policy (use other side if necessary):  
Self Spouse



