

**HALLAUER LAW OFFICE, LLC**  
**PERSONAL INFORMATION**  
**UNMARRIED PERSON**

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):

Self: SS# \_\_\_\_\_

C. Children: 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 #):

F. Brothers and Sisters, if living (include phone #):

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

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

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

4. Date of marriage to deceased or divorced 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:
6. Names and addresses of relatives to be notified of death, at once:
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):

15. Description and value of annuities owned, person to contact with respect to policies:
16. Location of the following (use other side if necessary):
- A. Birth certificates, marriage certificate, discharge papers:
  - B. Safe deposit box and key:
  - C. Stocks, bonds and other securities, and name and address of any broker holding them or having record of transactions:
  - D. Real estate, deeds, mortgage papers, notes, and financial agreements:
  - E. Bank and savings accounts and bank books:
  - F. Tax returns:
  - G. Children's medical records:
17. Annual gifts of more than \$3,000 prior to 1982 and annual gifts of more than \$10,000 after December 31, 1981:
18. Name and address of employer. If self-employed, name and address of business:
19. Pension arrangements, employee death benefits to which entitled:
20. Names of organizations - fraternal, trade, church affiliation, etc., to which you belong, and any benefits coming to the family from these (to be used for obituary as well as being sure family receives benefits):

21. Names of significant debtors and creditors and descriptions of amounts and terms involved:
  
22. If a surety or cosigner on notes of others, details of such transactions:
  
23. Name, address and phone numbers of proposed guardians for minor children:
  
24. Name, address and phone number of financial planner or advisor:
  
25. Name, address and phone number of broker and each brokerage house where you maintain accounts or through whom you place stock orders:
  
26. Any other pertinent information: