

HARRISON TSI
A Professional Corporation

CONFIDENTIAL PROFILE FORM
FOR ESTATE PLANNING

1. **YOU** [Use your legal name in the form you want to appear in your estate planning documents - e.g. with middle initial, full middle name, or no middle name.]

Name _____ Birthdate _____ Social Security# _____

Other names you have been known by ("aka") _____

Place of Birth _____ Citizenship _____

Personal Email _____ Mobile Phone (if you desire) _____

Occupation _____ Employee / Owner of _____

Home (Mailing) Address _____

Home Phone _____ Home Fax _____

If you want to be contacted at work, list the means of communication you would like used:

Work Phone _____ Work Email _____ Work Fax _____

Work Address _____ Zip Code _____

If you are a veteran, list branch of service, identification #, and discharge date _____

Do you have any significant medical, psychological, financial, or other problems that you are concerned may impact your future or how you form your estate plan (e.g. chronic illness, physical disability, compulsive gambling)? _____ If yes, we will discuss at meeting.

Atty Notes: _____

Have you had a prior Marriage that has ended in divorce or a Domestic Partnership that has been terminated? _____ [If more than one, please attach a sheet with information answering the same questions that follow.] If yes, when did it (your most recent one) end? _____ How long did this marriage (or domestic partnership) last? _____ What are the continuing rights and obligations you have relating to this severed legal relationship (e.g. spouse and/or child support)? _____

Are you currently married or are you a domestic partner? _____ Are you separated? _____

Are you currently living with someone who is not your spouse or domestic partner? _____

Are you seriously contemplating marriage or a domestic partnership in the near future? _____

2. CHILDREN / OTHER RELATIVES & FRIENDS

Under *Additional Information* please indicate if child is adopted, or has medical, psychological, spiritual, financial, or other significant issues or concerns.

Child #1 _____ Spouse / Domestic Partner? _____
Name of Spouse (If Married) or Domestic Partner _____
Address _____ Phone _____
City _____ State _____ Zip Code _____ Birthdate _____
Additional Information _____

Child #2 _____ Married / Domestic Partnership? _____
Name of Spouse (If Married) or Domestic Partner _____
Address _____ Phone _____
City _____ State _____ Zip Code _____ Birthdate _____
Additional Information _____

Child #3 _____ Married / Domestic Partnership? _____
Name of Spouse (If Married) or Domestic Partner _____
Address _____ Phone _____
City _____ State _____ Zip Code _____ Birthdate _____
Additional Information _____

Child #4 _____ Married / Domestic Partnership? _____
Name of Spouse (If Married) or Domestic Partner _____
Address _____ Phone _____
City _____ State _____ Zip Code _____ Birthdate _____

Deceased Children: Did you have any children who are deceased? _____ If so, briefly explain _____

Grandchildren: Are you considering a direct gift to any of your grandchildren (if any)? _____ If so, please list names (attach sheet if needed) and we will discuss at meeting _____

Parents: Do you have any living parents that you want to provide for if you predeceased them? _____ If yes, briefly note _____

Other Relatives & Friends Do you have any other relatives or friends that you want to provide for if you predeceased them? _____ Briefly note _____

Inheritance: Do you expect an inheritance from your relatives and friends greater than \$100,000, or are you currently receiving income or principle as a beneficiary? _____ If so, briefly explain _____

3. FINANCIAL AGENTS (Trustees/Executors) [*Name only if complete information is given above*]

Proposed Agent #1 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Proposed Agent #2 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Proposed Agent #3 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

4. HEALTH AGENTS [*Name only if complete information is given above*]

Proposed Health Agent #1 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Proposed Health Agent #2 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Proposed Health Agent #3 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

If you have you already created any of the following estate planning documents, please underline them: will; trust; power of attorney for health care / advance health care directive; power of attorney for property management; and joint tenancy. Do you have any other estate planning documents not in this list? _____ . Please list them _____

PLEASE BRING THESE ITEMS TO OUR MEETING....

- Copies of any existing / prior estate planning documents and amendments
- Copies of deeds to all real estate
- Copies of statements for all your other assets (bank accounts, life insurance, retirement, businesses, investments, promissory notes, liabilities, valuable art, etc.)
- Copies of other important documents that may be relevant to your estate plan