



McCLENAGHAN LAW GROUP
ATTORNEYS AND COUNSELORS AT LAW

PERSONAL INFORMATION FORM

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Visit us online at www.lawdublin.com

Purpose:

We request that you complete and bring this form with you to your complimentary consultation. The information you provide in this form will ensure that we make the most of your time and ours. If after the initial consultation you decide to engage our firm for your estate planning needs, this will provide the basis for the drafting of your plan.

Most importantly, we want to understand your situation—family, financial and otherwise—so that we can create and implement a plan that will meet your goals and objectives, address any problem areas and ultimately take care of your family.

We acknowledge that the information provided herein is confidential, and it will be treated as such.

BASIC PERSONAL INFORMATION

Please write carefully! The information provided will be used to create your estate planning documents.

Client 1 Information:

Full Legal Name: _____

(Name used to title property and accounts; please include middle initial and any suffixes such as Jr., II, III, etc. if any.)

Also Known As: _____

Preferred Name: _____ DOB: ____ / ____ / ____ US Citizen?
Month Day Year

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ -- ____ -- ____ Cell Phone: ____ -- ____ -- ____ Work Phone: ____ -- ____ -- ____ Please check your preferred phone.

Email: _____

We often send important information securely to clients via email. Please let us know if you would like to be excluded from our Blog Digest and Newsletter.

Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.) Single, Never Married Married (Date: ____ / ____ / ____)
Widowed (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Existing Pre- or Post-Nuptial Agreement? Y / N Are you a military veteran? Y / N

Are either of your parents still living? Y / N Are either of your grandparents still living? Y / N

Client 2 Information (If Married):

Full Legal Name: _____

(Name used to title property and accounts; please include middle initial and any suffixes such as Jr., II, III, etc. if any.)

Also Known As: _____

Preferred Name: _____ DOB: ____ / ____ / ____ US Citizen?
Month Day Year

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ -- ____ -- ____ Cell Phone: ____ -- ____ -- ____ Work Phone: ____ -- ____ -- ____ Please check your preferred phone.

Email: _____

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Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.) Single, Never Married Married (Date: ____ / ____ / ____)
Widowed (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Existing Pre- or Post-Nuptial Agreement? Y / N Are you a military veteran? Y / N

Are either of your parents still living? Y / N Are either of your grandparents still living? Y / N

FAMILY MEMBERS AND OTHER BENEFICIARIES

Provide the full legal names of all children & grandchildren and anyone else you wish to be a beneficiary of your estate.
Use additional sheets if necessary.

Child 1 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____/____/____
(If other than Client 1 & Client 2.) Month Day Year

US Citizen?
Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

Please check the
preferred phone.

Email: _____

Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)

Single, Never Married Married (Date: ____/____/____) Divorced (Date: ____/____/____)

Widowed (Date: ____/____/____) Spouse's Name (if applicable): _____

Children('s) Name(s):	Parent('s) Name(s):	Age:	Special Needs?
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

Child 2 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____/____/____
(If other than Client 1 & Client 2.) Month Day Year

US Citizen?
Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____

Please check the
preferred phone.

Email: _____

Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)

Single, Never Married Married (Date: ____/____/____) Divorced (Date: ____/____/____)

Widowed (Date: ____/____/____) Spouse's Name (if applicable): _____

Children('s) Name(s):	Parent('s) Name(s):	Age:	Special Needs?
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

Child 3 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____/____/____ US Citizen? _____
(If other than Client 1 & Client 2.) Month Day Year Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Please check the preferred phone.

Email: _____

Employment: (Please check one.)
Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)
Single, Never Married Married (Date: ____/____/____) Divorced (Date: ____/____/____)
Widowed (Date: ____/____/____) Spouse's Name (if applicable): _____

Children('s) Name(s):	Parent('s) Name(s):	Age:	Special Needs?
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

Child 4 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____/____/____ US Citizen? _____
(If other than Client 1 & Client 2.) Month Day Year Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Please check the preferred phone.

Email: _____

Employment: (Please check one.)
Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)
Single, Never Married Married (Date: ____/____/____) Divorced (Date: ____/____/____)
Widowed (Date: ____/____/____) Spouse's Name (if applicable): _____

Children('s) Name(s):	Parent('s) Name(s):	Age:	Special Needs?
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

Other Dependent 1 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____/____/____ US Citizen? _____
(If other than Client 1 & Client 2.) Month Day Year Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Please check the preferred phone.

Email: _____

Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)

Single, Never Married Married (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Widowed (Date: ____ / ____ / ____)

Children('s) Name(s): Parent('s) Name(s): Age: Special Needs?

_____ Y/N

_____ Y/N

Y/N

_____ Y/N

Other Dependent 2 Information:

Full Legal Name: _____

Also Known As: _____

Parents: _____ DOB: ____ / ____ / ____ US Citizen? _____
(If other than Client 1 & Client 2.) Month Day Year Check if Yes

Address/City: _____ State: _____ Zip: _____ County: _____

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Please check the preferred phone.

Email:

Employment: (Please check one.)

Employed Business Owner/Self-Employed Retired Stay-at-home Parent Unemployed

Employer (if applicable): _____ Title: _____

Marital Status: (Please check one.)

Single, Never Married Married (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Widowed (Date: ____ / ____ / ____)

Spouse's Name (if applicable): _____

Children('s) Name(s): Parent('s) Name(s): Age: Special Needs?

_____ Y/N

_____ Y/N

_____ Y/N



ESTATE PLANNING CONSIDERATIONS

Please complete this short questionnaire to assist in the estate planning process.
Please check "Yes" or "No" for each question & provide additional information where applicable.

Question:

Yes No

- Do any of your children receive government benefits or support?
- Do any of your children have special educational, medical, or physical needs?
- Are any of your children institutionalized?
- Do you have any adopted children?
- Do you provide primary or other major financial support to adult children?
- Are you or your spouse receiving social security, disability, or other government benefits?
- Are you or your spouse making payments pursuant to a divorce or property settlement agreement? If so, please provide a copy.
- Have you and/or your spouse ever signed a pre- or post-nuptial contract? If so, please provide a copy.
- Have you and/or your spouse ever been widowed? If a federal estate tax or state death tax return was filed, please provide a copy.
- Have you and/or your spouse ever filed a federal or state gift tax return? If so, please provide a copy.
- Have you and/or your spouse completed previous Health Care Powers of Attorney, Health Care Proxies or Living Wills? If so, please provide a copy.
- Have you and/or your spouse completed previous wills, trusts, or other estate planning? If so, please provide a copy.
- Are you concerned about who will handle your affairs should you become disabled?
- Do you have any concerns over your children's creditors or liabilities?
- Do you own or have any rental property?
- Do you own any real estate outside of Ohio? If so, where?

-
- Are you or your spouse beneficiaries or trustees of any trust?
 - Do you or your spouse have a power of appointment under any trust?
 - Do you and/or your spouse anticipate receiving an inheritance? If so, please estimate.

-
- Is there anyone in your family who you specifically do not want to receive anything from you?



YOUR KEY ADVISORS

One of the ways our firm provides value is by working closely with your other advisors during and after the creation and funding of your estate plan. This ensures that your estate plan will be comprehensive and consistent with your values and lifestyle.

CPA

Name: _____
 Firm: _____
 Address: _____
 Phone: ____ -- ____ -- _____ Email: _____

Financial Advisor

Name: _____
 Firm: _____
 Address: _____
 Phone: ____ -- ____ -- _____ Email: _____

Life Insurance Agent

Name: _____
Firm: _____
Address: _____
Phone: ____ -- ____ -- _____ Email: _____

Other Advisor _____

Name: _____
 Firm: _____
 Address: _____
 Phone: ____ -- ____ -- _____ Email: _____

Please list any other concerns or considerations you may have in planning for yourself or your loved ones.

[illegible]

FINANCIAL INFORMATION

Please attach copies of account statements, policies, deeds or other asset information listed below.

Owner: JT = Joint, C1 = Client 1, C2 = Client 2

INCOME:

	AMOUNT	SOURCE
Client 1:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
Client 2:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

CASH ACCOUNTS:

BANK/INSTITUTION	OWNER	ACCOUNT TYPE	ACCOUNT NUMBER	VALUE

TOTAL: \$ _____

CERTIFICATES OF DEPOSIT:

BANK/INSTITUTION	OWNER	ACCOUNT NUMBER	MATURITY DATE	VALUE

TOTAL: \$ _____

Owner: JT = Joint, C1 = Client 1, C2 = Client 2

[illegible]

COMPANY	OWNER	TYPE	VESTING DATE	VALUE
			TOTAL: \$	

[illegible]

Owner: JT = Joint, C1 = Client 1, C2 = Client 2

[illegible][illegible][illegible]

Please attach copies of account statements, policies, deeds or other asset information listed below.
Owner: JT = Joint, C1 = Client 1, C2 = Client 2

PENSION PLANS:

OWNER	TYPE	ACCOUNT NUMBER	VALUE

TOTAL: \$_____

LIFE INSURANCE (ON YOUR LIFE):

COMPANY	OWNER	PREMIUM	BENEFICIARY	ACCOUNT NUMBER	CASH VALUE

TOTAL: \$_____

REAL ESTATE:

ADDRESS	OWNER	MORTGAGE	TYPE	FAIR MARKET VALUE

TOTAL: \$_____

Please attach copies of account statements, policies, deeds or other asset information listed below.
Owner: JT = Joint, C1 = Client 1, C2 = Client 2

BUSINESS ASSETS:

OWNER	TYPE	VALUE
TOTAL: \$		

LIFE INSURANCE (OWNED BY YOU ON SOMEONE ELSE'S LIFE):

COMPANY	OWNER	PREMIUM	BENEFICIARY	ACCOUNT NUMBER	CASH VALUE
TOTAL: \$					

CHILDREN'S ACCOUNTS:

OWNER	TYPE	ACCOUNT NUMBER	VALUE
TOTAL: \$			

LIABILITIES:

OWED TO	COMMENTS	VALUE
TOTAL: \$		

Please attach copies of account statements, policies, deeds or other asset information listed below.

Owner: JT = Joint, C1 = Client 1, C2 = Client 2

PERSONAL ASSETS:

COLLECTIBLES:

OWNER	TYPE	VALUE
-------	------	-------

JEWELRY:

OWNER	TYPE	VALUE
-------	------	-------

VEHICLES:

OWNER	TYPE	VALUE
-------	------	-------

WATERCRAFT:

OWNER	TYPE	VALUE
-------	------	-------

TOTAL: \$ _____

OTHER:

DESCRIPTION	OWNER	VALUE
-------------	-------	-------

TOTAL: \$ _____

NET WORTH:

TOTAL ASSETS (excluding life insurance): \$ _____

TOTAL LIABILITIES: \$ _____

NET WORTH (excluding life insurance): \$ _____

TOTAL RETIREMENT ASSETS (included above): \$ _____

TOTAL LIFE INSURANCE: \$ _____



REQUEST FOR DOCUMENTATION

Please bring copies of the following documents with you to your initial meeting.

We recognize this is a considerable amount of information to gather, but this information will be crucial to creating your estate plan, should you choose to hire our firm.

Real Estate Deeds. Please provide copies of any deeds for real estate owned in Ohio, Florida, or any other state or country.

Real Estate Appraisals. Please provide a copy of any appraisal on real estate you own.

Auto and Home Insurance. Please provide a copy of the cover sheet for any automobile or home insurance policies you have. During the estate planning process, we may discuss the benefits of obtaining an umbrella policy to provide additional protection in the event of lawsuits.

Bank Account Statements. Please provide a copy of any checking or savings account statements, as well as certificates of deposit, if applicable.

Money Market, Mutual Fund, or Brokerage Account Statements. Please provide a copy of any statements for any money market, mutual fund or brokerage accounts.

Retirement Account Statements. Please provide a copy of your statements for any retirement account including, but not limited to, IRAs, 401(k)s, 403(b)s, TSP accounts or any other such retirement account. Please also include the account agreement or plan summary, if applicable.

Life Insurance Policies. Please provide a copy of any life insurance policies, along with the applications for the policies.

Mortgage Statements. Please provide the mortgage statement(s) for any real estate you may own.

Stock Certificates. Please provide copies of any stock certificates you may own. If you own stock solely within a retirement or other such account, please provide a recent statement.

Business Interests. Please provide a copy of any documentation you may have concerning any business interest. This may include a corporation, sole proprietorship, limited liability company, partnership, or any other entity in which you own an interest.

Annuities. Please provide the most recent statement and the agreement for any annuity you may own.

Bonds. Please provide a copy of all bonds you may own.

Loans. Please provide documentation of any loans owed to you or that you may have taken out. Usually, the documentation provided to us is a promissory note or similar note.

Stock Options. Please provide documentation concerning any stock options you may have. This can include a stock option plan agreement, the award letter or any other documentation regarding the exercise rights, strike price and terms of the option.

Titles. Please provide a copy of the title to any automobiles, boats, etc.

Title Insurance. Please provide a copy of any title insurance policies for any real estate properties you may own.

Other Assets. Please provide documentation of any other assets you may own such as boats, planes, time shares, RV trailers, artwork, frequent flyer miles, antiques, rare books, or any other similar assets.

Previous Estate Planning Documents. Please provide a copy of any previous wills, trusts, health care proxies, or other estate planning documents you may have.