

The Legal ProfessionalsTM PA

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Personal Information Form (please print in ink)

Date completed: _____

How did you hear about us?

____ mailing ____ newspaper ____ yellow pages ____ radio ____ other _____
____ Previous client _____
____ Personal referral _____

Please identify other professionals with whom you work

CPA/Tax Preparer: _____ Company _____
Phone # _____ Address _____

Financial Advisor: _____ Company _____
Phone # _____ Address _____

Stock Broker: _____ Company _____
Phone # _____ Address _____

Client #1

Name _____ Nickname _____
First Middle Initial Last

Birth date: _____ Age: _____

Gender: Male Female SS# _____

Home telephone: (____) _____

Work telephone: (____) _____

Cell: (____) _____

Marital Status: Single Widowed Divorced Married If married, date of marriage _____

First marriage? Yes ____ No ____

Citizenship: Are you a U.S. Citizen? Yes ____ No ____

Veteran Status: Have you ever been in the military? Yes ____ No ____

Have you contacted your County V.A. office regarding your benefits? Yes ____ No ____

Client #2

Name _____ Nickname _____

First Middle Initial Last

Birth date _____ Age: _____

Gender: Male Female SS# _____

Home telephone (____) _____

Work telephone (____) _____

Cell (____) _____

First marriage? Yes ___ No ___

Home Address: _____

City: _____ State _____ Zip _____

County of Residence _____

Email address _____

Occupation: _____ Retired

Citizenship: Are you a U.S. Citizen? Yes ___ No ___

Veteran Status: Have you ever been in the military? Yes ___ No ___

Have you contacted your County V.A. office regarding your benefits? Yes ___ No ___

1. Child and/or Beneficiary

Name _____ Nickname _____

First Middle Initial Last

Relationship:

- Biological Child Joint
- Biological Child Husband
- Biological Child Wife
- Other: _____
- Adopted Child Joint
- Adopted Child Husband
- Adopted Child Wife
- Step-child Joint
- Step-child Husband
- Step-child Wife
- Niece
- Nephew
- Friend

Age _____ Birth date _____ Gender: Male Female

Home Address: _____

City: _____ State _____ Zip _____

Home telephone: (____) _____

Work telephone: (____) _____

Cell: (____) _____

County of Residence: _____

Email address: _____

Occupation: _____ Retired

Special Needs: Medical Educational Financial

Marital Status of Child/Beneficiary: Single Divorced Widowed Married Spouse's Name _____

Names of Child/Bene's Children	Parents	Ages	Special Needs
--------------------------------	---------	------	---------------

			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

2. Child and/or Beneficiary

Name _____ Nickname _____
First Middle Initial Last

Relationship:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Biological Child Joint | <input type="checkbox"/> Adopted Child Joint | <input type="checkbox"/> Step-child Joint | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Biological Child Husband | <input type="checkbox"/> Adopted Child Husband | <input type="checkbox"/> Step-child Husband | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Biological Child Wife | <input type="checkbox"/> Adopted Child Wife | <input type="checkbox"/> Step-child Wife | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other: _____ | | | |

Age _____ Birth date _____ Gender: Male Female

Home Address: _____
City: _____ State _____ Zip _____

Home telephone: (____) _____ County of Residence: _____
Work telephone: (____) _____ Email address: _____
Cell: (____) _____ Occupation: _____ Retired

Special Needs: Medical Educational Financial

Marital Status of Child/Beneficiary: Single Divorced Widowed Married Spouse's Name _____

Names of Child/Bene's Children	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

3. Child and/or Beneficiary

Name _____ Nickname _____
First Middle Initial Last

Relationship:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Biological Child Joint | <input type="checkbox"/> Adopted Child Joint | <input type="checkbox"/> Step-child Joint | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Biological Child Husband | <input type="checkbox"/> Adopted Child Husband | <input type="checkbox"/> Step-child Husband | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Biological Child Wife | <input type="checkbox"/> Adopted Child Wife | <input type="checkbox"/> Step-child Wife | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other: _____ | | | |

Age _____ Birth date _____ Gender: Male Female

Home Address: _____
City: _____ State _____ Zip _____

Home telephone: (____) _____ County of Residence: _____

Work telephone: (____) _____
Cell: (____) _____

Email address: _____
Occupation: _____ Retired

Special Needs: Medical Educational Financial

Marital Status of Child/Beneficiary: Single Divorced Widowed Married Spouse's Name _____

Names of Child/Bene's Children	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

4. Child and/or Beneficiary

Name _____ Nickname _____
First Middle Initial Last

Relationship:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Biological Child Joint | <input type="checkbox"/> Adopted Child Joint | <input type="checkbox"/> Step-child Joint | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Biological Child Husband | <input type="checkbox"/> Adopted Child Husband | <input type="checkbox"/> Step-child Husband | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Biological Child Wife | <input type="checkbox"/> Adopted Child Wife | <input type="checkbox"/> Step-child Wife | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other: _____ | | | |

Age _____ Birth date _____ Gender: Male Female

Home Address: _____

City: _____ State _____ Zip _____

Home telephone: (____) _____ County of Residence: _____

Work telephone: (____) _____ Email address: _____

Cell: (____) _____ Occupation: _____ Retired

Special Needs: Medical Educational Financial

Marital Status of Child/Beneficiary: Single Divorced Widowed Married Spouse's Name _____

Names of Child/Bene's Children	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

5. Child and/or Beneficiary

Name _____ Nickname _____
First Middle Initial Last

Relationship:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Biological Child Joint | <input type="checkbox"/> Adopted Child Joint | <input type="checkbox"/> Step-child Joint | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Biological Child Husband | <input type="checkbox"/> Adopted Child Husband | <input type="checkbox"/> Step-child Husband | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Biological Child Wife | <input type="checkbox"/> Adopted Child Wife | <input type="checkbox"/> Step-child Wife | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other: _____ | | | |

Age _____ Birth date _____ Gender: Male Female

Home Address: _____

City: _____ State _____ Zip _____

Home telephone: (____) _____ County of Residence: _____

Work telephone: (____) _____ Email address: _____

Cell: (____) _____ Occupation: _____ Retired

Special Needs: Medical Educational Financial

Marital Status of Child/Beneficiary: Single Divorced Widowed Married Spouse's Name _____

Names of Child/Bene's Children	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS - Friends or relatives who are dependents. (Use Full Legal Name)

Name	Relationship	Special Needs
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

ASSETS	JOINT	CLIENT	SPOUSE
1. Cash Accounts	\$	\$	\$
2. Investment Accounts	\$	\$	\$
3. Stocks	\$	\$	\$
4. Bonds	\$	\$	\$
5. Personal Effects	\$	\$	\$
6. Retirements Plans	\$	\$	\$
7. Pension Plans	\$	\$	\$
8. Life Insurance Policies	\$	\$	\$
9. Annuities	\$	\$	\$
10. Monies Owed to You	\$	\$	\$
11. Partnership & LLC's Interests	\$	\$	\$
12. Corporate Business Interests	\$	\$	\$
13. Sole Proprietorship Interests	\$	\$	\$
14. Oil, Gas, and Mineral Interests	\$	\$	\$
15. Anticipated Inheritance, Gift, or Judgment	\$	\$	\$
16. Real Property	\$	\$	\$
17. Other Assets (coop equities, etc.):	\$	\$	\$
TOTAL ASSETS	\$	\$	\$

LIABILITIES	JOINT	CLIENT	SPOUSE
1. Loans payable	\$	\$	\$
2. Accounts payable	\$	\$	\$
3. Real estate mortgages payable	\$	\$	\$
4. Loans against life insurance	\$	\$	\$
5. Unpaid taxes	\$	\$	\$
6. Other obligations	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$
NET ESTATE	\$	\$	\$

OTHER INFORMATION NEEDED / REQUIRED:

1. Current Documents: i.e. Will(s), Trust(s), Health Care Directive(s), Power of Attorney, etc.

2. Business Ownership: Do you and/or your spouse, if any, own any interest in a business? Yes _____ No _____

If so, please provide the formal name of your business: _____

Please place an "x" by the type of business you own:

Sole Proprietorship _____ LLC _____ Partnership _____ Corporation _____

3. Genetic Material:

a) Do you or your spouse, if any, have any stored genetic material (sperm, eggs, and/or embryos)? Yes _____ No _____

If so, for each type of genetic material stored, please state:

What type of genetic material is stored? _____

Whose genetic material is it? _____

Please list the name and address of the storage facility(ies): _____

b) What is your intended use or other disposition of all stored genetic material at this time? _____
