



# Welcome to Sippel Law, LLC

*Roots to Branches: Comprehensive Planning for Your Family Tree*

Please note: This form is extremely important. Your accuracy and completeness in responding will help Sippel Law, LLC provide the most appropriate advice for your unique situation. Please bring this completed packet, including any attachments, to your Complimentary Initial Estate Planning Consultation which is scheduled for:

\_\_\_\_\_ at \_\_\_\_\_ AM/PM.

## Personal Information Form

This form provides the basis for good planning. Please be especially careful to enter personal data accurately. Complete the form in black or blue ink only. Please do not use pencil.

### ■ Your Name

Full Legal Name \_\_\_\_\_

All other names by which you have been known \_\_\_\_\_

Your name as you sign it on legal documents (please print) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Phone numbers (home, cell, work) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

### ■ Spouse (if married) Date of Marriage: \_\_\_\_\_

Full Legal Name \_\_\_\_\_

All other names by which you have been known \_\_\_\_\_

Your name as you sign it on legal documents (please print) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Phone numbers (home, cell, work): \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



## ■ Children

Please list and indicate if any of the children are deceased. For Parents, indicate Single (S), Husband's child only (H), Wife's child only (W), or Joint, child of both spouses (J).

1. Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
 Male     Female     Married     Single  
 Birthdate \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Full Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

2. Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
 Male     Female     Married     Single  
 Birthdate \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Full Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

3. Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
 Male     Female     Married     Single  
 Birthdate \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Full Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

4. Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
 Male     Female     Married     Single  
 Birthdate \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Full Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

5. Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
 Male     Female     Married     Single  
 Birthdate \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse's Full Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

*\*Please attach additional pages if needed.*



■ **Grandchildren**

Please list and indicate if any of the grandchildren are deceased. For Parents, indicate the corresponding number from the “Children” section.

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male     Female     Married     Single

Relationship to client:  Natural born     Adopted     Stepchild     Child born out of wedlock     Deceased



Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

Full Legal Name \_\_\_\_\_ Parent(s) \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Female  Married  Single

Relationship to client:  Natural born  Adopted  Stepchild  Child born out of wedlock  Deceased

*\*Please attach additional pages if needed.*



■ **Other Family and Friends**

Relatives or friends you may wish to name as a beneficiary, guardian, or agent in some capacity.

Full Legal Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Advisors**

Attorney \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Accountant \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Financial Advisor \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Life Insurance Agent \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Stock Broker \_\_\_\_\_ Phone (    ) \_\_\_\_\_



▪ Important Family Questions.

<i>Questions</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a child/grandchild with a learning disability?</i>		
<i>Do any of your children/grandchildren receive governmental support or benefits?</i>		
<i>Do you have adopted children/grandchildren?</i>		
<i>Do any of your children have special educational, medical, or physical needs</i>		
<i>Are any of your children institutionalized?</i>		
<i>Do any of your children struggle with drug addiction or alcoholism?</i>		
<i>Do any of your children struggle with debt problems or bankruptcy?</i>		
<i>Do any of your children have any marital difficulties?</i>		
<i>Are you or your spouse receiving social security, disability, or other governmental benefits?</i>		
<i>Do you provide primary or other major financial support to adult children?</i>		
<i>Have either you or your spouse been divorced?</i>		
<i>Are you making payments pursuant to a divorce or property settlement agreement? If so, please furnish a copy</i>		
<i>Have you or your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy)</i>		
<i>In what states have you lived while married to your current spouse? During what periods of time did you reside there?</i>		
<i>Have you or your spouse ever filed federal or state gift tax returns? (Please furnish a copy)</i>		
<i>Do you or your spouse have long term care insurance?</i>		
<i>Have you or your spouse ever completed any pre-paid funeral arrangements?</i>		
<i>Have you or your spouse ever purchased a time share?</i>		
<i>Do you have a safe deposit box?</i>		
<i>Are you or your spouse a veteran?</i>		
<i>Have you or your spouse completed previous will, trust, or estate planning? (Please furnish a copy)</i>		
<i>Are both you and your spouse United States citizens?</i>		
<i>If you answered "No," are either you or your spouse a resident or nonresident alien?</i>		



## ■ Financial Data Entry

Do your best to enter the data requested accurately, but don't make this an unpleasant chore. You shouldn't spend more than one hour on the form. Values should be estimated to the nearest \$100 or \$1000. Before starting to enter financial information, look through the whole form first. This will allow you to enter data in the right place. Please specify the ownership using one of the following abbreviations. For property owned by you as a single person, use (S). If you are married and you or your spouse individually own the property, use (H) for husband and (W) for wife. If you and your spouse jointly own the property, use (J). If you jointly own property with someone other than a spouse, use (JTO). For property owned by a Living Trust, use (LT).

## ■ Real Estate

**TYPE:** Primary Residence (PR), Duplex (D), Vacation home (V), Condominium (Condo), Rental (R + number of units), Commercial (C), Timeshare (T). **Fair Market Value**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Owner \_\_\_\_\_ Type \_\_\_\_\_ Year Purchased \_\_\_\_\_

Mortgage \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Owner \_\_\_\_\_ Type \_\_\_\_\_ Year Purchased \_\_\_\_\_

Mortgage \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Owner \_\_\_\_\_ Type \_\_\_\_\_ Year Purchased \_\_\_\_\_

Mortgage \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Owner \_\_\_\_\_ Type \_\_\_\_\_ Year Purchased \_\_\_\_\_

Mortgage \_\_\_\_\_



■ **Personal Property**

List cars, boats and motorcycles separately.

A. Vehicles and Boats	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Household Goods, Personal Effects and Other Personal Property Item	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Bank/Credit Union Accounts** (Please mark a  next to each account with **Online Access**)  
Type: Checking Account (CA), Savings Account (SA), Money Market (MM), Certificate of Deposit (CD).

Bank / Credit Union	Type	Owner	POD Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Stock Brokerage Accounts** (Please mark a  next to each account with **Online Access**)

Brokerage Company	Owner	TOD Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





▪ **Mutual Funds (Not Part of Stock Brokerage Accounts)**

(Please mark a  next to each account with **Online Access**)

Company Name	Owner	TOD/POD	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

▪ **Certificates for Publicly Traded Stocks & Bonds**

(Please mark a  next to each account with **Online Access**)

TYPE: Stock (S), Bond (B), U.S. Savings Bond (US).

Company Name	Type	Owner	TOD/POD	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

▪ **Direct Stock Purchase Accounts**

(Please mark a  next to each account with **Online Access**)

Company Name	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

▪ **Limited Partnership Interests**

Partnership Name	% of Shares Owned	Documents	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



▪ **Closely Held Business Interests**

TYPE: Sole Proprietorship (SP), General Partnership (GP), Limited Partnership (LP), Limited Liability Co. (LLC), C Corp. (C), S Corp. (S). (Please supply copy of Buy-Sell agreement.)

Entity Name	Type	% of Ownership or Number of Shares	Documents	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

▪ **Money Owed to You**

TYPE: Note (N), Mortgage (M), Land Contract (LC), Other (O).

Debtor Name	Type	Owner	Documents	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

▪ **Annuities-Commercial** (Please mark a  next to each account with **Online Access**)

TYPE: Variable (V), Fixed (F), Annuitized (A).

Annuity Company	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



■ **Life Insurance** (Please mark a  next to each account with **Online Access**)

TYPE: Term (T), Whole Life (W), Variable (V), Universal (U), Variable Universal (VU), Group Term through employer (GT), Accidental Death & Disability (AD&D).

Insurance Co.	Type	Insured/Owner	Bene?	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

■ **Retirement Benefits Through Employment**

(Please mark a  next to each account with **Online Access**)

TYPE: 401(k) (401), Profit Sharing (PS), Pension (P), TSA/403(b) (403), 457 (457), ESOP (ESOP), Other (O).

Employer	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



■ **Individual Retirement Accounts**

(Please mark a  next to each account with **Online Access**)

TYPE: IRA (**IRA**), SEP IRA (**SEP**), Roth IRA (**ROTH**).

Custodian	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Non-Qualified Employment Benefits**

(Please mark a  next to each account with **Online Access**)

TYPE: Incentive Stock Option (**ISO**), Non-Qualified Stock Option (**NQSO**), Deferred Compensation (**DC**), Stock Purchased Through ISO, NQSO or Employee Stock Purchase Plan (**S**).

Employer	Type	Date of Stock Purchase or	No. of Options or Stock Shares	Strike Price	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

■ **Miscellaneous Assets**

Oil, gas, mineral interests, and other assets.

Asset Description	Owner	Documents	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



■ **Anticipated Inheritance**

Description	Recipient	Value
_____	_____	_____
_____	_____	_____

■ **Children's Assets** (Please mark a  next to each account with **Online Access**)

Asset held by you with or for your children. TYPE: Joint Tenancy (**JT**), Pay on Death to child (**POD**), Uniform Transfer to Minors Act (**UTMA**), U.S. Savings Bond (**US**).

Asset or Account	Type	Which Child	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Digital Assets (social media, emails, phone, bit coins, etc)**

Description of Asset/Account	Owner	website/login info shared with my agents/Trustee? (Y or N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone you are supporting now, or will be in the future, who may affect your financial situation?

Yes  No Who? \_\_\_\_\_



▪ **Additional Assets**

If you have more assets to enter than space allows in the previous sections use the space below.

Asset	Owner	Value

▪ **Debts**

	Individual Debts	Spouse's Separate Debts	Joint/Community Debts	Joint Debts/Non-Spouse
<b>Mortgages on home, car, etc.</b>				
<b>Signature Loan at Bank</b>				
<b>Medical or other expenses</b>				
<b>Other debts over \$5,000</b>				
<b>Totals</b>				



■ **Additional Information**

If you have more family information to enter than space allows in the previous sections, use the space below.

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**The undersigned hereby represents to Sippel Law, LLC that the information contained in this questionnaire (including any attached schedules or documentation) is accurate and complete, and that the undersigned understands that Sippel Law, LLC will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Sippel Law, LLC may not be appropriate.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

