



Law Offices of Brooke Hardie

INDIVIDUAL PRELIMINARY INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

JR., SR., II, III, IV? _____

Name I prefer to be called: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

Where is the best place to reach you? _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

#of Grandkids

CHILDREN:

(1) _____ AGE: ____ ____

Address: _____

Phone: _____

(2) _____ AGE: ____ ____

Address: _____

Phone: _____

(3) _____ AGE: ____ ____

Address: _____

Phone: _____

(4) _____ AGE: ____ ____

Address: _____

Phone: _____

(5) _____ AGE: ____ ____

Address: _____

Phone: _____

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance	_____	_____
IRAs, 401(k)s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's, Savings, Checking	_____	_____
Notes Where People Owe You	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____
TOTAL ESTATE	_____	

Please bring copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills to our meeting.

Did anyone refer you to us? Yes ___ No ___ If yes, whom shall we thank? _____

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS THE TRUSTEE OF THE CONTINGENT TRUSTS IN YOUR WILL (if applicable)?

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS GUARDIAN OF YOUR CHILDREN (if applicable)? (Two persons can serve together as long as they are married)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY? (This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?

1. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

3. _____
Address: _____

Phone: _____

Where do you plan to keep your original documents? _____

Dispositive Plan:
*(Describe in general terms how you wish to
leave your property at death)*

PRIVACY POLICY

Notice of Our Privacy Policy. As a law firm entrusted with your sensitive personal and financial information, we are committed to treating client information confidentially and responsibly. This is nothing new for us, but Congress recently passed the Gramm-Leach-Bliley Act, which deals in part with how lawyers and other providers of personal financial services must disclose the manner in which they treat nonpublic personal financial information. One result of this legislation is that lawyers who provide tax planning services to any person must provide this notice. To ensure compliance with this new law, we are providing this notice of our policy.

Protecting your privacy is important to this firm and our employees and is part of our ethical obligation to preserve client confidences. We want you to understand what information we collect and how we use it. In order to provide our clients with a range of estate planning, tax, and related services as effectively and conveniently as possible, we delve into your personal affairs and use technology to manage and maintain your information.

What Information We Collect. We may collect “nonpublic personal information” about you from what we receive from you and information about your transactions with us or others. “Nonpublic personal information” is personally identifiable financial information about you that is not publicly available that we obtain in connection with providing services to you. For example, nonpublic personal information includes information regarding your assets, liabilities, income, financial transactions, and your estate plan.

What Information We Disclose. We do not disclose any nonpublic personal information about you or our former clients to anyone without your permission, except as required by law. For example, we may be required to disclose nonpublic personal information about you to third parties in response to subpoenas.

Limiting Employee Access To Information. We limit access to your personal and account information to those employees with a business reason for knowing such information. Our employees understand the importance of client privacy and confidentiality and take appropriate measures to enforce privacy standards.

Maintenance of Client Information. We have established procedures to ensure that clients’ financial and personal information is accurate, current and complete in accordance with reasonable business standards. Requests to correct inaccurate information are processed in a timely manner.

Continuing Applicability of Our Policy. Unless required by law to make changes, this will be our continuing policy.

Although this legislation is new, our commitment to protect your privacy is not new. We will continue to safeguard your privacy and the confidentiality of the information you provide us.