



11001 O'Malley Centre Drive, Suite 201
Anchorage, AK 99515
T 907-522-2272 / F 907-522-6893

Foley & Foley Use Only:

Date: _____

File No.: _____

Attorney: _____

Conflict Check: _____

PERSONAL INFORMATION FORM

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CLIENT NO. 1

Full First, Middle and Last Name

Maiden Name if Applicable

PRINT how your name appears when you typically sign legal documents

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Seasonal Mailing Address, City, State, Zip Code, and typical dates used (if any)

Home Phone

Cell Phone

Work Phone

E-Mail Address:

Please check preferred method of contact: Home Cell Work E-mail

Employer: _____

Position/Job Title: _____

Business Address: _____

Have you ever worked as a Federal, State, or Municipal Employee? No Yes _____

Do you have military benefits? No Yes

MARITAL/PARTNER STATUS:

Married: Date _____

Single

Divorced: Date _____

Widowed: Date _____

Other _____

During your current marriage, have you lived in any of the following states?

CA, WA, NV, AZ, NM, TX, ID, LA or WI

CITIZENSHIP:

U.S. Citizen

Other Citizenship: _____

Driver's License Number: _____ (Please provide copy)

CLIENT NO. 2

Full First, Middle and Last Name

Maiden Name if Applicable

PRINT how your name appears when you typically sign legal documents

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Seasonal Mailing Address, City, State, Zip Code, and typical dates used (if any)

Home Phone

Cell Phone

Work Phone

E-Mail Address:

Please check preferred method of contact: Home Cell Work E-mail

Employer:

Position/Job Title:

Business Address:

Have you ever worked as a Federal, State, or Municipal Employee? No Yes _____

Do you have military benefits? No Yes

MARITAL/PARTNER STATUS:

Married: Date _____

Single

Divorced: Date _____

Widowed: Date _____

Other _____

CITIZENSHIP:

U.S. Citizen

Other Citizenship: _____

Driver's License Number: _____ (Please provide copy)

CHILD NO. 3:

Full First, Middle and Last Name: _____
 Male Female

Birth Date: _____

Social Security Number: _____

Phone Number(s): _____

Full Mailing Address: _____

Parents: Joint Client No. 1 Client No. 2

Marital Status: Single Married Divorced Widowed

Child's Spouse: _____ Number of Children: _____

CHILD NO. 4:

Full First, Middle and Last Name: _____
 Male Female

Birth Date: _____

Social Security Number: _____

Phone Number(s): _____

Full Mailing Address: _____

Parents: Joint Client No. 1 Client No. 2

Marital Status: Single Married Divorced Widowed

Child's Spouse: _____ Number of Children: _____

If you have additional children, please attach a separate sheet of paper with their information.

OTHER PROFESSIONAL ADVISORS:

CPA/Accountant:

Name _____

Phone No. _____

Financial Advisor:

Name _____

Phone No. _____

Life Insurance Agent:

Name _____

Phone No. _____

Corporate Attorney:

Name _____

Phone No. _____

Other:

Name _____

Phone No. _____

Please indicate who referred you or how you learned of our services: _____

IMPORTANT FAMILY QUESTIONS:

Please Check "Yes" or "No" for Your Answers:

Do you have a child with a learning disability? Yes No

Do any of your children receive government support or benefits? Yes No

Do you have any adopted children? Yes No

Do any of your children have special education, medical, or physical needs? Yes No

Are any of your children institutionalized? Yes No

Are you or your spouse receiving Social Security, disability, or other government benefits? Yes No

Do you provide primary or other major financial support to adult children? Yes No

Are any of your children of either Alaska Native or American Indian descent? Yes No

If "Yes", please list: _____

Have either you or your spouse been divorced? Yes No

Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) Yes No

Have you and your spouse ever signed a pre/post-marriage contract? (Please furnish a copy.) Yes No

Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) Yes No

Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish copies.) Yes No

Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.) Yes No

Have you or your spouse completed previous wills, trusts, or estate planning documents? (Please furnish copies.) Yes No

Location of original documents: _____

We will need the following asset information at your intake appointment. We do not keep any original documentation, but we are happy to make copies for you during your appointment, if needed.

BANK AND CREDIT UNION CASH ACCOUNTS: Checking, Savings, Certificates of Deposit, Business Accounts, Money Market Accounts held with Bank.

Please provide complete **RECENT** statements for all accounts, including those held with third parties. (If printing information off the Internet, please ensure you print a statement and *not* an online summary.)

SAFE DEPOSIT BOX:

Bank/Branch: _____

Box No. _____

Signers on Box: _____

PERSONAL EFFECTS: Vehicles, Boats, Airplanes, Collections

Please provide any vehicle titles or registrations, boat registrations, and airplane titles. Please describe any personal effects or collections of personal effects that have significant value.

INVESTMENT ACCOUNTS: Money Market, Brokerage, Cash Management, Mutual Fund, Health Savings or other types of Non-Retirement Accounts.

Please provide complete **RECENT** statements for all accounts, including those held with third parties. (If printing information off the Internet, please ensure you print a statement and *not* an online summary.)

STOCK HOLDINGS:

Publicly Held Stock: Please provide all publicly held stock certificates and/or DRIP Account statements.

Alaska Native Stock: Please provide all stock certificates, statements of holding, or Native Stock Wills.

RETIREMENT, PENSION PLANS, ANNUITIES: Please provide **RECENT** statements for the following types of accounts. (If printing information off the Internet, please ensure you print a statement and *not* an online summary.)

IRAs	Profit Sharing Plans
SEP Accounts	401(k) Accounts
403(b) Accounts	H.R. 10 Plans
Pension Plans	Annuities

BONDS: Please provide all bonds held outside of investment accounts (i.e. U.S. Savings, Corporate, Municipal, Treasury, etc.).

MONIES OWED TO YOU: Please provide documents indicating monies owed to you.

- Promissory Notes
- Personal Loan Agreements
- Recorded Deeds of Trust
- Escrow Statements
- Escrow Agreements

BUSINESS INTERESTS - PARTNERSHIPS, LLCs, SOLE PROPRIETORSHIPS:

Please provide the following documents:

- General Partnership Agreements
- Limited Partnership Agreements
- LLC Membership Certificates and Operating Agreements
- Business Licenses
- Sub-S or C Corp Stock Certificates and Shareholder Agreements

REAL PROPERTY: Please provide the following for each piece of real estate that you own, including rentals and investment properties:

- *Recorded* Warranty, Quitclaim, or Cemetery Deed, or State of Alaska Patent
- Mortgage Loan Statements
- Re-plats that have been recorded since you purchased the property

TIMESHARES: Please provide the Timeshare Certificate and Agreement and **RECENT** timeshare company contact information, including phone number, address, and/or website.

LIABILITY INSURANCE: Please provide **RECENT** liability insurance policy statements for homeowners, renters, personal articles, and umbrella insurance policies.

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT: Please provide documents regarding lawsuit judgments, estates, or trusts from which you may benefit.

OIL/GAS/MINERAL INTERESTS: Please provide documentation of oil/gas/mineral interests, including deeds, statements evidencing dividend payments, and contact information.

FISHING INTERESTS: Please provide documentation for all fishing permits, set-net leases, and IFQs.

LIFE INSURANCE POLICIES: Please provide a copy of the original policy and a **RECENT** statement for each life insurance product (i.e. term, whole life, variable, universal, split-dollar, group, employee, second-to-die, etc.).

TAX RETURNS: Please provide your Federal income tax returns for the last two years.

OTHER ASSETS: Please provide documentation regarding any other assets, including, but not limited to, patents, trademarks, copyrights, or any other asset not listed above.