



Foley, Foley & Pearson

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Foley, Foley & Pearson 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)

**CHILDREN/DEPENDENT INFORMATION:**

Do you wish to include children born to or adopted by you after the preparation of documents?

Yes       No

Please provide the following information for each of your children/dependents. Please fill out as completely as possible.

**CHILD NO. 1:**

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

Child's Marital Status:  Single       Married       Divorced       Widowed

Child's Spouse: \_\_\_\_\_      Number of Children: \_\_\_\_\_

**CHILD NO. 2:**

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

Child's Marital Status:  Single       Married       Divorced       Widowed

Child's Spouse: \_\_\_\_\_      Number of Children: \_\_\_\_\_

**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

Child's 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

Child's 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: \_\_\_\_\_

**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

SEP Accounts

403(b) Accounts

Pension Plans

Profit Sharing Plans

401(k) Accounts

H.R. 10 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

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

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

**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.).

**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.

**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.

**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.