

# CONFIDENTIAL PERSONAL INFORMATION

**NOTE TO CLIENT:** We cannot help plan what we do not know. Please complete this form as best you can. Full and complete answers will facilitate accurate financial analysis, creation of the trust documents, and the funding process. It will also eliminate the need for additional phone calls and correspondence to get complete information. We will help you with any questions. Your investment of time to complete this form completely and accurately will benefit you and your beneficiaries.

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Melanie Walz Scaringi, J.D.

*“Plans that work by people who care”*

Date Completed: \_\_\_\_\_

# PERSONAL INFORMATION FOR HUSBAND

*(Please Print)*

Full Legal Name: \_\_\_\_\_  
(Name most often used to title property and accounts)

Also known as: \_\_\_\_\_  
(Other names used to title property and accounts)

Please print how you sign your name on legal documents: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
[Is it okay to communicate with you via e-mail? \_\_\_\_ Yes \_\_\_\_ No]

County of Residence: \_\_\_\_\_ Township/Borough \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Fax Number:(Is it okay to fax you at work?): \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ Married: Date \_\_\_\_\_ Divorced: Date \_\_\_\_\_

\_\_\_\_ Widowed: Date \_\_\_\_\_ Single \_\_\_\_\_

Previously married? \_\_\_\_\_ If yes, number of previous marriages \_\_\_\_\_

Is or was there a prenuptial agreement? \_\_\_\_\_

If retired, your prior occupation: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

In what states have you lived while married to your current spouse and during what period of time did you reside there?

State: \_\_\_\_\_ Years: \_\_\_\_\_

State: \_\_\_\_\_ Years: \_\_\_\_\_

Parents' Names (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Parents' Birthdates (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Address/phone: \_\_\_\_\_

Husband's Brothers/Sisters:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

## PERSONAL INFORMATION FOR WIFE

*(Please Print)*

Full Legal Name: \_\_\_\_\_  
(Name most often used to title property and accounts)

Also known as: \_\_\_\_\_  
(Other names used to title property and accounts)

Please print how you sign your name on legal documents: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

[Is it okay to communicate with you via e-mail?  Yes  No]

County of Residence: \_\_\_\_\_ Township/Borough \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Fax Number:(Is it okay to fax you at work?): \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married: Date \_\_\_\_\_  Divorced: Date \_\_\_\_\_

Widowed: Date \_\_\_\_\_  Single

Previously married? \_\_\_\_\_ If yes, number of previous marriages \_\_\_\_\_

Is or was there a prenuptial agreement? \_\_\_\_\_

If retired, your prior occupation: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Address: \_\_\_\_\_

In what states have you lived while married to your current spouse and during what period of time did you reside there?

State: \_\_\_\_\_ Years: \_\_\_\_\_

State: \_\_\_\_\_ Years: \_\_\_\_\_

Parents' Names (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Parents' Birthdates (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Address/phone: \_\_\_\_\_

Husband's Brothers/Sisters:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Names \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

## CHILDREN

Check the Special Needs Box if any child is unable to care for themselves. **(Please list and indicate if any of the children are deceased)**

| Name   | Parents | Birthdate             | Special Needs |
|--|---------|-----------------------|---------------|
| _____  | _____   | _____                 | _____         |
| Address _____  |         |                       |               |
| Phone No. _____  |         | E-mail address: _____ |               |
| Present Marital Status: Married__ or Single__                                |         | Occupation: _____     |               |
| Spouse's Name: _____   |         | Occupation: _____     |               |
| Spouse's Date of Birth _____   |         |                       |               |
| Previously Married: __ Yes __ No If yes, number of previous marriages: _____ |         |                       |               |

| Name   | Parents | Birthdate             | Special Needs |
|--|---------|-----------------------|---------------|
| _____  | _____   | _____                 | _____         |
| Address _____  |         |                       |               |
| Phone No. _____  |         | E-mail address: _____ |               |
| Present Marital Status: Married__ or Single__                                |         | Occupation: _____     |               |
| Spouse's Name: _____   |         | Occupation: _____     |               |
| Spouse's Date of Birth _____   |         |                       |               |
| Previously Married: __ Yes __ No If yes, number of previous marriages: _____ |         |                       |               |

| Name   | Parents | Birthdate             | Special Needs |
|--|---------|-----------------------|---------------|
| _____  | _____   | _____                 | _____         |
| Address _____  |         |                       |               |
| Phone No. _____  |         | E-mail address: _____ |               |
| Present Marital Status: Married__ or Single__                                |         | Occupation: _____     |               |
| Spouse's Name: _____   |         | Occupation: _____     |               |
| Spouse's Date of Birth _____   |         |                       |               |
| Previously Married: __ Yes __ No If yes, number of previous marriages: _____ |         |                       |               |

| Name   | Parents | Birthdate             | Special Needs |
|--|---------|-----------------------|---------------|
| _____  | _____   | _____                 | _____         |
| Address _____  |         |                       |               |
| Phone No. _____  |         | E-mail address: _____ |               |
| Present Marital Status: Married__ or Single__                                |         | Occupation: _____     |               |
| Spouse's Name: _____   |         | Occupation: _____     |               |
| Spouse's Date of Birth _____   |         |                       |               |
| Previously Married: __ Yes __ No If yes, number of previous marriages: _____ |         |                       |               |



## OTHER DEPENDENTS

Friends or relatives to whom you give money on a regular basis. (Use Full Legal Name)

| Name  | Relationship | Amount of Gift | Frequency of Giving | Special Needs |
|-------|--------------|----------------|---------------------|---------------|
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |
| _____ | _____        | _____          | _____               | _____         |

## CHARITIES

Charities to whom you give money on a regular basis:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Gift: \_\_\_\_\_  
Frequency of Giving: \_\_\_\_\_  
Desired use or purpose: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Gift: \_\_\_\_\_  
Frequency of Giving: \_\_\_\_\_  
Desired use or purpose: \_\_\_\_\_

## CHARITIES

Charities to whom you may want to leave a gift at your death:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Gift: \_\_\_\_\_  
Frequency of Giving: \_\_\_\_\_  
Desired use or purpose: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount of Gift: \_\_\_\_\_  
Frequency of Giving: \_\_\_\_\_  
Desired use or purpose: \_\_\_\_\_



## PETS

Name

Type of Animal

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people that you would want to care for your minor children in the event you are unable to.

Names, Addresses, Birthdates, and Social Security Numbers of Guardian(s) (in order of primary, secondary, tertiary):

Relationship

|  |                       |
|--|-----------------------|
| 1. _____<br>_____<br>_____<br>_____<br>_____ | _____<br><br><br><br> |
| 2. _____<br>_____<br>_____<br>_____<br>_____ | _____<br><br><br><br> |
| 3. _____<br>_____<br>_____<br>_____<br>_____ | _____<br><br><br><br> |

## NAMES OF HEALTH CARE AGENTS

Please provide legal names of the people that you would want to make health care decisions for you in the event you are unable to communicate to a health care professional.

### **Husband**

Name of  
Primary Health  
Care Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

Relationship

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Name of Back-  
up Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Name of  
Secondary Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

### **Wife**

Name of  
Primary Health  
Care Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Name of Back-  
up Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Name of  
Secondary Agent

\_\_\_\_\_  
\_\_\_\_\_  
Phone # (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
SS# \_\_\_\_\_  
Birthdate: \_\_\_\_\_

## NAMES OF AGENTS FOR GENERAL POWER OF ATTORNEY

Please provide legal names of the people that you would want to make financial and other non-healthcare decisions for you in the event you are unable to communicate to a health care professional.

### **Husband**

|                |       |              |       |
|----------------|-------|--------------|-------|
| Name of        | _____ | Relationship | _____ |
| Primary Health | _____ | SS#          | _____ |
| Care Agent     | _____ | Birthdate:   | _____ |
| Phone # (____) | _____ |              |       |

|                |       |            |       |
|----------------|-------|------------|-------|
| Name of Back-  | _____ | SS#        | _____ |
| up Agent       | _____ | Birthdate: | _____ |
| Phone # (____) | _____ |            |       |

|                |       |            |       |
|----------------|-------|------------|-------|
| Name of        | _____ | SS#        | _____ |
| Secondary      | _____ | Birthdate: | _____ |
| Agent          | _____ |            |       |
| Phone # (____) | _____ |            |       |

### **Wife**

|                |       |            |       |
|----------------|-------|------------|-------|
| Name of        | _____ | SS#        | _____ |
| Primary Health | _____ | Birthdate: | _____ |
| Care Agent     | _____ |            |       |
| Phone # (____) | _____ |            |       |

|                |       |            |       |
|----------------|-------|------------|-------|
| Name of Back-  | _____ | SS#        | _____ |
| up Agent       | _____ | Birthdate: | _____ |
| Phone # (____) | _____ |            |       |

|                |       |            |       |
|----------------|-------|------------|-------|
| Name of        | _____ | SS#        | _____ |
| Secondary      | _____ | Birthdate: | _____ |
| Agent          | _____ |            |       |
| Phone # (____) | _____ |            |       |

## **OTHER PROFESSIONAL ADVISORS**

Name of CPA: \_\_\_\_\_ Company \_\_\_\_\_

\_\_\_\_\_  
Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name of Financial Advisor:

\_\_\_\_\_  
\_\_\_\_\_  
Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Name of Other Advisor: (Type?)

\_\_\_\_\_  
\_\_\_\_\_  
Company \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

## IMPORTANT FAMILY QUESTIONS

| Please Check “Yes” or “No” for Your Answer   | YES | NO |
|--|-----|----|
| Do you have a child with a learning disability?  |     |    |
| Do any of your children receive governmental supports or benefits?   |     |    |
| Do you have any adopted children? Step-children?   |     |    |
| Do any of your children have special education, medical or physical needs?   |     |    |
| Are any of your children institutionalized?  |     |    |
| Are you or your spouse receiving social security, disability, or other governmental benefits?                                      |     |    |
| Do you provide primary or other major financial support to adult children or others?   |     |    |
| Have either you or your spouse been divorced?  |     |    |
| Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)                            |     |    |
| Have you and your spouse ever signed a pre or post-marriage contract? (Please furnish a copy)                                      |     |    |
| Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)          |     |    |
| Have you, or your spouse ever filed a Federal or State <i>gift</i> tax return? (Please furnish a copy)                             |     |    |
| Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies)                 |     |    |
| Have you or your spouse completed previous wills, trusts, or estate planning documents? (Please furnish copies of these documents) |     |    |
| Are you and your spouse United States citizens?  |     |    |
| Is it likely that you are not insurable for life insurance at regular rates? If so, why not? _____                                 |     |    |
| Do you want to have your organs donated at your death?   |     |    |
| Would you consent to having your organs donated at your death <u>if</u> your healthcare agent desired to make the donation?        |     |    |

**CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY**

Please rate the following as to how important they are to you

(H=high concern; S=some concern; L=low concern; N/A= no concern or not applicable)

| <b>Description</b>   | <b>Level of Concern</b> |
|--|-------------------------|
| Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.   | _____                   |
| Providing for and protecting a spouse.   | _____                   |
| Providing for and protecting children.   | _____                   |
| Providing for and protecting grandchildren.  | _____                   |
| Disinheriting a family member.   | _____                   |
| Providing for charities at the time of death.  | _____                   |
| Plan for the transfer and survival of a family business.   | _____                   |
| Avoiding or reducing your estate taxes.  | _____                   |
| Avoiding probate.  | _____                   |
| Reduce administration costs at time of your death.   | _____                   |
| Avoiding a guardianship in case of a disability.   | _____                   |
| Avoiding will contests or other disputes upon death.   | _____                   |
| Protecting assets from lawsuits or creditors.  | _____                   |
| Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers. | _____                   |
| Plan for a child with disabilities or special needs, such as medical or learning disabilities.   | _____                   |
| Protecting children’s inheritance from the possibility of failed marriages.  | _____                   |
| Protect children’s inheritance in the event of a surviving spouse’s remarriage.  | _____                   |
| Provide that your death shall not be unnecessarily prolonged by artificial means or measures.  | _____                   |

OTHER CONCERNS (Please list any concerns):

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In addition to discussing any of the above concerns, we will discuss the following topics:

- Who is to receive your assets after your death?
- What instructions do you want to leave for the benefit of yourself and your loved ones?
- Who would manage and distribute your assets after your death or during your disability?

## **INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST**

- General Headings**      *This Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this checklist use extra sheets of paper to list your additional property.
- Type**                      Immediately after the heading for each kind of **property** is a brief explanation of what property you should list under that heading.
- “Owner” of Property**      How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

| <b>For Property Owned By:</b> | <b>With:</b>                                      | <b>Use:</b> |
|-------------------------------|---|-------------|
| Husband                       | No other person                                   | <b>H</b>    |
| Wife                          | No other person                                   | <b>W</b>    |
| Joint Tenancy                 | A spouse  | <b>JTS</b>  |
| Joint Tenancy                 | Someone other than a spouse                       | <b>JTO</b>  |
| Tenancy in Common             | A spouse  | <b>TCS</b>  |
| Tenancy in Common             | Someone other than a spouse                       | <b>TCO</b>  |
| Unknown                       | If you cannot determine how the property is owned | <b>?</b>    |

## CASH ACCOUNTS

TYPE: Checking Account "CA" Savings Account "SA" Certificate of deposits "CD"

Name of \_\_\_\_\_

|                               |       |         |                        |        |
|-------------------------------|-------|---------|------------------------|--------|
| Institution/Branch<br>Address | Type  | Acct. # | Owner                  | Amount |
| _____                         | _____ | _____   | _____                  | _____  |
| Address: _____                |       |         | Phone No. (____) _____ | _____  |
| _____                         |       |         |                        |        |

Name of \_\_\_\_\_

|                               |       |         |                        |        |
|-------------------------------|-------|---------|------------------------|--------|
| Institution/Branch<br>Address | Type  | Acct. # | Owner                  | Amount |
| _____                         | _____ | _____   | _____                  | _____  |
| Address: _____                |       |         | Phone No. (____) _____ | _____  |
| _____                         |       |         |                        |        |

Name of \_\_\_\_\_

|                               |       |         |                        |        |
|-------------------------------|-------|---------|------------------------|--------|
| Institution/Branch<br>Address | Type  | Acct. # | Owner                  | Amount |
| _____                         | _____ | _____   | _____                  | _____  |
| Address: _____                |       |         | Phone No. (____) _____ | _____  |
| _____                         |       |         |                        |        |

Name of \_\_\_\_\_

|                               |       |         |                        |        |
|-------------------------------|-------|---------|------------------------|--------|
| Institution/Branch<br>Address | Type  | Acct. # | Owner                  | Amount |
| _____                         | _____ | _____   | _____                  | _____  |
| Address: _____                |       |         | Phone No. (____) _____ | _____  |
| _____                         |       |         |                        |        |

**TOTAL \$** \_\_\_\_\_

Are any funds directly deposited in any of the above accounts? Yes \_\_\_ No \_\_\_

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.



## SAFETY DEPOSIT BOXES

| Name of Institution and<br>Branch Address where located | Box # | Owners | Authorized<br>Users |
|---|-------|--------|---------------------|
| 1. _____<br>_____                                       | _____ | _____  | _____               |
| Phone No.<br>(____)_____                                |       |        |                     |
| 2. _____<br>_____                                       | _____ | _____  | _____               |
| Phone No.<br>(____)_____                                |       |        |                     |

## INVESTMENT ACCOUNTS (Not tax-deferred)

\*IRAs and Annuities should be listed later\*

TYPE: Money market "MM", Investment "I", Cash Management "CM" or other account that is in a street name (indicate type below)

| Name of Brokerage Firm<br>Phone # & Address of Broker | Type  | Account # | Owner | Amount                           |
|---|-------|-----------|-------|----------------------------------|
| _____<br>Phone # (____)_____                          | _____ | _____     | _____ | \$_____                          |
| _____   |       |           |       | Address:_____                    |
|   |       |           |       | Check Writing _____ Yes _____ No |
| _____<br>Phone # (____)_____                          | _____ | _____     | _____ | \$_____                          |
| _____   |       |           |       | Address:_____                    |
|   |       |           |       | Check Writing _____ Yes _____ No |
| _____<br>Phone # (____)_____                          | _____ | _____     | _____ | \$_____                          |
| _____   |       |           |       | Address:_____                    |
|   |       |           |       | Check Writing _____ Yes _____ No |
|   |       |           |       | <b>Total \$</b> _____            |

## STOCKS

TYPE: Stock in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under :”Corporate Business and Professional interest.” Stocks held in a street name or investment account should be listed under “Investment Accounts”). **Please be sure to indicate who is the owner of said stocks.**

*Please bring original stock certificates so that the proper transfers can be made.*

| Company Name, Address & Phone #        | Owner | No. of Shares | Value                  |
|--|-------|---------------|------------------------|
| * _____<br>_____                       | _____ | _____         | \$ _____               |
| Phone (____) _____<br>* _____<br>_____ | _____ | _____         | \$ _____               |
| Phone (____) _____<br>* _____<br>_____ | _____ | _____         | \$ _____               |
| Phone (____) _____<br>* _____<br>_____ | _____ | _____         | \$ _____               |
| Phone (____) _____                     |       |               |                        |
|  |       |               | <b>Total: \$ _____</b> |

## BONDS

TYPE: US Savings Bonds, Corporate, Municipal, etc., (indicate type below).

| Type  | Owner | Face Value            |
|-------|-------|-----------------------|
| _____ | _____ | _____                 |
| _____ | _____ | _____                 |
| _____ | _____ | _____                 |
|       |       | <b>Total \$ _____</b> |

## AUTOMOBILES AND PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, antiques and all other valuable nonbusiness personal property (indicate type below or give a lump sum value for miscellaneous items.)

| Type  | Owner | Value           | Is there a loan against the asset |                             |
|-------|-------|-----------------|-----------------------------------|-----------------------------|
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
| _____ | _____ | \$ _____        | <input type="checkbox"/> Yes      | <input type="checkbox"/> No |
|       |       | <b>Total \$</b> | _____                             |                             |

## RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k) (Indicate type below)

**\*\* If you have any IRAs, please indicate if they are Roth IRAs**

| Company Name<br>Address and Phone # | Type of Plan | Beneficiary upon<br>your Death | Value           | Are you<br>currently<br>receiving<br>benefits from<br>this plan? |
|-------------------------------------|--------------|--------------------------------|-----------------|--|
| 1. _____<br>_____                   | _____        | _____                          | \$ _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Phone # (____) _____                | Owner        | Account # _____                |                 |  |
| 2. _____<br>_____                   | _____        | _____                          | \$ _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Phone # (____) _____                | Owner        | Account # _____                |                 |  |
| 3. _____<br>_____                   | _____        | _____                          | \$ _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Phone # (____) _____                | Owner        | Account # _____                |                 |  |
| 4. _____<br>_____                   | _____        | _____                          | \$ _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Phone # (____) _____                | Owner        | Account # _____                |                 |  |
|                                     |              |                                | <b>Total \$</b> | _____  |

## LIFE INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

|                              |                            |
|------------------------------|----------------------------|
| Company: _____               | Address _____              |
| Phone # (____) _____         | Acct. Number _____         |
| Type: _____                  | Insured: _____             |
| Owner _____                  | Primary Beneficiary: _____ |
| Secondary Beneficiary: _____ | Agents Name _____          |
| Address _____                | Phone #(____) _____        |
| Face Amt _____               | Cash Value _____           |

|                              |                            |
|------------------------------|----------------------------|
| Company: _____               | Address _____              |
| Phone # (____) _____         | Acct. Number _____         |
| Type: _____                  | Insured: _____             |
| Owner _____                  | Primary Beneficiary: _____ |
| Secondary Beneficiary: _____ | Agents Name _____          |
| Address _____                | Phone #(____) _____        |
| Face Amt _____               | Cash Value _____           |

|                              |                            |
|------------------------------|----------------------------|
| Company: _____               | Address _____              |
| Phone # (____) _____         | Acct. Number _____         |
| Type: _____                  | Insured: _____             |
| Owner _____                  | Primary Beneficiary: _____ |
| Secondary Beneficiary: _____ | Agents Name _____          |
| Address _____                | Phone #(____) _____        |
| Face Amt _____               | Cash Value _____           |

|                              |                            |
|------------------------------|----------------------------|
| Company: _____               | Address _____              |
| Phone # (____) _____         | Acct. Number _____         |
| Type: _____                  | Insured: _____             |
| Owner _____                  | Primary Beneficiary: _____ |
| Secondary Beneficiary: _____ | Agents Name _____          |
| Address _____                | Phone #(____) _____        |
| Face Amt _____               | Cash Value _____           |

|                              |                            |
|------------------------------|----------------------------|
| Company: _____               | Address _____              |
| Phone # (____) _____         | Acct. Number _____         |
| Type: _____                  | Insured: _____             |
| Owner _____                  | Primary Beneficiary: _____ |
| Secondary Beneficiary: _____ | Agents Name _____          |
| Address _____                | Phone #(____) _____        |
| Face Amt _____               | Cash Value _____           |

**Total \$** \_\_\_\_\_

## LONG TERM CARE INSURANCE

*Please attach copies of all Long Term Care policies.*

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Policy. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Agents Name \_\_\_\_\_  
Total Days of Coverage \_\_\_\_\_ Amt. of Coverage per day \_\_\_\_\_  
Inflation Rider (Circle one) YES NO

Any additional information regarding policy: \_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Policy. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Agents Name \_\_\_\_\_  
Total Days of Coverage \_\_\_\_\_ Amt. of Coverage per day \_\_\_\_\_  
Inflation Rider (Circle one) YES NO

Any additional information regarding policy: \_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Policy. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Agents Name \_\_\_\_\_  
Total Days of Coverage \_\_\_\_\_ Amt. of Coverage per day \_\_\_\_\_  
Inflation Rider (Circle one) YES NO

Any additional information regarding policy: \_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Policy. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Agents Name \_\_\_\_\_  
Total Days of Coverage \_\_\_\_\_ Amt. of Coverage per day \_\_\_\_\_  
Inflation Rider (Circle one) YES NO

Any additional information regarding policy: \_

## ANNUITIES

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_ Agents Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
Face Amt \_\_\_\_\_ Cash Value \_\_\_\_\_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_ Agents Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
Face Amt \_\_\_\_\_ Cash Value \_\_\_\_\_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_ Agents Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
Face Amt \_\_\_\_\_ Cash Value \_\_\_\_\_

Company: \_\_\_\_\_ Address \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_  
Type: \_\_\_\_\_ Insured: \_\_\_\_\_  
Owner \_\_\_\_\_ Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_ Agents Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
Face Amt \_\_\_\_\_ Cash Value \_\_\_\_\_

**Total \$** \_\_\_\_\_

## MONEY OWED TO US (ME)

Type: Mortgages or promissory notes, payable to you; other monies owed to you.

*Please bring a copy of any promissory notes.*

| Name & Address<br>of Debtor | Date Due | Owed to | Current Balance       |
|-----------------------------|----------|---------|-----------------------|
| _____                       | _____    | _____   | _____                 |
| _____                       | _____    | _____   | _____                 |
| _____                       | _____    | _____   | _____                 |
| _____                       | _____    | _____   | _____                 |
| _____                       | _____    | _____   | _____                 |
|                             |          |         | <b>Total \$</b> _____ |

## PARTNERSHIP INTERESTS

Type: General and Limited Partnerships. Please list your percentages that you own.

*Please bring the Partnership Agreement*

Name of Partnership \_\_\_\_\_  
Owners \_\_\_\_\_ Value \_\_\_\_\_  
Who holds Partnership papers \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Partnership \_\_\_\_\_  
Owners \_\_\_\_\_ Value \_\_\_\_\_  
Who holds Partnership papers \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Name of Partnership \_\_\_\_\_  
Owners \_\_\_\_\_ Value \_\_\_\_\_  
Who holds Partnership papers \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Total \$** \_\_\_\_\_

## CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicly traded) stock. *Please provide a copy of any Buy/Sell agreements if applicable.*

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Number of Shares \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Owner: \_\_\_\_\_ Value: \_\_\_\_\_

Is there a Buy/Sell Agreement  Yes  No Is this an "S-Corporation"  Yes  No

Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Number of Shares \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Owner: \_\_\_\_\_ Value: \_\_\_\_\_

Is there a Buy/Sell Agreement  Yes  No Is this an "S-Corporation"  Yes  No

**Total \$** \_\_\_\_\_

## SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

| Name of Business | Description of Business | Owner | Value |
|------------------|-------------------------|-------|-------|
| _____            | _____                   | _____ | _____ |
| _____            | _____                   | _____ | _____ |
| _____            | _____                   | _____ | _____ |
| _____            | _____                   | _____ | _____ |

**Total \$** \_\_\_\_\_



## OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.  
*Please provide copy of Agreement, Certificate or Deed*

|               |            |               |
|---------------|------------|---------------|
| Company _____ | Type _____ | Name _____    |
| Address _____ |            | City _____    |
| Country _____ |            | Phone # _____ |
| Owner _____   |            | Value _____   |

|               |            |               |
|---------------|------------|---------------|
| Company _____ | Type _____ | Name _____    |
| Address _____ |            | City _____    |
| Country _____ |            | Phone # _____ |
| Owner _____   |            | Value _____   |

Total \$ \_\_\_\_\_

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

| Description | Value          |
|-------------|----------------|
| _____       | _____          |
| _____       | _____          |
| _____       | _____          |
| _____       | _____          |
|             | Total \$ _____ |

## REAL PROPERTY

Type: land, buildings, homes, vacation homes and time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS), Tenants in Common (TC), Tenancy by the entirety (TBE)

*Please provide a copy of the Deed or Agreement relating to each property*

| Address                          | Owner              | Fair Market Value |
|----------------------------------|--------------------|-------------------|
| _____                            | _____              | _____             |
| City _____ State _____ Zip _____ | Commercial _____   | _____ Mortgage    |
| County _____                     | Residential _____  | Amount \$ _____   |
|                                  | Mortgage Co. _____ |                   |
|                                  | Loan No. _____     |                   |

| Address                          | Owner              | Fair Market Value |
|----------------------------------|--------------------|-------------------|
| _____                            | _____              | _____             |
| City _____ State _____ Zip _____ | Commercial _____   | _____ Mortgage    |
| County _____                     | Residential _____  | Amount \$ _____   |
|                                  | Mortgage Co. _____ |                   |
|                                  | Loan No. _____     |                   |

| Address                          | Owner              | Fair Market Value |
|----------------------------------|--------------------|-------------------|
| _____                            | _____              | _____             |
| City _____ State _____ Zip _____ | Commercial _____   | _____ Mortgage    |
| County _____                     | Residential _____  | Amount \$ _____   |
|                                  | Mortgage Co. _____ |                   |
|                                  | Loan No. _____     |                   |

**Total \$ \_\_\_\_\_ net mortgages**

## HOMEOWNER'S INSURANCE AGENT

Name of Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## OTHER ASSETS

TYPE: Any property that you have that does not fit into any listed category.

| Description | Owner | Value                 |
|-------------|-------|-----------------------|
| _____       | _____ | _____                 |
| _____       | _____ | _____                 |
| _____       | _____ | _____                 |
| _____       | _____ | _____                 |
|             |       | <b>Total \$ _____</b> |

| <b>ASSETS</b>                                 | <b>HUSBAND</b> | <b>WIFE</b> |
|---|----------------|-------------|
|   | <b>AMOUNT</b>  |             |
| Cash Accounts                                 | _____          | _____       |
| Investment Accounts                           | _____          | _____       |
| Stocks  | _____          | _____       |
| Bonds   | _____          | _____       |
| Personal Effects                              | _____          | _____       |
| Retirements Plans                             | _____          | _____       |
| Life Insurance Policies and Annuities         | _____          | _____       |
| Money owed to us (me)                         | _____          | _____       |
| Partnership Interests                         | _____          | _____       |
| Corporate Business and Professional Interests | _____          | _____       |
| Sole Proprietorship Bus. and Prof. Interests  | _____          | _____       |
| Farm and Ranch Interests                      | _____          | _____       |
| Oil, Gas and Mineral Interests                | _____          | _____       |
| Real Property                                 | _____          | _____       |
| Anticipated Inheritance, Gift, or Judgment    | _____          | _____       |
| <u>Other Assets:</u>                          | _____          | _____       |
| <b>Total Assets</b>                           | _____          | _____       |

| <b>LIABILITIES</b>            | <b>HUSBAND</b>           | <b>WIFE</b> |
|-------------------------------|--------------------------|-------------|
|                               | <b>AMOUNT WE (I) OWE</b> |             |
| Loans payable                 | _____                    | _____       |
| Accounts payable              | _____                    | _____       |
| Real Estate mortgages payable | _____                    | _____       |
| Contingent liabilities        | _____                    | _____       |
| Loans against life insurance  | _____                    | _____       |
| Unpaid taxes                  | _____                    | _____       |
| Other obligations:            | _____                    | _____       |
| _____                         | _____                    | _____       |
| <b>Total Liabilities</b>      | _____                    | _____       |

---

|                   |           |       |
|-------------------|-----------|-------|
| <b>NET ESTATE</b> | <b>\$</b> | _____ |
|-------------------|-----------|-------|

*\*Joint tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go 1/2 in Husband's column, 1/2 in Wife's column.*

## INCOME INFORMATION

### FOR HUSBAND

| <u>CURRENT INCOME AND SOURCES</u>           | <u>DOLLAR AMOUNTS (PER YEAR)</u> |
|---|----------------------------------|
| Salary and Wages                            | \$ _____                         |
| Investment Income and Dividends (estimated) | \$ _____                         |
| Social Security Income                      | \$ _____                         |
| Pension or Retirement Plan Income           | \$ _____                         |
| <br>Other Income                            |                                  |

### FOR WIFE

| <u>CURRENT INCOME AND SOURCES</u>           | <u>DOLLAR AMOUNTS (PER YEAR)</u> |
|---|----------------------------------|
| Salary and Wages                            | \$ _____                         |
| Investment Income and Dividends (estimated) | \$ _____                         |
| Social Security Income                      | \$ _____                         |
| Pension or Retirement Plan Income           | \$ _____                         |
| <br>Other Income                            |                                  |

**HEALTH / HEALTH INSURANCE**

**FOR HUSBAND**

Primary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Tertiary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Prescription Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

**FOR WIFE**

Primary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Tertiary Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

Prescription Insurance Carrier \_\_\_\_\_

Policy/Plan Number \_\_\_\_\_

(FOR HUSBAND)

**RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_ County, Pennsylvania, hereby authorize \_\_\_\_\_, with a mailing address of \_\_\_\_\_, to release any past or present records or knowledge, either verbally or in writing, of any and all known accounts, policies, plans or other information regarding me or my records which my attorney Melanie Walz Scaringi, or anyone acting on her behalf as her agent from the law firm of Scaringi & Scaringi, P.C. may request.

A photographic reproduction of this authorization shall be as valid as the original. This authorization shall be valid for a period of six (6) months from the date hereof.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

(FOR WIFE)

**RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_ County, Pennsylvania, hereby authorize \_\_\_\_\_, with a mailing address of \_\_\_\_\_, to release any past or present records or knowledge, either verbally or in writing, of any and all known accounts, policies, plans or other information regarding me or my records which my attorney Melanie Walz Scaringi, or anyone acting on her behalf as her agent from the law firm of Scaringi & Scaringi, P.C. may request.

A photographic reproduction of this authorization shall be as valid as the original. This authorization shall be valid for a period of six (6) months from the date hereof.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_