

IMPORTANT PERSONAL INFORMATION

METTE, EVANS & WOODSIDE

ATTORNEYS AT LAW

PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(Full Legal Name on Birth Certificate)

Spouse's Name: \_\_\_\_\_  
(Full Legal Name on Birth Certificate)

Other Versions of My Name I Have Used:  
(How else have you signed your name)

Other Versions of My Spouse's Name Used:  
(How else have you signed your name)

\_\_\_\_\_

\_\_\_\_\_

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

Spouse's Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Spouse's Date of Death: \_\_\_\_\_

Municipality: \_\_\_\_\_

I was married prior to this marriage. That marriage ended in \_\_\_\_\_ on \_\_\_\_\_.

School District: \_\_\_\_\_

My former spouse's death certificate can be found in my \_\_\_\_\_. My divorce papers can be found in my \_\_\_\_\_.

Social Security Number: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_

I was a veteran in the \_\_\_\_\_ branch of the armed forces. I was \_\_\_\_\_ discharged on \_\_\_\_\_. My discharge papers are located \_\_\_\_\_.

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

OTHER INFORMATION MY FAMILY SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_

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**INFORMATION ABOUT MY CHILDREN:**

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**OTHER PERSONS NAMED IN MY WILL:**

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**ATTORNEY AND WILL INFORMATION:**

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

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

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

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

**Location of Original Will:**

\_\_\_\_\_

**Safe Deposit Box Location:**

\_\_\_\_\_

**Location of Power of Attorney:**

\_\_\_\_\_

**Key/Combination is Located At:**

\_\_\_\_\_

**Location of Living Will:** \_\_\_\_\_

**FUNERAL INFORMATION:**

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Funeral Home I Prefer:

\_\_\_\_\_

Cemetery: \_\_\_\_\_

Plot Number: \_\_\_\_\_

Special Directions for My Funeral:

\_\_\_\_\_

Tombstone Preferences:

\_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL PLANNER:**

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

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

**TAX PREPARER:**

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

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

**CHARITIES I SUPPORT:**

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

Website: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

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

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**MEDICAL INFORMATION:**

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**DOCTOR:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**DENTIST:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**OTHER PHYSICIANS/SPECIALISTS:**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Speciality: \_\_\_\_\_

**ORGAN DONOR:** I am / am not an organ donor.

**LIFE INSURANCE:**

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Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Insured Life: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Insured Life: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Insured Life: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Insured Life: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

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ADDITIONAL INSURANCE INFORMATION:

HEALTH CARE:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

LONG TERM CARE:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

DISEASE SPECIFIC:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

HOMEOWNERS:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

AUTOMOBILE:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

OTHER:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

CASH AND LIQUID ASSETS: (i.e., checking and savings accounts, money market accounts and certificates of deposit)

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_  
Account Number: \_\_\_\_\_  
Title: \_\_\_\_\_

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**MARKET SECURITIES AND INVESTMENTS:** *(i.e., stocks, bonds, mutual funds and similar investments)*

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Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:

\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

**ANNUITIES:**

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Insurer: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_

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

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

Beneficiary: \_\_\_\_\_

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**PENSIONS, IRA'S AND PROFIT SHARING PLANS:**

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Type of Plan: \_\_\_\_\_

Maintained By: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Which Spouse's Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Maintained By: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Which Spouse's Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Maintained By: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Which Spouse's Plan: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Maintained By: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Which Spouse's Plan: \_\_\_\_\_

**EMPLOYERS:**

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

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

Benefits I Receive: \_\_\_\_\_

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

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

Benefits I Receive: \_\_\_\_\_

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

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

Benefits I Receive: \_\_\_\_\_

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

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

Benefits I Receive: \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** *(i.e., stock, partnership interests and sole proprietorship interests)*

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\_\_\_\_\_  
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**REAL ESTATE:**

---

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

Deed Location: \_\_\_\_\_

Title: \_\_\_\_\_

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

Deed Location: \_\_\_\_\_

Title: \_\_\_\_\_

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

Deed Location: \_\_\_\_\_

Title: \_\_\_\_\_

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

Deed Location: \_\_\_\_\_

Title: \_\_\_\_\_

**MORTGAGE/DEBT:**

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Institution Where Account is Held:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Where Account is Held:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Title: \_\_\_\_\_



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**VEHICLES:**

---

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Title: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Title: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Title: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Title: \_\_\_\_\_

**HOUSEHOLD FURNITURE, COLLECTIONS, ETC.:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER ASSETS:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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**UTILITY INFORMATION:**

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**OIL/GAS COMPANY:**

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

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

**CABLE/SATELLITE TV PROVIDER:**

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

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

**ELECTRIC PROVIDERS:**

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

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

**TELEPHONE/CELLULAR PROVIDERS:**

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

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

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

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

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

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

**AC/HEATING SYSTEM PROVIDERS:**

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

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

**WATER/SEWER PROVIDERS:**

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

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

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

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

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

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