



THE LAW OFFICE OF JAMES PORTMAN WEBSTER

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PERSONAL INFORMATION ORGANIZER

(Please Print and Complete Each Section)

CLIENT 1 FULL NAME: _____ Birth Date: _____

I Have a Will. I Have a Trust Dated: _____

U.S. Citizen? Yes No Marriage Date: _____ Any Prior Marriages? Yes No

PRINT In The Following Space How You Sign Your Name On Legal Documents:

Address: _____

City: _____ State: __ Zip: _____ County: _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Employer: _____ Business Phone: () _____

I Have Lived in the Following States (Please Circle State/s): CA, WA, NV, AZ, NM, TX, ID, LA or WI

CLIENT 2 FULL NAME: _____ Birth Date: _____

U.S. Citizen? Y N I have a Will I have a Trust Dated: _____

PRINT In The Following Space How You Sign Your Name On Legal Documents:

Any Prior Marriages? Y N Cell Phone: () _____ Email: _____

Employer: _____ Business Phone: () _____

I Have Lived in the Following States (Please Circle State/s): CA, WA, NV, AZ, NM, TX, ID, LA or WI

Other Professional Advisors

Name of CPA: _____ Phone: () _____

Address: _____ City: _____ State: __ Zip: _____

Name of Financial Advisor: _____ Phone: () _____

Address: _____ City: _____ State: __ Zip: _____

POA

Spouse Client 1 First: _____ Second: _____

Spouse Client 2 First: _____ Second: _____

HCPOA

Spouse Client 1 First: _____ Second: _____

Spouse Client 2 First: _____ Second: _____

WILL

Settlor Client 1 PR: _____ Second PR: _____

Settlor Client 2 PR: _____ Second PR: _____

TRUST

Settlor Client 1 Trustee: _____ Successor Trustee: _____

Settlor Client 2 Trustee: _____ Successor Trustee: _____

Guardianship?

Distributions:

Child # 1

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone #: () _____ Work Telephone #: () _____

Marital Status? Widowed Divorced Single Married Spouse's Name: _____

Check the Box of the Biological Parent/s of This Child? Husband Wife Husband and Wife

Names of children of Child #1

Child # 2

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone #: () _____ Work Telephone #: () _____

Marital Status? Widowed Divorced Single Married Spouse's Name: _____

Check the Box of the Biological Parent/s of This Child? Husband Wife Husband and Wife

Names of children of Child #2:

Child # 3

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone #: () _____ Work Telephone #: () _____

Marital Status? Widowed Divorced Single Married Spouse's Name: _____

Check the Box of the Biological Parent/s of This Child? Husband Wife Husband and Wife

Names of children of Child #3:

Child # 4

Full Legal Name: _____ Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone #: () _____ Work Telephone #: () _____

Marital Status? Widowed Divorced Single Married Spouse's Name: _____

Check the Box of the Biological Parent/s of This Child? Husband Wife Husband and Wife

Names of children of Child #4:

CHECK BOX IF THERE ARE ADDITIONAL CHILDREN (PLEASE COPY AND ATTACH PAGE)

Important Family Questions

Please check "Yes" or "No" for your answer	Yes	No
Do any of your children receive governmental support or benefits?		
Do you have any adopted 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?		
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- and/or post- marriage contract? (Please furnish a copy.)		
Have you or your spouse been widowed? (If a Federal or State tax or State death tax return was filed, please furnish a copy.)		
Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.)		

CLIENT 1: If you have a Primary Care Physician, please provide the following:

Name: _____ Phone #: () _____

Address _____ City: _____ State: _____ Zip: _____

CLIENT 2: If you have a Primary Care Physician, please provide the following:

CHECK BOX IF SAME AS CLIENT 1

Name: _____ Phone #: () _____

Address _____ City: _____ State: _____ Zip: _____

CASH ACCOUNTS

TYPE: Check Acct "CA" • Savings Acct "SA" • Certificate of Deposits "CD" • Safety Deposit Box "SD"

If you are listed as a Co-Owner on any accounts owned by someone else (ie: parents, children) please indicate Co-Owner.

Name of Institution:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		

Name of Institution:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		

Name of Institution:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		

Name of Institution:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		

CHECK BOX IF THERE ARE ADDITIONAL CASH ACCOUNTS (PLEASE COPY AND ATTACH)

INVESTMENT ACCOUNTS

TYPE: Money Market "MM" • Investment Acct "IA" • Cash Management "CM" • Other Acct "OA"

Name of Brokerage:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		
Pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		
Pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Name of Brokerage:	Type:	Account #:	Owner:	Amount:
_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		
Pledged as collateral on any loan? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CHECK BOX IF THERE ARE ADDITIONAL INVESTMENT ACCOUNTS (PLEASE COPY AND ATTACH)
RETIREMENT PLANS

TYPE: Profit Sharing "PS" • H.R. 10 • IRA (Roth or Traditional) • SEP • 401(k) • 401(k) Roth

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

CHECK BOX IF THERE ARE ADDITIONAL RETIREMENT ACCOUNTS (PLEASE COPY AND ATTACH)

PENSION PLANS

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

Company Name:	Type of Plan:	Owner:	Beneficiary Upon Your Death:	Value:
_____	_____	_____	_____	_____
Account #:	Are You Receiving Benefits From This Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Phone #: ()			

CHECK BOX IF THERE ARE ADDITIONAL PENSION ACCOUNTS (PLEASE COPY AND ATTACH)

OTHER ASSETS

Do you own any corporate, municipal, or treasury bonds? Yes No
 IF YES, please indicate type of bond, owner:, and face value:

Are there any monies owed to you? Yes No
 IF YES, please indicate the name of debtor, date due, current balance and whether a promissory note was signed:

Do you own any annuities: Yes No
 IF YES, please indicate the name of annuity company, account #, owner, face amount, cash value and beneficiary information:

Do you own any stocks in publicly traded companies that are not already included in your investment accounts?
 Yes No
 IF YES, please indicate the name of the stock, number of shares, fair market value, and if you possess the certificates:

Do you anticipate receiving any monies through inheritance, gifts, or judgments in a lawsuit? Yes No
 IF YES, please describe and provide a value:

Do you own any oil, gas, or mineral interests? Yes No
 IF YES, please indicate the company, type, and name of these interests:

PERSONAL EFFECTS

Please indicate major personal effects such as motor vehicles, airplanes, boats, trailers, ATV's and all other non-business personal property:

TYPE:	OWNER:	VALUE	IS THERE A LIEN?

INSURANCE POLICIES

TYPE: Term • Whole • Variable or Universal • Split Dollar • Group • Second-to-Die • Disability • Long Term Care

If a Corp. or Company Owns the Policy or Pays the Premium on the Policy, Write "Corporation."

Company Name:	Insured:	Policy #:	Owner:	Type of Policy:	Face Amount:	Cash Value:
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		Agent: _____		
Primary Beneficiary: _____			Secondary Beneficiary: _____			
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name:	Insured:	Policy #:	Owner:	Type of Policy:	Face Amount:	Cash Value:
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		Agent: _____		
Primary Beneficiary: _____			Secondary Beneficiary: _____			
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name:	Insured:	Policy #:	Owner:	Type of Policy:	Face Amount:	Cash Value:
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		Agent: _____		
Primary Beneficiary: _____			Secondary Beneficiary: _____			
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name:	Insured:	Policy #:	Owner:	Type of Policy:	Face Amount:	Cash Value:
_____	_____	_____	_____	_____	_____	_____
Address: _____		Phone #: () _____		Agent: _____		
Primary Beneficiary: _____			Secondary Beneficiary: _____			
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No						

CHECK BOX IF THERE ARE ADDITIONAL INSURANCE POLICIES (PLEASE COPY AND ATTACH)

Face Amount Total \$: _____

REAL PROPERTY

TYPE: Land • Buildings • Homes • Time Shares • TYPE OF OWNERSHIP: Community Property • Joint Tenants with Right of Survivorship Rights (JRWROS) • Joint Tenants • Tenants in Common (TC) • Tenancy by the Entireties (TBE)

Please Provide a Copy of the Deed or Agreement Relating to Each Property.

Address: _____	Owner: _____
City: _____ State: ____ Zip: _____	Fair Market Value: _____
County: _____	
Do You Have a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amount: _____
Mortgage Lender: _____	Loan #: _____
Address: _____	
City: _____ State: ____ Zip: _____	
Home Insurance Agent: _____	Phone #: () _____
Company: _____	Policy #: _____
Address: _____	What Year Did You Buy This Property? _____
City: _____ State: ____ Zip _____	How Much Did You Pay? _____

Address: _____	Owner: _____
City: _____ State: ____ Zip: _____	Fair Market Value: _____
County: _____	
Do You Have a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Amount: _____
Mortgage Lender: _____	Loan #: _____
Address: _____	
City: _____ State: ____ Zip: _____	
Home Insurance Agent: _____	Phone #: () _____
Company: _____	Policy #: _____
Address: _____	What Year Did You Buy This Property? _____
City: _____ State: ____ Zip _____	How Much Did You Pay? _____

CHECK BOX IF YOU OWN ADDITIONAL REAL PROPERTY (PLEASE COPY AND ATTACH PAGE)

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.

Please provide a copy of the Partnership Agreement.

Name: of Partnership or LLC: _____	
Owners: _____	Value: _____
Who Holds Partnership or LLC Papers?: _____	Phone #: () _____
Is This A "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of General Partner or Managing Member: _____	
Is There an Operating Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Provide a Copy	
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	

Total \$ _____

CHECK BOX IF ADD'L PARTNERSHIP & LLC INTERESTS EXIST (PLEASE COPY AND ATTACH PAGE)

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

If Applicable, Please Provide a Copy of Your Corporation Book and Any Buy/Sell Agreements.

Company: _____	Phone #: () _____
Address: _____	Number of Shares: _____
City: _____ State: ___ Zip: _____	% of Ownership: _____
Is This a Professional Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is This a S-Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Buy/Sell Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Provide a Copy

Total \$ _____

CHECK BOX IF ADD'L CORP. BUSINESS INTERESTS EXIST (PLEASE COPY AND ATTACH PAGE)

SOLE PROPRIETORSHIP INTERESTS

TYPE: All Assets Owned By You In a Sole Proprietorship Type of Business.

Name of Business: _____	Description of Business: _____
Owner: _____	Value: _____
Business Insurance Agent: _____	Phone #: () _____
Address: _____	Is This a Professional Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
City: _____ State: ___ Zip: _____	Policy #: _____

Total \$ _____

CHECK BOX IF ADD'L SOLE PROPRIETOR INTERESTS EXIST (PLEASE COPY AND ATTACH PAGE)

Estate Asset & Liability Summary

ASSETS*	CLIENT #1	CLIENT #2
	AMOUNT	
Cash Accounts	_____	_____
Investment Accounts	_____	_____
Retirement Plans	_____	_____
Pension Plans	_____	_____
Bonds	_____	_____
Monies Owed To You	_____	_____
Annuities	_____	_____
Stocks	_____	_____
Anticipated Inheritance, Gift, or Judgment	_____	_____
Oil, Gas, Mineral Interests	_____	_____
Personal Effects	_____	_____
Life Insurance Policies	_____	_____
Real Property	_____	_____
Partnership & LLC Interests	_____	_____
Corporate Business Interests	_____	_____
Sole Proprietorship Interests	_____	_____
Total Assets	_____	_____

LIABILITIES	CLIENT #1	CLIENT #2
	AMOUNT	
Personal Loans	_____	_____
Real Estate Mortgages Payable	_____	_____
Loans Against Life Insurance	_____	_____
Unpaid Taxes	_____	_____
Other Obligations	_____	_____

Total Liabilities _____

NET ESTATE

Annual Income _____

* The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co-ownership with someone other than a spouse, the full value of that asset should be reported under that client's column.