

BEAUCHAMP, KELLY, WHIPPLE,
ZICK, KEYES & HULEWICZ, P.L.L.C.
627 Fort Street
Port Huron, Michigan 48060
(810) 987-4111

PERSONAL INFORMATION LIST
(Confidential)

Name (as you wish it to appear on documents): _____

Address: _____

Telephone: Home _____ Work: _____

Social Security Number: _____

Date and Place Of Birth: _____

Date and Place Of Naturalization: _____

Marital Status: _____

(Single, Married, Divorced, Separated, Widow, or Widower)

Spouse's Name (as you wish it to appear) : _____

Spouse's Social Security Number: _____

Spouse's Date and Place Of Birth: _____

Spouse's Date and Place Of Naturalization: _____

Date and Place Of Marriage: _____

Spouse's Date and Place Of Death: _____

Other Information: _____

NEXT OF KIN

Children (Natural or Adopted):

Name	Date of Birth	Address	Marital Status

Grandchildren, Great Grandchildren, etcetera. (Natural or Adopted):

Name	Date of Birth	Address	Marital Status

If no children, grandchildren, or other descendants (Natural or Adopted), please provide the following names:

LIVING PARENTS:

LIVING BROTHERS AND SISTERS:

DECEASED BROTHERS AND SISTERS WHOSE DESCENDANTS ARE LIVING:

PERSONAL REPRESENTATIVE

Individual(s) to be appointed as your Personal Representative(s):

Name	Address	Soc. Sec. No.

Individual(s) to be appointed as your Alternate Personal Representative:

Name	Address	Soc. Sec. No.

POWERS OF ATTORNEY

Individual to be appointed as your Durable Power of Attorney:

Name	Address	Soc. Sec. No.

Individual to be appointed as your Alternate Durable Power of Attorney:

Name	Address	Soc. Sec. No.

Individual to be appointed as your Health Care Power of Attorney:

Name	Address	Soc. Sec. No.

Individual to be appointed as your Alternate Health Care Power of Attorney:

Name	Address	Soc. Sec. No.

Do you Have an Estate Plan? _____

If yes, please furnish us with a copy of all documents or permit us to make copies.

Do you have a Safety Deposit Box? _____

Name of Bank: _____ Box Number: _____

Names on box: _____

Person(s) with key(s): _____

Do you have an accountant? _____

If yes, please give us his/her name and address: _____

Signature

Date