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PERSONAL PROFILE

I. PERSONAL INFORMATION

1. Client name: (Last) _____ (First) _____ (M.I.) _____
2. Other names used/aliases: _____
3. Home Address: _____ Zip Code: _____
City: _____ County: _____ State: _____
4. Telephone: (Home): _____ (Work): _____ (Cell): _____
5. Date of birth: _____
6. Social Security #: _____
7. Occupation (if retired, date of retirement): _____
8. U.S. citizenship? [] Yes [] No
9. List any diagnosed health issues: _____

10. Current marital status: _____. If widowed, date spouse passed away: _____
Any previous marriages? [] Yes [] No If yes, how did they end (death, divorce etc.): _____

[Numbers 11 – 22 only apply if Client is presently married]

11. Name of spouse: (Last) _____ (First) _____ (M.I.) _____
12. Other names used/aliases: _____

13. Address (if different): _____ Zip Code: _____
City: _____ County: _____ State: _____
14. Telephone #: (Home): _____ (Work): _____ (Cell): _____
15. Date of birth: _____
16. Social Security #: _____
17. Occupation (if retired, date of retirement): _____
19. U.S. citizenship? [] Yes [] No
20. List any diagnosed health issues: _____

21. Date of marriage: _____ Place of marriage: _____
22. Has spouse been previously married? _____
23. Total # of children: _____ Total # of grandchildren: _____
24. Are any children anticipated? _____
25. Are any children adopted? _____
26. Are any children or grandchildren incapacitated, require special care, or receive public benefits such as SSI or SSDI? _____
27. The following information should be listed in the space provided below (please use the back of this page if additionally space required) for each child or grandchild. Deceased children or grandchildren should be included with a notation that they are deceased.
- a. For children include: name, address, telephone, date of birth, spouse's name.
- b. For grandchildren include: name, address, telephone, parents' names, date of birth.

28. Names and addresses of you and your spouse's mother and father [Include deceased parents with a notation that they are deceased]: _____

29. Names and addresses of you and your spouse's brothers and sisters [Include deceased siblings with a notation that they are deceased]: _____

30. Do you (or spouse) have any dependents in addition to those listed above? [] Yes [] No
[If yes, the following information should be included for each]

Name and address: _____

Date of birth: _____ Relationship: _____

31. Are you or any member of your family a beneficiary of any trust established by others? If yes, give beneficiary's name and nature of their interest. _____

32. Have you (or spouse) served in the Armed Forces: [] Yes [] No. If yes:

Branch _____ Service No. _____

Period(s) of Service: _____

Type of Discharge: _____

Service Connected Disability: [] Yes [] No

Do you receive Veterans Benefits? [] Yes [] No. If yes, what type(s):

II. ASSET & INCOME INFORMATION

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Cash, Bank Accounts, CD's			
2. Stock, Bonds, Investments			
3. Real Estate			
4. Personal Property			
5. IRA's, 401(k), Qualified Retirement, Plans			
6. Other [describe]:			
7. Life Insurance			
TOTAL ASSETS	(C) \$ _____	(S) \$ _____	(J) \$ _____
8. Liabilities/Debt			
9. Mortgages			
10. Notes & Loans			
TOTAL NET WORTH	(C) \$ _____	(S) \$ _____	(J) \$ _____
11. Social Security			
12. Pension			
13. Other			
TOTAL MONTHLY INCOME	(C) \$ _____	(S) \$ _____	(J) \$ _____

III. LEGAL DOCUMENTS

1. Do you have a Will? [] Yes [] No
Date Executed: _____
2. Does your spouse have a Will? [] Yes [] No
Date Executed: _____
3. Do you have a Power of Attorney? [] Yes [] No
Date Executed: _____
Who is your appointed Agent? _____
What is Agent's relationship to you? _____
4. Does your spouse have a Power of Attorney? [] Yes [] No
Date Executed: _____
Who is the appointed Agent? _____
What is Agent's relationship to spouse? _____
5. Do you have a Health Care Power of Attorney? [] Yes [] No
Date Executed: _____
Who is your appointed Agent? _____
What is Agent's relationship to you? _____
6. Does your spouse have a Health Care Power of Attorney? [] Yes [] No
Date Executed: _____
Who is the appointed Agent? _____
What is Agent's relationship to spouse? _____
7. Do you have a Health Care Declaration/Living Will? [] Yes [] No
Date Executed: _____
8. Does your spouse have a Health Care Declaration/Living Will? [] Yes [] No
Date Executed: _____
9. Do you have a Revocable Living Trust or other type of Trust? [] Yes [] No
Date Executed: _____
Type of Trust: _____
10. Does your spouse have a Revocable Living Trust or other type of Trust? [] Yes [] No
Date Executed: _____
Type of Trust: _____
11. Do you have a Pre or Post Nuptial Agreement? [] Yes [] No
Date executed? _____
12. Does you spouse have a Pre or Post Nuptial Agreement? [] Yes [] No
Date executed? _____

IV. ADDITIONAL INFORMATION

Please provide any other relevant information that has not been previously noted and that you feel may be important.

I HEREBY VERIFY THAT THE INFORMATION FURNISHED HEREIN IS ACCURATE AND UNDERSTAND THAT VASILIAKIS & ASSOCIATES WILL RELY UPON THIS INFORMATION. IF THE ABOVE REPRESENTATIONS ARE NOT ACCURATE, I ACKNOWLEDGE THAT THE LEGAL COUNSEL PROVIDED TO ME MAY NOT BE APPROPRIATE.

Sign Name

Print Name

Date