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CLIENT QUESTIONNAIRE

Date: _____

CONFIDENTIAL PERSONAL INFORMATION

PERSONAL DATA

Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ Business Address: _____

Residence Phone Number: _____ Business Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

County of Residence: _____ Citizenship: _____

Veteran: _____ Dates of Service: _____

Current Business Status (Working/Semi-Retired/Retired): _____

Please provide the following information regarding your current or last employer:

Name of Employer: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

Spouse Name (in full): _____

Name used when signing a legal document: _____

Date of Birth: _____ Cell Phone Number: _____

Social Security Number: _____ Business Address: _____

E-mail Address: _____

Citizenship: _____ Business Phone Number: _____

Veteran: _____ Dates of Service: _____

Current Business Status (Working/Semi-Retired/Retired): _____

Please provide the following information regarding your current or last employer:

Name of Employer: _____

Employer's Street Address: _____

City: _____ State: _____ Zip Code: _____

CURRENT MARRIAGE:

Date of Marriage: _____ Place of Marriage _____

Number of children from current marriage: _____

PRIOR MARRIAGES :

Have you or your current spouse ever been previously married (yes/no)? _____

If yes, please explain: _____

When did the prior marriage end? _____

How did the prior marriage end (death/divorce)? _____

Number of children from prior marriage: _____

CHILDREN

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Married? Yes _____ No _____

Parent: _____

Phone Number: _____

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Married? Yes _____ No _____

Parent: _____

Phone Number: _____

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Married? Yes _____ No _____

Parent: _____

Phone Number: _____

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Married? Yes _____ No _____

Parent: _____

Phone Number: _____

Is any child adopted? Yes _____ No _____

Is any child a stepchild? Yes _____ No _____

Is any child deceased? Yes _____ No _____

Is any child disabled? Yes _____ No _____

continued

GRANDCHILDREN (Please attach additional page if necessary)

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Married? Yes _____ No _____

Parent: _____ Phone Number: _____

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Married? Yes _____ No _____

Parent: _____ Phone Number: _____

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Married? Yes _____ No _____

Parent: _____ Phone Number: _____

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Married? Yes _____ No _____

Parent: _____ Phone Number: _____

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

Married? Yes _____ No _____

Parent: _____ Phone Number: _____

Is any grandchild adopted? Yes _____ No _____

Is any grandchild a stepchild? Yes _____ No _____

Is any grandchild deceased? Yes _____ No _____

Is any grandchild disabled? Yes _____ No _____

continued

LOCATION OF

Safety Deposit Box: _____

Valuable Papers: _____

PROFESSIONAL ADVISORS

Attorney: _____ Address: _____

Telephone Number: _____

Accountant: _____ Address: _____

Telephone Number: _____

Investment Advisor: _____ Address: _____

Telephone Number: _____

Insurance Agent: _____ Address: _____

Telephone Number: _____

ASSET SCHEDULE

Real Estate:

Location/Description	Title Held in Name of:	Mortgage Amount	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET SCHEDULE (continued from page 5)

Life Insurance:

Company	Insured	Primary Beneficiary	Owner	Value
_____	_____	_____	_____	_____
	Contingent Beneficiary:	_____		
_____	_____	_____	_____	_____
	Contingent Beneficiary:	_____		
_____	_____	_____	_____	_____
	Contingent Beneficiary:	_____		

Does anyone, other than you, own life insurance on your life? Yes _____ No _____

Retirement Plans:

Plan Type	Owner	Primary Beneficiary	Market Value
_____	_____	_____	_____
	Contingent Beneficiary:	_____	
_____	_____	_____	_____
	Contingent Beneficiary:	_____	
_____	_____	_____	_____
	Contingent Beneficiary:	_____	

Investments:

Company	Description	Owner	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any investments payable on death to a designated beneficiary? Yes _____ No _____

ASSET SCHEDULE (continued from page 6)

Cash, Certificates, Money Market Accounts, etc:

Institution	Description	Owner	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these accounts payable on death to a designated beneficiary? Yes _____ No _____

Notes, Mortgages, etc. Receivable:

Description	Debtor	Owner	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Automobiles, Household Furnishings, Jewelry and other Miscellaneous Personal Property:

Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITY SCHEDULE

Notes Payable to Institutions:

Description	Creditor	Maker	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes and Accounts Due Others:

Description	Creditor	Maker	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditional Guarantees:

Description	Creditor	Maker	Balance
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL DEBTS: _____

Please provide the following information regarding the monthly income of you and your spouse.

SOURCE	YOU	SPOUSE
Work Earnings		
Social Sec. Retirement		
Social Sec. Disability		
Supplemental Soc. Sec.		
Veterans' Benefits		
Private Pension		
Annuity		
Public Employment Pension		
Railroad Retirement		

SOURCE	YOU	SPOUSE
Support From Spouse		
Regular Support Others		
Unemployment Compensation		
Worker's Compensation		
Regular Income Trust		
Rental Income		
Interest and Dividend		
Other		

TOTAL ESTATE (assets less debts): _____

How did you come to choose this firm/attorney for your estate-planning needs?

CONSIDERATION SHOULD BE GIVEN TO THE FOLLOWING:

Note: If you do not understand all of the questions on the following pages, your attorney will be happy to review them with you.

1. a. Who is to be your Executor/Personal Representative (spouse, bank, etc.)?

b. Who should be contingent Executor?

c. Who would you desire to be Trustee and Successor Trustee of any trusts for children?

2. Describe the way each of you desires your property to be distributed:

a. At your death, assuming your spouse survives;

b. At your death subsequent to the death of your spouse; and

c. In the event of your simultaneous deaths.

d. Is any beneficiary or recipient of the property receiving or may be entitled to receive Federal or state benefits due to a disability? Yes _____ No _____

3. In the event of the death of both of you, whom would you wish designated as guardian of any minor children?

a. Primary: _____

b. Secondary: _____

4. At what age or ages do you wish your children to receive the principal of any trust for their benefit?

5. In the event neither of you nor any children survive, what would you wish to be the ultimate distribution of your estates?

6. Have you signed an agreement governing your rights and responsibilities toward your spouse?

Yes _____ No _____

7. Is any spouse, child, grandchild or any other individual who may be a beneficiary of your estate receiving public benefits or veteran's benefits?

Yes _____ No _____

If YES, please indicate the type of benefit currently received.

8. List any inheritance expected to be received in the near future:

9. Have you ever lived in a community property state? Yes _____ No _____

10. Are you the beneficiary or trustee of a trust? If so, please provide a copy.

11. Are you a member of a limited liability company or partner in partnership? If so, what is the business of the entity, estimated value of the business and please provide a copy of the operating or partnership agreement.

12. Are you a shareholder in a "closely-held" corporation? If so, are you a party to shareholder's agreement, a non-qualified deferred compensation or split-dollar agreement?

13. GIFT HISTORY Please indicate any gifts made during the previous five (5) years.

	Gift #1	Gift #2
By Whom		
To Whom		
Amount		
Date		
Return Filed? (Y/N)		
	Gift #3	Gift #4
By Whom		
To Whom		
Amount		
Date		
Return Filed? (Y/N)		

14. ESTATE PLANNING DOCUMENTS Insert Yes or No

	YOU	SPOUSE
Will		
Living Will		
Trust		
Healthcare Surrogate		
Power of Attorney		
Do Not Resuscitate Order		
Pre-Nuptial Agreement		

I/We are the legally appointed guardian of _____

I/We are serving as a power of attorney for _____

I/We are serving as executor or administrator of an estate. Yes _____ No _____

I/We are involved in a lawsuit or have reason to believe I will be involved in a lawsuit. Yes _____ No _____

15. Any other specific instructions you may desire.
