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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?

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**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.)?

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b. Who should be contingent Executor?

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

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

a. At your death, assuming your spouse survives;

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

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c. In the event of your simultaneous deaths.

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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?

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

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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.

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

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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.

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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.

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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?

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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.

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