



**CONFIDENTIAL**

This questionnaire is designed to help us gather the information necessary to properly formulate an estate plan. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Person Completing Form: \_\_\_\_\_  
 (first) (middle) (last)

Relationship To Client: \_\_\_\_\_

**SECTION 1. NAME AND CONTACT INFORMATION**

**CLIENT #1:**

Name: \_\_\_\_\_  
 (first) (middle) (last)

Also known as \_\_\_\_\_  
 (Other names used to title property and accounts)

Male  Female

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 (home)

\_\_\_\_\_ (cell)

Married: Date of Marriage \_\_\_\_\_  
 Divorced  Widowed  Single  Domestic Partnership

Date of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No

Social Security Number: \_\_\_\_\_

Veteran?  Yes  No

E-mail Address: \_\_\_\_\_

It is OK to communicate with me via my E-mail address.

**CLIENT #2:**

Name: \_\_\_\_\_  
 (first) (middle) (last)

Also known as \_\_\_\_\_  
 (Other names used to title property and accounts)

Male  Female

Home Address: \_\_\_\_\_

If the same, check here

Telephone: \_\_\_\_\_  
 (home)

\_\_\_\_\_ (cell)

Married: Date of Marriage \_\_\_\_\_  
 Divorced  Widowed  Single  Domestic Partnership

Date of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No

Social Security Number: \_\_\_\_\_

Veteran?  Yes  No

E-mail Address: \_\_\_\_\_

It is OK to communicate with me via my E-mail address.

**(IMPORTANT NOTICE: When filling out client information sheet(s), please use a personal email address rather than a work e-mail address. There is no attorney-client privilege extended to communications transmitted through your employer email address.)**

## SECTION 2. CHILDREN

List all children. Copy and attach additional pages if needed. Please confirm how your child's name appears on a valid ID.

**Total number of children:** \_\_\_\_\_

1. \_\_\_\_\_ (name of child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ (social security number)  
PARENT:  Client #1  Client #2  Both  Male  Female  
\_\_\_\_\_  
(current address) \_\_\_\_\_ (phone number)  
 Deceased \_\_\_\_\_ (date of death)  Yes  No \_\_\_\_\_  
(child has surviving children?)  
\_\_\_\_\_  
 Adopted \_\_\_\_\_ (date of adoption) \_\_\_\_\_ (court granting adoption)  
(Describe this child—does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

2. \_\_\_\_\_ (name of child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ (social security number)  
PARENT:  Client #1  Client #2  Both  Male  Female  
\_\_\_\_\_  
(current address) \_\_\_\_\_ (phone number)  
 Deceased \_\_\_\_\_ (date of death)  Yes  No \_\_\_\_\_  
(child has surviving children?)  
\_\_\_\_\_  
 Adopted \_\_\_\_\_ (date of adoption) \_\_\_\_\_ (court granting adoption)  
(Describe this child—does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

3. \_\_\_\_\_ (name of child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ (social security number)  
PARENT:  Client #1  Client #2  Both  Male  Female  
\_\_\_\_\_  
(current address) \_\_\_\_\_ (phone number)  
 Deceased \_\_\_\_\_ (date of death)  Yes  No \_\_\_\_\_  
(child has surviving children?)  
\_\_\_\_\_  
 Adopted \_\_\_\_\_ (date of adoption) \_\_\_\_\_ (court granting adoption)  
(Describe this child—does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

**4.** \_\_\_\_\_ (name of child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ (social security number)

PARENT:  Client #1  Client #2  Both  Male  Female

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

Deceased \_\_\_\_\_ (date of death)  Yes  No \_\_\_\_\_ (child has surviving children?)

\_\_\_\_\_

Adopted \_\_\_\_\_ (date of adoption) \_\_\_\_\_ (court granting adoption)

(Describe this child—does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

**5.** \_\_\_\_\_ (name of child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ (social security number)

PARENT:  Client #1  Client #2  Both  Male  Female

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

Deceased \_\_\_\_\_ (date of death)  Yes  No \_\_\_\_\_ (child has surviving children?)

\_\_\_\_\_

Adopted \_\_\_\_\_ (date of adoption) \_\_\_\_\_ (court granting adoption)

(Describe this child—does he or she have "special needs"? Consider health and general financial status, including needs and abilities)

### SECTION 3. OTHER AGENTS/BENEFICIARIES

If you wish to designate other individuals, other than your children, on your estate planning documents, please provide their information below.

**1. FULL LEGAL NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_

First Middle Initial Last

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male  Female Relationship: \_\_\_\_\_

**2. FULL LEGAL NAME** \_\_\_\_\_ **DOB:** \_\_\_\_\_

First Middle Initial Last

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male  Female Relationship: \_\_\_\_\_

## SECTION 4. REAL ESTATE (INCLUDING TIMESHARES)

### PRIMARY RESIDENCE

A. Owners \_\_\_\_\_

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

B. Fair Market Value: \$ \_\_\_\_\_

C. Mortgage Balance: \$ \_\_\_\_\_

Is it a Reverse Mortgage?  Yes  No

D. If the property was PURCHASED, please provide the following:

1. Date of purchase: \_\_\_\_\_

2. Purchase Price: \$ \_\_\_\_\_

E. If the property was INHERITED, please provide the following:

1. Month/Year Inherited: \_\_\_\_\_

2. Value when Inherited: \$ \_\_\_\_\_

### F. REAL ESTATE (INCLUDING TIMESHARES)

Address	Cost (Basis)	How Title Held	Market Value	Mortgage Balance
123 Know Way <i>(sample)</i>	Joint tenant	\$xxx,xxx.xx	\$xxx,xxx.xx	\$xxx,xxx.xx
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SECTION 5. ASSETS AND INCOME

In completing the following section, use the "name on the check" rule; that is, the person whose name appears on the payment vehicle is the "owner" of the income.

### A. FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2	JOINT
1. Social Security:	\$ _____	\$ _____	<input type="checkbox"/>
2. Pension:	\$ _____	\$ _____	<input type="checkbox"/>
3. _____:	\$ _____	\$ _____	<input type="checkbox"/>
4. _____:	\$ _____	\$ _____	<input type="checkbox"/>
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<input type="checkbox"/>

### B. NON-FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2	JOINT
1. Interest:	\$ _____	\$ _____	<input type="checkbox"/>
2. Dividends:	\$ _____	\$ _____	<input type="checkbox"/>
3. Rent:	\$ _____	\$ _____	<input type="checkbox"/>
4. _____:	\$ _____	\$ _____	<input type="checkbox"/>
5. _____:	\$ _____	\$ _____	<input type="checkbox"/>
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<input type="checkbox"/>

### A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
<i>Big Bank/Main St.</i>	<i>xxx-xxxx</i>	<i>Savings</i>	<i>\$ xx,xxx.xx</i>	<i>Jointly w/son</i>
<i>(sample)</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**B. SECURITIES (Bonds, Marketable Securities, etc.)**

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
<i>Acme Corp.</i> <i>(sample)</i>	<i>Common</i> <i>(or Preferred)</i>	<i>xx Shares</i>	<i>\$ x,xxx.xx</i>	<i>\$ x,xxx.xx</i>	<i>Sole owner</i>

**C. RETIREMENT ACCOUNTS (IRAs, 401(k)s, 403b, Keoghs, etc.)**

Name of Institution	Account No.	Owner	Beneficiary	Contigent Bene.	Current Value
<i>Big Broker</i> <i>(sample)</i>	<i>xxx-xxxx</i>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

**D. NON-RETIREMENT ANNUITIES**

Name of Institution	Account No.	Owner	Beneficiary	Contingent Bene.	Current Value
<i>Big Broker</i> <i>(sample)</i>	<i>xxx-xxxx</i>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

## SECTION 6. LIFE INSURANCE/LONG-TERM CARE INSURANCE

Name of Insurer	Policy No.	Type of Policy	Beneficiary	Cash Surrender Value	Death Benefit Value
<i>Acme Insurance</i> <i>(sample)</i>	<i>123-45-6789</i>	<i>Whole Life</i>	<i>Spouse, then children</i>	<i>\$10,000</i>	<i>\$10,000</i>

### A. BUSINESS INTERESTS

If the client needing long-term care has any business interests, please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

### B. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of the Trust in which the client has an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

### C. MISCELLANEOUS

If the client has any property interests not described above, including 529 plans, please explain the nature of the interests and the estimated value each (but not life insurance—Section 20)

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### D. PERSONAL PROPERTY

	MARKET VALUE	HOW TITLE HELD
Home Furnishings:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Jewels, Fur, etc.:	\$ _____	\$ _____
Firearms:	\$ _____	\$ _____
_____ :	\$ _____	\$ _____
(other: collectibles, etc.)		
_____ :	\$ _____	\$ _____

## SECTION 7. CLIENT GOALS

What are your goals for your estate plan?

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Signature \_\_\_\_\_

*\*I have answered the above questions accurately and to the best of my ability. I understand that any recommendations made will be based on the information given and any additional or varying information may negate any advice that was previously provided to me.*