Confidential Client Questionnaire

for Life & Estate Planning Purposes

**** All information is confidential and protected ****
by attorney/client relationship

We understand the confidential nature of the material requested in this questionnaire. We appreciate your assistance in providing this information to help us better serve your Life & Estate Planning needs.

Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior permission.

To help ensure the accuracy of our analysis and recommendations regarding your Life & Estate Plan, it is essential that we have a clear understanding of your current situation (people and property/assets) and your goals for yourself, your loved ones and your property/assets. It is imperative that you fully disclose all relevant information, including relevant information you may have even beyond the inquiry of this questionnaire. Your Life & Estate Plan can be no better than the information you provide our law firm.

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By completing this questionnaire and bringing the documents identified below to your initial consultation, you can help ensure that our time together is productive and that our planning recommendations are appropriate for you.

As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

PLEASE READ THE FINE PRINT BELOW:

Legal Names	When you list the name of a person or entity, whether of children, grandchildren, and of all persons that you would name as beneficiaries, health care agents, trustees, personal representatives, or guardians, please supply the full legal name, address and telephone number, if available.
Prior Wills, Trusts, Powers of Attorney	Gather together all prior or current wills, trusts, powers of attorney, or other estate planning documents that you may already have. Review these and note any changes you wish to make.
Deed	Bring either the original or a copy of all deeds to any real estate interests which you or your spouse have in any real property, including your home, lake property, rental property, time shares, mortgages, deeds of trusts, burial lots etc. We can make copies of and return any originals.
Burial, Funeral, or Cremation	Gather together any documents regarding your funeral, burial, cremation, or any other planning that you intend. Be prepared to state any specific preferences or wishes you may want followed.
Prior Marriages	Death Certificates (of any prior spouses who are deceased), Divorce Decree and Final Property Settlement (for any spouses from whom you were divorced), and Pre-Marital or Post-Marital Property Agreements, if any.

Information about You and Your Spouse, or if you are Single, please use the HUSBAND/SINGLE column. (Note: Persons who are not legally married should each fill out a separate form):

HUSBAND/SINGLE	WIFE
U.S. Citizen? Yes ❐ No ❐	U.S. Citizen? Yes ❐ No ❐
Full Legal Name:	Full Legal Name:
Signature Preference:	Signature Preference:
SSN:	SSN:
Birth Date:	Birth Date:
If Married, Wedding Month/Day/Year: _____/_____/_____ Pre-Marital Agreement? Yes ❐ No ❐ City & State of Marriage:	
Home Address: City, County, State, Zip:	
Home Phone:	Email(s):
Other Phone: Employment: Cell:	Other Phone: Employment: Cell:

Prior Marriages

If there have been any prior marriages, fill in the following chart:

Name of Prior Spouse	Date of Marriage	Date of Divorce	Date of Death
1			
2			
3			
4			

Family Information

Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the number of that spouse with the information of WHOSE child in the chart below. Please name all children you have ever had, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child. **If you do not have any children,** please list: (1) Names of Parents (living or deceased); (2) Name of each sibling (living or deceased); and (3) Name of each relative or friend you would wish to include in your estate distribution:

FULL NAMES (of children, parents, siblings, or others as indicated)	**Relationship**	**Whose?** H/S= Husband/Single W= Wife B= Both	**Birth Date**	**Single? Married? Divorced?**

List any pets and attach any statement you may have of your wishes for their care:

___

Do any of the people identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe your concerns for them.

___

___

Do you have any of the following? If so, please check all that apply.

❐ Power of Attorney ❐ Health Care Directives ❐ Last Will & Testament ❐ Revocable Living Trust ❐ Irrevocable Trust

Guardians

(“Back-up Parents” for Minor Children)

Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned? Who among your family and/or friends shares your religious and other core beliefs, values and ethics? **Note: A surviving biological parent is automatically the Guardian, absent other circumstances (e.g. they decline, are adjudged “unfit by a court, etc.).**

Description	**Guardian(s)**
First Alternate	
Second Alternate	

Alternate Financial Managers

(Successor Trustees, Personal Representatives, Etc.)

If you become unable to manage your own financial affairs, who would you want to manage things in your place? Note: You can name just one person to serve alone or you can name two or more to act together. Also, you may want a professional to serve, such as CPA or Corporate Fiduciary. **Note: If married, the spouse is commonly the First Alternate.**

Description	**Husband/Single**	**Wife**
First Alternate		
Second Alternate		
Third Alternate		

Health Care Decisions

If you are unable to make your own health care decisions, who would you want to make those decisions for you? **Note: If married, the spouse is commonly the First Agent.**

Description	**Health Agents For Husband/Single**	**Health Agents For Wife**
First Agent		
Second Agent		
Third Agent		

Special Health Care Conditions or Concerns:

____

____

Confidential Financial Summary

Description	Husband/Single	Wife
Where Currently Employed or From Where Retired		

Real Estate Ownership

Street Address (list home first)	Original Purchase Price	Mortgage Balance	Current Market Value
1			
2			
3			
Totals	$	$	$ Note: Enter this amount under "Real Estate" in the "Asset Summary" below

Asset Summary

Current Estate Values for Purpose of Estimating Cost of Estate Settlement at Death:

Description	Husband/Single	Wife	Jointly-Held By Husband & Wife, Or With Others
Real Estate (Total from **previous** page)			
Cash, Checking, Money Market Accounts			
Savings, CD's (**Do not include IRA's [see below for "Qualified Funds"]**)			
Stocks and Securities			
U.S. Savings Bonds, Notes, Bills			
Mutual Funds, Municipal Bonds			
Qualified Funds: Include IRA's, Pensions, 401K Plans, TSA's, etc.			
Motor Vehicles, include boats, RV's, etc.			
Personal Property, include: household furnishings, jewelry, collectibles, recreation equipment, show animals, hobby supplies, coin collections, etc.			
Loans Receivable: This is money owed to you. Include money owed by children or other family.			
Prospective Inheritance: If parents are still living, include your proportionate share of their current estate, regardless of their age or health.			

Agricultural Assets: Include any livestock, crops, equipment, machinery, coop shares, futures, etc.			
Business Ownership, include any professional practice, LLC, LLP, Corporation, Trade Association, or any business entity			
Business Equipment, include any personally owned business equipment, inventory, and machinery.			
Other Assets (not included above)			
Life Insurance. List cash value in this space and death benefit for each company to the right. List company and policy number for each:			
Total Assets	$	$	$

LIABILITIES

Description	**Husband/Single**	**Wife**	**Combined/Single**
Mortgages: List any type of debt secured by a lien on real estate, including home improvement loans, etc.			
Auto Loans			
Credit Cards			
Personal Debts to Banks, Finance Cos.			
Personal Debts to Individuals, Others			
Amount Borrowed on Life Insurance			
Total Liabilities			

NET WORTH

Subtract Total Liabilities from Total Assets	**$**	**$**	**$**

Inheritance Planning

In our consultation, we will discuss any specific distributions and personal items you want addressed in your planning. Regarding everything else, however, what are your general objectives? Obviously, it is not possible to design a simple questionnaire that covers every situation. Simply ignore options that do not apply to your situation. For example, if you are not married or have no children, simply skip over those parts. Attach additional sheets as necessary or helpful. Check as many boxes as apply:

- ☐ A percentage or amount to Charity "off the top"? If so, identify the charity or charities, along with the share or % of your estate to be distributed, in table below.
- ☐ All to Spouse, Then:
- ☐ All to Children in equal shares, Then
  - ☐ To their spouses, Then
  - ☐ To their descendants, Then
  - ☐ Back to the other children/their descendants
- ☐ To the persons who would normally receive my estate under state law (e.g. parents, then siblings, etc.)
- ☐ Other Distributions, in addition to or in lieu of the above? If so, use the table below.

Names of "Charitable" / "Other Distribution" Beneficiaries	Relationship	Share or % of Estate

OTHER NOTES/CONCERNS you feel we should know about:

Professional Advisor Information

Do you have any of the following professional advisors? [Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

   Advisor's Name: ____________________

   Address (City/State/Zip): ____________________

   Phone: ____________________ Email: ____________________

2. **Investment/Financial Advisor:** Yes No Not Sure

   Advisor's Name: ____________________

   Address (City/State/Zip): ____________________

   Phone: ____________________ Email: ____________________

3. **Life Insurance Agent:** Yes No Not Sure

   Agent's Name: ____________________

   Address (City/State/Zip): ____________________

   Phone: ____________________ Email: ____________________

4. **Property/Casualty Agent:** Yes No Not Sure

   Agent's Name: ____________________

   Address (City/State/Zip): ____________________

   Phone: ____________________ Email: ____________________

5. **Other Attorney:** Yes No Not Sure

   Attorney's Name: ____________________

   Address (City/State/Zip): ____________________

   Phone: ____________________ Email: ____________________