

CONFIDENTIAL QUESTIONNAIRE

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially.

CLIENT I

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

Veteran? ___ yes ___ no U.S. citizen? ___ yes ___ no

Known by other name? _____

DATE OF BIRTH: _____

SSN: _____

COUNTY OF RESIDENCE: _____

EMAIL: _____

CELL PHONE: _____

HOME ADDRESS: _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

HOME PHONE: _____

CLIENT II

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

Veteran? ___ yes ___ no U.S. citizen? ___ yes ___ no

Known by other name? _____

DATE OF BIRTH: _____

SSN: _____

EMAIL: _____

CELL PHONE: _____

CLIENT I

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

CLIENT II

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

Child #1

Full Legal Name : _____ Male Female

Nickname: _____ Birth date : _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Cell#: _____ Email: _____

Child of ☐ Both ☐ Husband Only ☐ Wife Only ☐ Adopted

Special Needs: ☐ Medical ☐ Educational ☐ Financial

☐ Married ☐ Divorced ☐ Widowed ☐ Single

Spouse/Domestic Partner's
Name: _____

Grandchildren's Names**Date of Birth****Special Needs**

Grandchildren's Names	Date of Birth	Special Needs
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child #2

Full Legal Name : _____ Male Female

Nickname: _____ Birth date : _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Cell#: _____ Email: _____

Child of ☐ Both ☐ Husband Only ☐ Wife Only ☐ Adopted

Special Needs: ☐ Medical ☐ Educational ☐ Financial

☐ Married ☐ Divorced ☐ Widowed ☐ Single

Spouse/Domestic Partner's
Name: _____

Grandchildren's Names**Date of Birth****Special Needs**

Grandchildren's Names	Date of Birth	Special Needs
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child #3

Full Legal Name : _____ Male Female

Nickname: _____ Birth date : _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Cell#: _____ Email: _____

Child of _____ Both _____ Husband Only _____ Wife Only _____ Adopted

Special Needs: _____ Medical _____ Educational _____ Financial

_____ Married _____ Divorced _____ Widowed _____ Single

Spouse/Domestic Partner's
Name: _____

Grandchildren's Names**Date of Birth****Special Needs**

Child #4

Full Legal Name : _____ Male Female

Nickname: _____ Birth date : _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Cell#: _____ Email: _____

Child of _____ Both _____ Husband Only _____ Wife Only _____ Adopted

Special Needs: _____ Medical _____ Educational _____ Financial

_____ Married _____ Divorced _____ Widowed _____ Single

Spouse/Domestic Partner's
Name: _____

Grandchildren's Names**Date of Birth****Special Needs**

PLAN OF DISTRIBUTION

1. SPECIFIC GIFTS.

- a. Would you want to draw up a separate list from your Will to distribute your personal things such as furniture, jewelry, family china, etc.? ☐ Yes ☐ No
- b. Do you want to make charitable gifts, such as to a house of worship, educational institution, or other charity? ☐ Yes ☐ No
- c. Do you wish to make a special gift to a particular person, such as cash to a particular person? ☐ Yes ☐ No

If yes, please list:

2. **REST OF PROPERTY.** Briefly describe where you would want assets remaining *after any specific gifts listed above* are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

3. **SIMULTANEOUS DEATH.** You might want to provide for the distribution of your property if neither CLIENT nor your children/other beneficiaries named above survive.

APPOINTMENTS

PERSONAL REPRESENTATIVE. The will should name a personal representative to probate the estate. (Personal representative is sometimes referred to as executor or administrator.) Your spouse is typically named primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary personal representative may not be appropriate.

CLIENT I

1. _____
Relationship: _____

2. _____
Relationship: _____

CLIENT II

1. _____
Relationship: _____

2. _____
Relationship: _____

DURABLE POWER OF ATTORNEY. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.

CLIENT I

1. _____
Address: _____

Relationship: _____

2. _____
Address: _____

Relationship: _____

CLIENT II

1. _____
Address: _____

Relationship: _____

2. _____
Address: _____

Relationship: _____

HEALTH CARE POWER OF ATTORNEY. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

CLIENT I

1. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

CLIENT II

1. _____
Address: _____

Phone: _____

2. _____
Address: _____

Phone: _____

GUARDIAN OF YOUR MINOR CHILDREN. If both biological parents of your children die while a child is or children are minors, who do you want to serve as custodians and caregivers? You may name individuals or couples. If you name couples, please specify if they are only to serve as a couple, or if one member of the couple may serve individually.

1. _____

Address: _____

Relationship: _____

2. _____

Address: _____

Relationship: _____

3. _____

Address: _____

Relationship: _____

4. _____

Address: _____

Relationship: _____

Please check "yes" or "no" for your answer	Yes	No
Do any of your children receive governmental support or benefits?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please provide a copy)		
Have you and your spouse signed a pre or post marriage contract? (Please provide a copy)		
Have you or your spouse been widowed? (If a Federal estate tax return was filed, please provide a copy)		
Have you or your spouse ever filed a Federal or State gift tax return? (Please provide a copy)		
Have you or your spouse previously completed Wills, Health Care Powers, Durable Powers, Trusts or other estate planning? (Please provide a copy)		
Have you made funeral arrangements? (if yes, please provide details)		
Have you considered being an organ donor?		
Do you own long term care insurance?		

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
	<i>Total</i>		

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
	<i>Total</i>	

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
		<i>Total</i>	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

[illegible]

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the owner, the plan name, the current value of the plan, and any other pertinent information.

	<i>Total</i>

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance

Total _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner Value

Total _____

Anything Else We Should Know

[illegible]

Questions for Our Meeting

[illegible]

By submitting, I certify that the information provided herein is true to the best on my knowledge and belief.

Client 1

Client 2