

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

CLIENT II

LAST NAME: _____

LAST NAME: _____

FIRST NAME: _____

FIRST NAME: _____

MIDDLE: _____

MIDDLE: _____

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

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

Known by other name? _____

Known by other name? _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SSN: _____

SSN: _____

COUNTY OF RESIDENCE: _____

EMAIL: _____

EMAIL: _____

CELL PHONE: _____

CELL PHONE: _____

HOME ADDRESS: _____

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

HOME PHONE: _____

CLIENT I

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	<input type="checkbox"/> Both	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	<input type="checkbox"/> Adopted	
Special Needs:	<input type="checkbox"/> Medical	<input type="checkbox"/> Educational	<input type="checkbox"/> Financial		
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single		
Spouse/Domestic Partner's Name:					

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	<input type="checkbox"/> Both	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only	<input type="checkbox"/> Adopted	
Special Needs:	<input type="checkbox"/> Medical	<input type="checkbox"/> Educational	<input type="checkbox"/> Financial		
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single		
Spouse/Domestic Partner's Name:					

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	<input type="checkbox"/> Both	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		<input type="checkbox"/> Adopted
Special Needs:	<input type="checkbox"/> Medical	<input type="checkbox"/> Educational			<input type="checkbox"/> Financial
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed			<input type="checkbox"/> 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	<input type="checkbox"/> Both	<input type="checkbox"/> Husband Only	<input type="checkbox"/> Wife Only		<input type="checkbox"/> Adopted
Special Needs:	<input type="checkbox"/> Medical	<input type="checkbox"/> Educational			<input type="checkbox"/> Financial
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed			<input type="checkbox"/> Single
Spouse/Domestic Partner's Name:					

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

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.

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.

MONEY OWED TO YOU

Total _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

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
_____	_____
_____	_____
_____	_____
_____	_____
	<i>Total</i> _____

