

ESTATE PLANNING CLIENT QUESTIONNAIRE

GENERAL INFORMATION

	Client A	Client B (if married)
Full Legal Name	_____	_____
Signature Name	_____	_____
Date/Place of Birth	_____ / _____	_____
Home Address	_____ (Street or P.O.)	_____ (Street or P.O.)
	_____ (City, State & Zip Code)	_____ (City, State & Zip Code)
Home Phone	_____	_____
Work Phone	_____	_____
Occupation	_____	_____
Soc. Sec. #	_____	_____
Date and Place of Marriage	_____	
State of Residence	_____	Current County of Residence _____
Have you been married previously? ____ Yes ____ No		
Describe any agreement between husband and wife regarding property (i.e. ante-nuptial agreements, etc.)		

(Please attach a copy of any written agreement)		
Are all of the above discussed persons U.S. Citizens? _____		
Is either of the above persons a veteran of U.S. Armed Forces? _____		
Dates From/To in the Armed Forces: _____		

CHILDREN

Child 1

Full Legal Name _____

Signature Name _____ Occupation _____

Date of Birth _____ SSN: _____

Address _____
(Street or P.O.) (City, State & Zip Code)

Home Phone _____ Office Phone _____

Name of Spouse _____

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage _____

Child 2

Full Legal Name _____

Signature Name _____ Occupation _____

Date of Birth _____ SSN: _____

Address _____
(Street or P.O.) (City, State & Zip Code)

Home Phone _____ Office Phone _____

Name of Spouse _____

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage _____

Child 3

Full Legal Name _____

Signature Name _____ Occupation _____

Date of Birth _____ SSN: _____

Address _____
(Street or P.O.) (City, State & Zip Code)

Home Phone _____ Office Phone _____

Name of Spouse _____

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage _____

Child 4

Full Legal Name _____

Signature Name _____ Occupation _____

Date of Birth _____ SSN: _____

Address _____
(Street or P.O.) (City, State & Zip Code)

Home Phone _____ Office Phone _____

Name of Spouse _____

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage _____

Child 5

Full Legal Name _____

Signature Name _____ Occupation _____

Date of Birth _____ SSN: _____

Address _____
(Street or P.O.) (City, State & Zip Code)

Home Phone _____ Office Phone _____

Name of Spouse _____

Note if Child is a Joint Child of the Parties, Adopted, Divorced, Separated or Child of Previous Marriage _____

GIFTS AND INHERITANCES

1. Describe the date and amount of any gifts that have been made to either client in the last 3 years.

2. Describe any sale of property that client or client's spouse has contemplated in the last 3 years.

3. Describe gifts or inheritances that either client expects to receive from any person.

4. Attach a copy of any trust under which either client is a beneficiary or holds any power of appointment.

5. Attach a copy of any will or trust agreement that has been executed by either client.

6. Attach a copy of any living will, health care decision making-document or power of attorney that has been executed by either client.

INCOME		
	GROSS AMOUNT - MONTHLY	SOURCE

A	CASH/CASH EQUIVALENTS				
	Bank/Institution	Account No.	Type	\$ Amount	Owner
1					
2					
3					
4					
5					

Bring latest statements with you for each account, with an address where we can contact the bank

B	CD'S / TIME DEPOSITS				
	Bank/Institution	Account No.	Type	\$ Amount	Owner
1					
2					
3					
4					
5					

Bring latest statements with you for each account, with an address where we can contact the bank

C	BONDS			
	Name	Account No.	\$ Amount	Owner
1				
2				
3				
4				

Bring Copies of Bonds With You

D	STOCKS				
	Name	Account No.	No. of Shares	Value	Owner
1					
2					
3					
4					
5					

E	MUTUAL FUNDS				
	Bank/Institution	Account No.	No. of Shares	Value	Owner
1					
2					
3					
4					
5					

F	IRA'S, 401(k), ETC.				
	Name	Account No.	Type	\$ Amount	Owner
1					
2					
3					
4					

G	REAL ESTATE			
	Description	Value	Mortgage	Owner
1				
2				
3				
4				

H	FUNERAL PLANS/CEMETERY PLOTS			
	Description/Location	Value	Type	Name
1				
2				
3				

I	OTHER ASSETS				
	Description/Location	Account No.	Value	Type	Owner
1					
2					
3					
4					
5					

J	BUSINESS ASSETS				
	Description/Location	Account No.	Value	Type	Owner
1					
2					
3					
4					
5					

K	LIABILITIES					
	Owed To	Secured By	Original Amount	Date	% Rate	Owner
1						
2						
3						
4						
5						
6						

L	LIFE INSURANCE				
	Company/Type of Policy	Face Value	Cash Value	Insured	Owner
1					
2					
3					
4					

*Bring with you copies of cover page(s) of policy(ies)
(make sure addresses of company(ies) is also provided)*

M	HEALTH INSURANCE			
		Company	Coverage	Premium
1	<i>Health/Supplement</i>			
2	<i>Long Term Care</i>			
3				
4				
5				

N	VEHICLES				
	Model	Year	Loan Amount	Value	Owner
1					
2					
3					
4					

O	OTHER PERSONAL PROPERTY (Artwork, Jewelry, etc.)		
	Description	Value	Owner
1			
2			
3			
4			
5			
6			