

# CLIENT QUESTIONNAIRE

## Personal Data

Full Name \_\_\_\_\_ U.S. citizen (Y/N)? \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-mail \_\_\_\_\_

Known by Any Other Names \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation & Annual Income \_\_\_\_\_

Previous Marriage \_\_\_\_\_

State of Health \_\_\_\_\_

Insurable? \_\_\_\_\_

## Client's Spouse

Full Name \_\_\_\_\_ U.S. citizen (Y/N)? \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-Mail \_\_\_\_\_

Known by Any Other Names \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation & Annual Income \_\_\_\_\_

Previous Marriage \_\_\_\_\_

State of Health \_\_\_\_\_

Insurable? \_\_\_\_\_

## Children (Client or Spouse)

Is there a physical possibility of more children? \_\_\_\_\_

Are any children adopted? \_\_\_\_\_

Are any children handicapped or in poor health? \_\_\_\_\_

1. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Child's Parents (If From a Prior Marriage): Client \_\_\_ Spouse \_\_\_ Prior Marriage \_\_\_\_\_

Address \_\_\_\_\_

Highest Education Completed \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Child's Children: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

2. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Child's Parents (If From a Prior Marriage): Client \_\_\_ Spouse \_\_\_ Prior Marriage \_\_\_\_\_

Address \_\_\_\_\_

Highest Education Completed \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Child's Children: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Child's Parents (If From a Prior Marriage): Client \_\_\_ Spouse \_\_\_ Prior Marriage \_\_\_\_\_

Address \_\_\_\_\_

Highest Education Completed \_\_\_\_\_

Occupation \_\_\_\_\_

Child's Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Child's Children: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Comments: \_\_\_\_\_

### Client's Parents

Father

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

State of Health \_\_\_\_\_

Financially Dependent? \_\_\_\_\_

**Spouse's Parents**

Father

Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

State of Health \_\_\_\_\_

Financially Dependent? \_\_\_\_\_

**Any Expected Inheritance?**

Client

Spouse

From Whom? \_\_\_\_\_

Approximate Value \_\_\_\_\_

From Whom? \_\_\_\_\_

Approximate Value \_\_\_\_\_

**Client's Brothers and Sisters**

1. Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

Comments \_\_\_\_\_

2. Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

Comments \_\_\_\_\_

3. Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

Comments \_\_\_\_\_

**Spouse's Brothers and Sisters**

1. Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

Comments \_\_\_\_\_

2. Name \_\_\_\_\_ Living \_\_\_\_\_

Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_

Comments \_\_\_\_\_

3. Name \_\_\_\_\_ Living \_\_\_\_\_  
 Age \_\_\_\_\_ Married \_\_\_\_\_ Children \_\_\_\_\_  
 Comments \_\_\_\_\_

**Other Important Information**

Location of Lock Box \_\_\_\_\_  
 In Whose Name(s) \_\_\_\_\_  
 Any Property of Others in the Box? \_\_\_\_\_  
 Identifiable as Such? \_\_\_\_\_  
 Where are Other Valuable Papers Kept? \_\_\_\_\_

Do you and your spouse have a Pre-Nuptial Agreement providing for separate property?  
 If yes, attach copy Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any special circumstances concerning your children, such as adoption, disabilities, etc.? Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you made gifts in any one-year with a value greater than \$15,000.00? If yes, describe:

\_\_\_\_\_  
 \_\_\_\_\_

Have you or your spouse created any trusts or made gifts to any trusts? If yes, describe:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assets**

	Value	Joint Or Marital Property	Client's Separate Property	Client's Spouse's Separate Property
a. Personal Residence				
b. Other Real Estate:				
1.				
2.				
c. Checking Accounts:				
1.				
2.				

3.				
d. Savings Accounts and Certificates				
1.				
2.				
3.				
f. Annuities				
g. Oil, Gas or Other Minerals				
h. U.S. Savings Bonds				
i. Other Bonds				

j. Stock/Brokerage Accounts				
1.				
2.				
3.				
k. Notes Receivable				
l. Automobiles and Other Vehicles				
1.				
2.				
m. Interest in any Business (describe)				

	Value	Joint Or Marital Property	Client's Separate Property	Client's Spouse's Separate Property
n. Tools and Firearms				
o. Antiques				
p. Jewelry				
q. Household Furniture and Furnishings				
s. Collections(Coins, Stamps, Paintings, etc.)				
t. Other Claims or Intangibles				
u. Deferred Compensation Plans				
v. Miscellaneous				
w. Life Insurance Policies				

1.				
2.				
3.				
x. Qualified Retirement Plans/IRAs				
1.				
2.				
<b>TOTALS</b>				

**Debts:**

	Value	Joint Or Marital Property	Client's Separate Property	Client's Spouse's Separate Property
a. Mortgages on Home, Car, etc.				
1.				
2.				
b. Signature Loan at Bank				
c. Other Debts				
<b>TOTALS</b>				

**Estate Planning Documents**

**CLIENT**

**CLIENT'S SPOUSE**

- |                                  |                                       |  |                                       |  |
|----------------------------------|---------------------------------------|--|---------------------------------------|--|
| Last Will and Testament          | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Revocable Living Trust           | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| General Power of Attorney        | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Healthcare Power of Attorney     | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Healthcare Directive/Living Will | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Irrevocable Trusts               | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Long Term Care Benefit Planning  | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |
| Family Partnerships/LLC          | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss | <input type="checkbox"/> Already Have | <input type="checkbox"/> Wish to discuss |

\*\* Please provide copies of all existing documents referred to above.

**Other Professional Advisors**

	<u>CLIENT</u>	<u>CLIENT'S SPOUSE</u>
Financial Planner/Consultant	_____	_____
Address:	_____	_____
Phone number:	_____	_____
Life Insurance Agent	_____	_____
Address:	_____	_____
Phone number:	_____	_____
Bank/Credit Union	_____	_____
Address:	_____	_____
Phone number:	_____	_____
Other	_____	_____
Address:	_____	_____
Phone number:	_____	_____

Many people make special provisions for family heirlooms, jewelry or other items of special value to be distributed to friends or relatives. If you have such property and wish it left to a specific person, please complete the following:

ITEM	SPECIAL IDENTIFYING FEATURES	RECIPIENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please indicate how you want your assets to pass after your death:**

**I want my assets to pass as follows:**

First Beneficiary(ies): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Second Beneficiary(ies): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Third Beneficiary(ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AT WHAT AGE (OR AGES IF PAID OUT IN INSTALLMENTS – SUCH AS 1/2 AT 25, 1/2 AT 20, ETC.) WOULD YOU LIKE YOUR BENEFICIARIES RATHER THAN THE TRUSTEE, TO MANAGE ANY INHERITED FUNDS?

\_\_\_\_\_

(\*NOTE: BENEFICIARIES MUST BE AT LEAST 18 TO INHERIT)

THE PERSON CHARGED WITH ADMINISTERING YOUR ESTATE, PAYING TAXES AND OTHER DEBTS, MARSHALLING, PRESERVING, AND MANAGING ESTATE ASSETS AND PROPERTY IS CALLED A **PERSONAL REPRESENTATIVE (EXECUTOR)**. STATE THE NAME AND RELATIONSHIP OF THE PERSON YOU WISH TO SERVE IN THIS ROLE (THEY MUST BE A UNITED STATES RESIDENT):

**Client**

**Spouse**

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

IF THE PERSON LISTED ABOVE IS UNWILLING OR UNABLE TO SERVE AS PERSONAL REPRESENTATIVE, PLEASE LIST AN ALTERNATE:

**Client**

**Spouse**

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

IF YOU HAVE CHILDREN UNDER 18, STATE THE FULL NAME AND RELATIONSHIP OF THE PERSON YOU WISH TO ACT AS THEIR GUARDIAN IN THE EVENT OF YOUR DEATH (IN THE CASE OF SINGLE PARENT) OR IN CASE OF THE JOINT DEATH OF YOU AND YOUR SPOUSE (IF MARRIED). THE GUARDIAN IS THE CAREGIVER WHO HANDLES THE DAY TO DAY ACTIVITIES, SUCH AS, FEEDING THE KIDS AND GETTING THEM READY FOR SCHOOL IN THE MORNINGS.

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

If the person listed above is unwilling or unable to serve as guardian (custodian), please list an alternate:

Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

DO YOU WANT THE APPOINTED GUARDIAN TO ALSO BE THE TRUSTEE (CONSERVATOR) OF ANY ASSETS INHERITED BY THE MINOR CHILDREN? YES \_\_\_\_\_ NO \_\_\_\_\_. THE TRUSTEE IS THE PERSON WHO MONITORS THE MONEY FOR THE CHILDREN. THEY HANDLE ISSUES SUCH AS EDUCATION AND HEALTHCARE EXPENSES. IF NO, PLEASE LIST THE PERSON OR ENTITY YOU WISH TO ACT AS THEIR FINANCIAL CUSTODIAN/TRUSTEE.

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

IF THE PERSON LISTED ABOVE IS UNABLE TO SERVE AS FINANCIAL TRUSTEE, LIST AN ALTERNATE:

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

LIST THE PERSON YOU WANT TO MAKE **HEALTHCARE DECISIONS** IF YOU ARE UNABLE TO DO SO FOR YOURSELF:

**Client**

**Spouse**

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

IF THE PERSON LISTED ABOVE IS UNABLE TO SERVE AS HEALTHCARE REPRESENTATIVE, LIST AN ALTERNATE:

**Client**

**Spouse**

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

LIST THE PERSON YOU WANT TO MAKE **FINANCIAL DECISIONS** IF YOU ARE UNABLE TO DO SO FOR YOURSELF:

**Client**

**Spouse**

Full Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

