CONFIDENTIAL PLANNING QUESTIONNAIRE

In addition to answering the questions below, please bring copies of all prior estate planning documents, such as your Will, Trust, Powers of Attorney, or Advance Health Care Directive.

Personal & Family Information

Please complete this questionnaire for the person needing legal services.

Last name: | First name: | Middle initial: | Are you a U.S. citizen? Yes ❑ No

Is this your legal name? ❑ Yes ❑ No | If not, list legal name: | Birth date: | Social Security Number:

Address:

Home phone: | Cell phone: | Work phone: | Email:

Current occupation: If retired, from what?

MARITAL INFORMATION

Marital Status: ❑ Single ❑ Married ❑ Widowed_____(date of death) ❑ Divorced_____(date of divorce)

Date of Marriage (if applicable):

Last name: | First name: | Middle Initial: | Cell Phone: | Is spouse a U.S. citizen? ❑ Yes ❑ No

Spouse's legal name? ❑ Yes ❑ No | If not, list legal name? | Birth date: | Social Security Number:

Current occupation: If retired, from what?

MILITARY SERVICE

Military Service: ❑ Yes ❑ No | Was Spouse a Veteran? ❑ Yes ❑ No

If "Yes" to either, please provide: Branch: Approximate dates of service:

*Primary Contact

Last name: | First name: | Address:

Home phone: | Cell phone: | Work phone: | Email:

FAMILY INFORMATION

Your children, if any (add sheets as necessary)

Full Name	Gender	Whose Child?	Date of Birth/ Age	Special Needs?	# of children
	❑ Male ❑ Female	❑ Husband ❑ Wife ❑ Both		❑ Medical ❑ Educational ❑ Financial ❑ Blind/Disabled	
	❑ Male ❑ Female	❑ Husband ❑ Wife ❑ Both		❑ Medical ❑ Educational ❑ Financial ❑ Blind/Disabled	
	❑ Male ❑ Female	❑ Husband ❑ Wife ❑ Both		❑ Medical ❑ Educational ❑ Financial ❑ Blind/Disabled	
	❑ Male ❑ Female	❑ Husband ❑ Wife ❑ Both		❑ Medical ❑ Educational ❑ Financial ❑ Blind/Disabled	

YOUR ADVISORS

	Name	Firm	Phone	Email
Tax Advisor (CPA, etc.)				
Financial Advisor				

Health Related Information

HEALTH-RELATED PROBLEMS

Is anyone suffering from any current health problems? If so, please describe:

____

____

MEMORY AND UNDERSTANDING

Are there any known problems with memory or understanding? Client: ❑ Yes ❑ No Spouse: ❑ Yes ❑ No

If yes, please explain:

____

____

Financial Information

INCOME & EXPENSES

Client's Income	Monthly Amount
Social Security	
Pension	
Other income	

Spouse's Income	Monthly Amount
Social Security	
Pension	
Other income	

Monthly Expenses	Monthly Amount
Medical	
Prescriptions	
Long-term Care	
Household Expenses	

YOUR ASSETS

Please provide us with an estimate of the value of your estate. Use your best estimate of each asset's value, assuming you could cash it in or sell it today at a fair price. Use additional sheets as necessary.

Cash and Bank Accounts (CDs, Checking, Savings, etc.)

Name of Bank	Type of Account	Balance/ Value	How Title is Held
		$	
		$	
		$	

Investments (Stocks, Bonds, Securities, Annuities, etc.)

Name of Company	Type of Investment	# Shares/ Face Val.	Current Value	How Title is Held
		$	$	
		$	$	
		$	$	

Life Insurance

Name of Company	Face Value	Cash Value	Owner	Primary Beneficiary
	$	$		
	$	$		

Long-term Care Insurance

Name of Company	Insured	Daily Benefit	Term
		$	
		$	

Retirement Accounts (IRAs, Keoghs, 401Ks etc.)

Name of Company	Current Value	Owner	Beneficiary
	$		
	$		
	$		

Real Estate

Description (Location)	Cost (Basis)	Market Value	Mortgage Balance	How Title is Held
	$	$	$	
	$	$	$	

Other Assets	**Current Value**	**How Title is Held**
Cars, RVs Boats etc:	$_____	_____
Business Interest:	$_____	_____
Money owed to you:	$_____	_____

GIFTS OR TRANSFERS

Have you made any gifts within the past 60 months? If so, please list below.

Recipient	Amount/Value of Gift	Date of Gift
	$	
	$	

EXISTING ESTATE PLAN

Do you have any of the following documents in your current estate plan?

Estate Planning Documents	Client	Spouse	Date Document was Signed
Will			
Trust			
Power of Attorney			
Health Care Power of Attorney			
Living Will			