

NEW CLIENT QUESTIONNAIRE

Your Personal Data

First Name: _____ Middle Initial _____ Last Name _____

Address: _____

US Citizen: Yes No Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Preferred Contact Number: Home Cell Work

E-Mail Address: _____ OK to E-Mail? Yes No

Occupation: _____ Annual Income: _____

Military Service: Yes No Branch of Service: _____ Serial No.: _____

Previous Marriages? Yes No State of Health: Excellent Good Poor

Have you ever resided in a community property state while married? Yes No
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin)

Spouse's Personal Data

First Name: _____ Middle Initial _____ Last Name _____

Date of Marriage: _____ If Deceased, Spouse's Date of Death: _____

Address: _____

US Citizen: Yes No Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Preferred Contact Number: Home Cell Work

E-Mail Address: _____ OK to E-Mail? Yes No

Occupation: _____ Annual Income: _____

Military Service: Yes No Branch of Service: _____ Serial No.: _____

Previous Marriages? Yes No State of Health: Excellent Good Poor

Have you ever resided in a community property state while married? Yes No
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin)

Please be aware that the structure of your estate plan will be based upon the information you provide. If this information is incomplete or inaccurate, the nature of the legal advice provided can be affected.

Children and Grandchildren

Are children possible or expected? Yes No

Are any children adopted? Yes No

Have any children pre-deceased you? _____

Are any children or grandchildren disabled, in poor health, or have special needs? _____

Child's Name _____	Date of Birth _____
Address: _____	
Education Completed _____	Occupation: _____
Financial Status: <input type="checkbox"/> Financially Independent <input type="checkbox"/> Financially Dependent <input type="checkbox"/> Creditor Issues	
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced Name of Spouse: _____	
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Comments: _____	

Child's Name _____	Date of Birth _____
Address: _____	
Education Completed _____	Occupation: _____
Financial Status: <input type="checkbox"/> Financially Independent <input type="checkbox"/> Financially Dependent <input type="checkbox"/> Creditor Issues	
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced Name of Spouse: _____	
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Comments: _____	

Info re Children & Grandchildren continued...

Child's Name _____	Date of Birth _____
Address: _____	
Education Completed _____	Occupation: _____
Financial Status: <input type="checkbox"/> Financially Independent <input type="checkbox"/> Financially Dependent <input type="checkbox"/> Creditor Issues	
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced	Name of Spouse: _____
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Grandchild Name: _____	Date of Birth: _____
Comments: _____	

Additional Family Information

Client's Parents

Father	Mother
Name: _____	_____
Address: _____	_____
Date of Birth: _____	_____
State of Health: _____	_____
Financially Dependent on You? _____	_____

Spouse's Parents

Father	Mother
Name: _____	_____
Address: _____	_____
Date of Birth: _____	_____
State of Health: _____	_____
Financially Dependent on You? _____	_____

Siblings

Full Name: _____ Sibling of: Client Spouse
Date of Birth: _____ Married: _____ Children: _____
Address: _____
Comments: _____

Full Name: _____ Sibling of: Client Spouse
Date of Birth: _____ Married: _____ Children: _____
Address: _____
Comments: _____

Full Name: _____ Sibling of: Client Spouse
Date of Birth: _____ Married: _____ Children: _____
Address: _____
Comments: _____

Full Name: _____ Sibling of: Client Spouse
Date of Birth: _____ Married: _____ Children: _____
Address: _____
Comments: _____

Expected Inheritances

	Client	Spouse
From Whom?	_____	_____
Approximate Value:	_____	_____
Comments:	_____	_____

Financial Information

Bank Accounts

Name of Institution	Account Type	Approximate Balance	In Whose Name (You, Spouse, Joint)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investment/Brokerage Accounts/Mutual Funds

Name of Institution	Account Type	Approximate Balance	Account Holder(s) (You, Spouse, Joint)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRAs and Retirement Accounts

Name of Institution	Account Type	Amount	Account Holder	Beneficiaries
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stocks & Bonds (If Not Part of Brokerage Account or Mutual Fund)

# of Shares	Name of Company	Price Per Share	In Whose Name(s)?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life and Accidental Death Insurance

Face Amount	Type of Policy	Name of Company	Owner	Insured	Beneficiaries
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: _____

Pension or Profit Sharing Plans

Provider of Benefits: _____ Owner (Client or Spouse): _____

Description: _____

Provider of Benefits: _____ Owner (Client or Spouse): _____

Description: _____

Real Estate

Address: _____ Town/State: _____

Owners: _____ Year Purchased: _____

Mortgage? Yes No Lender: _____ Approximate Balance: _____

Equity Line? Yes No Lender: _____ Homeowners Policy: _____

Address: _____ Town/State: _____

Owners: _____ Year Purchased: _____

Mortgage? Yes No Lender: _____ Approximate Balance: _____

Equity Line? Yes No Lender: _____ Homeowners Policy: _____

Address: _____ Town/State: _____

Owners: _____ Year Purchased: _____

Mortgage? Yes No Lender: _____ Approximate Balance: _____

Equity Line? Yes No Lender: _____ Homeowners Policy: _____

Business Interests

Do you have an interest in a partnership, closely held corporation, sole proprietorship, or other similar entity? If yes, we will need information about its assets and liabilities, buy-sell agreements, stock purchase agreements, etc.:

Other Assets

Automobiles (Year/Make & Model/Approximate Value/Name(s) of Owners/Loan Balance, if any):

Boats, Trailers, Motor Homes, Campers, etc.:

Mortgages Owned, Land Contracts , Rents or Other Receivables:

Special Collections, Art, Antiques, or other, Family Heirlooms:

Liabilities

Owed to Whom, in What Amount and Secured or Unsecured:

Other Pertinent Information

Have you or your spouse made any substantial gifts in the past or placed property in joint names other than your own?

Details: _____

Are you or your spouse the beneficiary under any Trust? _____

Details: _____

Do you or your spouse have any Powers of Appointment? _____

Is there any unusual factor, anticipated problem, or dispute that you expect to arise at the time of your death?

Details: _____

Do you have any other professional advisors that you would like us to communicate with in preparing your estate plan?

Details: _____