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Confidential Planning Information

Thank you for choosing KE Law, LLC to assist in your planning. Please note the following questions pertain to the person (“you”) for whom we are planning. We ask a lot of questions on this form because we need a lot of information about you for our planning for you. In order to provide the best possible service, we ask that you please provide the information requested below.

Client Certification

The following questionnaire contains a complete listing of all property and assets in which I have an ownership interest and has been completed to the best of my ability. I understand that KE Law, LLC will rely on this information in making recommendations and/or in preparing any necessary documents pursuant to any engagement letter I may execute. I further understand that if the information included in this form is not complete or accurate, the recommendations and/or any plan made in reliance on this questionnaire may be adversely affected or inappropriate. Should any information change during the course of my file(s), I will advise KE Law, LLC as soon as possible.

Signature

Date

Signature

Date

1. Personal Information

Your Name: _____	Spouse: _____
Address: _____ _____	Date of birth: _____
Phone: _____	Place of birth: _____
Email: _____	SSN: _____
County: _____	U. S. citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth: _____	Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of birth: _____	Address: <input type="checkbox"/> Same as You
SSN: _____	<input type="checkbox"/> Different: _____
U. S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____

Alternate Names (AKAs)

Have you ever legally gone by an alternate name (including maiden name)? If so, please list:

Marriage Information

Date and place of marriage: _____

Contact Information

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)?

2. Children (Please provide legal name(s))

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____ _____

Email: _____
Spouse: _____
Children: _____

Email: _____
Spouse: _____
Children: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____
Children: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____
Children: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____
Children: _____

Name: _____
Address: _____

Phone: _____
Email: _____
Spouse: _____
Children: _____

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)?

Yes No

If yes, who? _____

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, has any major disabilities? Yes No

If yes, who? _____

3. Resources

Monthly Income

Do not list interest or dividend income.

Source	Husband	Wife	Joint
Social Security:			
Pension:			
Other:			
Total:			

A. Personal Residence

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Tax-Appraised Value: _____

Mortgage Company: _____

Mortgage Balance: _____

B. Other Real Estate

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Tax-Appraised Value: _____

Mortgage Company: _____

Mortgage Balance: _____

Address of property: _____

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Tax-Appraised Value: _____

Mortgage Company: _____

Mortgage Balance: _____

Other Assets

These are your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled?: _____

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled? _____

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled? _____

Type of Asset: _____

Name of Company: _____

Value: _____

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Name of Company: _____

Value: _____

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Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled? _____

Type of Asset: _____

Name of Company: _____

Value: _____

How is it titled? _____

Total Value of Assets on this Page: _____

List all life insurance.

Company Name: _____
Owner: _____
Insured: _____
Beneficiary: _____
Death Benefit (face value): _____
Cash surrender value: _____
Loan against policy (if any): _____

Company Name: _____
Owner: _____
Insured: _____
Beneficiary: _____
Death Benefit (face value): _____
Cash surrender value: _____
Loan against policy (if any): _____

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Owner: _____
Insured: _____
Beneficiary: _____
Death Benefit (face value): _____
Cash surrender value: _____
Loan against policy (if any): _____

Personal Property.

List large items of personal property you own (cars, boats, RVs, farm equipment, etc.) or any valuable collections (antiques, coins and stamps, guns, etc.):

Personal Property (Item)	Value

Do you have a prepaid funeral or burial? Yes No

If yes, describe the arrangements: _____

Other Insurance

Please complete the following health insurance information as it applies:

Medicare

Traditional Medicare Fee-for-Service? Yes No

OR

Medicare HMO, PSO, PPO, Private Plan? Yes No

Company: _____

Medicare Supplement (“Medigap”)

Company: _____

Type (Plan A through J): _____

Medicare Prescription Drug Plan

Company: _____

Employer Retiree Health Plan

Company: _____

Private Health Insurance

Company: _____

Long Term Care Insurance

Company: _____

Daily Benefit Amount: _____

Length of Coverage: _____

Other Type (Cancer, Accidental Death, Hospital Supplement, etc.)

Company: _____

Type: _____

Company: _____

Type: _____

Company: _____

Type: _____

4. Monthly Expenses

Item	Amount
Property tax	_____
Home maintenance and upkeep	_____
Homeowners insurance	_____
Utilities (gas, electric, water & sewer, security)	_____
Residential facility	_____
Private health care services	_____
Telephone	_____
Cable television	_____
Auto operation (gas and maintenance)	_____
Auto insurance	_____
Clothing	_____
Groceries and other household	_____
Hair cuts, personal grooming	_____
Laundry and cleaning	_____
Checking account charges/bank fees	_____
Newspapers and magazines	_____
Recreation, vacation, entertainment	_____
Health insurance (such as Medicare supplement)	_____
Unreimbursed medical expense (such as for drugs)	_____
Life insurance	_____
Charitable contributions	_____
Other: _____	_____
Other: _____	_____
Total Monthly Expenses:	_____

Anticipated maintenance needs to homestead (examples: roof, windows, painting, foundation repair, driveway, etc.)

Item	Cost
_____	_____
_____	_____
_____	_____
Total	_____

5. Money You Owe

Creditor's Name	Amount Owed
_____	_____
_____	_____
Total	_____

6. Public Benefits and Community Services

In addition to Social Security and Medicare, are you receiving any other forms of assistance, whether from the government, charitable organizations or churches, or volunteer organizations? Examples include: Veterans benefits, Section 8 housing and other subsidized housing, Medicaid, TennCare, CHAMPUS, TRICARE for Life, Meals-on-Wheels, subsidized regional transportation services, adult day care, support group services, property tax relief, home weatherization, and drug company discount card programs.

Yes No

If yes, please list them below:

Provider	Form of assistance

7. Gifts and Transfers

Have you made any gifts or transfers, greater than \$500.00, to any individuals or to a trust within the last 60 months? Yes No

If yes, please furnish the indicated information for each gift or transfer:

<p>To whom: _____</p> <p>Date of gift: _____</p> <p>Item: _____</p> <p>Value: _____</p>	<p>To whom: _____</p> <p>Date of gift: _____</p> <p>Item: _____</p> <p>Value: _____</p>
<p>To whom: _____</p> <p>Date of gift: _____</p> <p>Item: _____</p> <p>Value: _____</p>	<p>To whom: _____</p> <p>Date of gift: _____</p> <p>Item: _____</p> <p>Value: _____</p>

8. Estate Planning

Do you have any of the following documents?	
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No

Place an “X” in the box that applies. Please bring the existing documents with you to our meeting.

Please provide the remaining information below only if the above documents are not in place or you want to make changes to these documents in our planning process.

Note: Please read all of the choices before selecting one. (If you aren’t sure what you want to do, you don’t have to make any choices right now.) We will discuss your choices at our meeting.

Upon my death, I want to give
<input type="checkbox"/> Everything to my children in equal shares OR
<u>Alternative #1</u>
<input type="checkbox"/> Everything to my children in equal shares, but in trust for any child (or a child of a deceased child) who has not reached age _____
<u>Alternative #2</u>
<input type="checkbox"/> Everything to my children and to my deceased spouse’s children in equal shares.
<u>Alternative #3</u>
<input type="checkbox"/> I want to make bequests different from those above.

Do you want to leave any specific money or property to any individual, or to a charity?

Beneficiary	Item/Amount

Whom do you want to serve as your executor? Please give legal name and full addresses for a first choice, and for an alternate second choice.

I. Name: _____

Address: _____

City/State: _____

Relationship: _____

Telephone #:

2. Name:

Address:

City/State:

Relationship:

Telephone #:

If you want a trust set up for your children or grandchildren or anyone else, please give legal name and full addresses for a first choice trustee, and for an alternate second choice.

1. Name:

Address:

City/State:

Relationship:

Telephone #:

2. Name:

Address:

City/State:

Relationship:

Telephone #:

Decision Making

Health Care

If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (that is, to be your health care advocate)? (List in order of priority)

1. Name:

Address:

City/State:

Relationship:

Telephone #:

2. Name:

Address:

City/State:

Relationship: _____

Telephone #: _____

Do you want to be an organ donor? Yes No don't know

When health care decisions must be made on your behalf, do you want your agent to take into account your religious preference? Yes No

If yes, what religion are you? _____

Legal and Financial

If you were unable to carry out your financial business, who would you want to take care of your legal, business, personal, and financial affairs? (List in order of priority)

1. Name:

Address: _____

City/State: _____

Relationship: _____

Telephone #: _____

2. Name:

Address: _____

City/State: _____

Relationship: _____

Telephone #: _____

Do you want these persons (your attorneys-in-fact) to be able to make gifts of your property, if they believed that was necessary for tax reasons or to protect your assets?

Yes No don't know

If YES, what restrictions, if any, would you place on their authority to make gifts of your property (such as to family members only, certain charities, etc.)?

No restrictions, I trust my attorney-in-fact to make the right decision.

My restrictions are: _____