

NEW CLIENT INFORMATION SHEET

Thank you for scheduling your initial consultation with Pockell Law Office, PLLC. We look forward to meeting you and assisting you in accomplishing your estate planning goals. In preparation for our meeting, below you will find examples of the types of questions we will be asking at our initial consultation.

This document is intended for reference purposes only and we do not expect you to complete this questionnaire prior to our meeting.

Client Information

Legal Name (including Sr., Jr., etc): _____

Former Name (if applicable) _____

Preferred Name: _____

U.S. Citizen Y/N: _____ Age: _____

Home Address: _____

City/State/Zip: _____

Marital Status: (circle) Married Widowed Divorced

Telephone Number: Primary _____ Secondary _____

Email: _____

Do you pay child support or alimony Y/N: _____

Are original documents are held at Pockell Law Office? _____

If No, Please list drafting Attorney's office: _____

DECEDENT INFORMATION

Name of Deceased Grantor: _____

Decedent Home Address: _____

City/State/Zip: _____

Social Security Number: _____

Marital Status at time of death: (circle) Married Widowed Divorced

TRUSTEE 1:

Legal Name of Trustee: _____
Mailing Address: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: Primary _____ Secondary _____
Email: _____

TRUSTEE 2: (If applicable)

Legal Name of Trustee: _____
Mailing Address: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: Primary _____ Secondary _____
Email: _____

DECEDENT FAMILY INFORMATION

If not applicable indicate N/A or Strike-through section

SURVIVING SPOUSE/PARTNER:

Mailing Address: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: Primary(H/W/C) _____ Secondary _____
Email: _____

CHILDREN OF THE DECEDENT

(Please include children who are deceased)

Legal Name: _____
Child is (circle one): Biological Adopted Step-child
Mailing Address: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: Primary _____ Secondary _____
Email: _____
DOB/Current Age/DOD (if appl): _____

Legal Name: _____

Please list other beneficiaries specifically named in the Trust that are not listed above
 Include charities/organizations - Attach additional pages if necessary

INDIVIDUALS

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

CHARITIES/ORGANIZATIONS

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

ASSET INFORMATION

REAL ESTATE

Please list all real property owned by the Trust or Decedent, including partial interests & land leases:

Property 1: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held: _____
 Circle if Applicable Lien Mortgage HELOC Amount Due: _____

Property 2: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held: _____
 Circle if Applicable Lien Mortgage HELOC Amount Due: _____

Property 3: Please Circle Condo Residence Timeshare
 Address: _____
 City/State/Zip: _____
 Name of Owner(s): _____
 Recorded Book/ Page: _____ Percentage Held _____

Circle if Applicable Lien Mortgage HELOC Amount Due: _____

TANGIBLE PERSONAL PROPERTY

ie: Jewelry, Art, Collections, Snow Blowers, Antiques, etc.

Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____

DIGITAL ASSETS ie: Cryptocurrencies, bitcoins, etc.

Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____
Item: _____	Approximate Value: _____

INSTITUTIONAL ACCOUNTS

ie: Checking/ Savings/ Money Market/Certificate of Deposits/Investment

Financial Institution: _____	DOD Value: \$ _____
Owner of Account: _____	Beneficiary Name: _____
Financial Institution: _____	DOD Value: \$ _____
Owner of Account: _____	Beneficiary Name: _____
Financial Institution: _____	DOD Value: \$ _____
Owner of Account: _____	Beneficiary Name: _____
Financial Institution: _____	DOD Value: \$ _____
Owner of Account: _____	Beneficiary Name: _____

LIFE INSURANCE

Company Name: _____	Death Benefit: \$ _____
Primary Beneficiary: _____	Cont. Beneficiary: _____
Company Name: _____	Death Benefit: \$ _____
Primary Beneficiary: _____	Cont. Beneficiary: _____
Company Name: _____	Death Benefit: \$ _____

Primary Beneficiary: _____

Cont. Beneficiary: _____

RETIREMENT/ QUALIFIED ACCOUNTS i.e. 401(k), 403(b), IRA

Company Name: _____

Death Benefit: \$ _____

Primary Beneficiary: _____

Cont. Beneficiary: _____

Company Name: _____

Death Benefit: \$ _____

Primary Beneficiary: _____

Cont. Beneficiary: _____

Company Name: _____

Death Benefit: \$ _____

Primary Beneficiary: _____

Cont. Beneficiary: _____

Safety deposit box(es)? Y/N _____ If Yes, Where? _____

Did the Decedent own any interest in any businesses? Y / N _____

Company Name: _____

Percentage Ownership: _____

State of Formation: _____

Approximate Value: \$ _____

Company Name: _____

Percentage Ownership: _____

State of Formation: _____

Approximate Value: \$ _____

MOTOR VEHICLES (including motorcycles/boats/ATVs/Campers)

VIN # _____ Make/Model _____

Owner on Title: _____ Approx. Value _____ Loan Amt. _____

VIN # _____ Make/Model _____

Owner on Title: _____ Approx. Value _____ Loan Amt. _____

VIN # _____ Make/Model _____

Owner on Title: _____ Approx. Value _____ Loan Amt. _____

Other Assets:

Item: _____ Approximate Value: _____

Item: _____ Approximate Value: _____

Item: _____ Approximate Value: _____

Item: _____ Approximate Value: _____

DEBT INFORMATION

Please list all known debts of the decedent, including the amount owed at the time of death (i.e. credit cards, automobile and home loans, medical bills, etc.)

Creditor Name: _____

Address: _____

Type of Debt: _____

Amount owed: _____

Creditor Name: _____

Address: _____

Type of Debt: _____

Amount owed: _____

Creditor Name: _____

Address: _____

Type of Debt: _____

Amount owed: _____

Creditor Name: _____

Address: _____

Type of Debt: _____

Amount owed: _____

Creditor Name: _____

Address: _____

Type of Debt: _____

Amount owed: _____

Was the Decedent a resident of a long term care facility: _____

If yes, please list name of facility, length of time in residence, and if they received any Government benefits

EXISTING ADVISORS

Tax Professional _____

Address: _____

Telephone Number: _____

Email Address: _____

Financial Advisor _____

Address: _____

Telephone Number: _____

Email Address: _____

To the best of your knowledge, are there any family dynamic issues that could potential impact the administration of this Trust Administration?

If yes, please explain:

To the best of your knowledge, do you anticipate any interest parties contesting or challenging this administration?

If yes, please explain:

Additional Notes, concerns or comments

CHECKLIST OF ITEMS NEEDED

Completed Questionnaire _____

Original Estate Planning Documents _____ Enc. _____ Held with Pockell Law Office
(Trusts/Last Wills)

Certified Death Certificate (x2) _____

Copies of Deeds to Real Property _____ Enc. _____ Held with Pockell Law Office
(including land lease, time shares)

Copies of Statements _____

Policies for Assets _____

Evidence of Debt _____
(credit card/medical bills)

PreNuptial Agreements _____

Signed Attorney Agreement _____

Retainer for Services _____