



## CONFIDENTIAL CLIENT QUESTIONNAIRE

### ESTATE PLANNING

#### INSTRUCTIONS:

1. Please answer the questions as carefully and accurately as possible. This information will be used to complete official documents required for filing your case with the courts. **Failure to answer questions or answering with inaccurate information will result in delays in your case.**
2. If a question does not apply to you answer with "N/A".
3. If you have already filed this case with the courts, please provide copies of all pleadings.

OFFICE USE ONLY	Intake Date _____	Conducted by _____	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person
	Conflict Check Date _____	Done by _____	<input type="checkbox"/> Conflict	<input type="checkbox"/> No Conflict
	Retainer Quoted _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Flat Fee	<input type="checkbox"/> Contingency
	Retained on _____	Paid \$ _____	Employee _____	
	Entered into MyCase on _____	by _____		
	Hearings Check done on _____	by _____	<input type="checkbox"/> No hearings	<input type="checkbox"/> Hearing _____
Physical File Created on _____	by _____	given to _____		

# ABOUT YOURSELF

Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Do you want your maiden name restored?  Yes  No Maiden Name \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_

Residence County \_\_\_\_\_ How Long? \_\_\_\_\_  
If less than 6 months, where did you live previously? \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Residence Address \_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Other \_\_\_\_\_  
Please specify \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_  
Schedule Start Time End Time

Monday	_____	-	_____	Approx. Pay _____ /month <small>(Gross)</small>
Tuesday	_____	-	_____	
Wednesday	_____	-	_____	
Thursday	_____	-	_____	
Friday	_____	-	_____	
Saturday	_____	-	_____	
Sunday	_____	-	_____	

# OFFICIAL ESTATE PLANNING ORGANIZER

**SECTION**

## 1 GENERAL INFORMATION

Date \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Widowed

\_\_\_\_\_  
Your Legal Name

\_\_\_\_\_  
Spouse's Legal Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Your Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation Work Phone

\_\_\_\_\_  
Spouse's Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Spouse's Occupation Work Phone

	YOU	SPOUSE
Soc. Sec. Number		
Date of Birth		
US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a Will or Trust? If so, give year & state in which they were prepared.	<input type="checkbox"/> Trust <input type="checkbox"/> Will Yr. _____ State _____	<input type="checkbox"/> Trust <input type="checkbox"/> Will Yr. _____ State _____
Do you expect to receive money or other assets? (choose all that apply)	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other	<input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Lawsuit <input type="checkbox"/> Other
Approx. value of above selections.	\$ _____	\$ _____

**SECTION**

## 2 ABOUT YOUR CHILDREN

**1.** \_\_\_\_\_  
 Legal Name Date of Birth  
 \_\_\_\_\_  
 Goes by Soc. Sec. #  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip County  
 Biological  Adopted  Foster  
 Married  Special Needs  Dependent  
 Related to:  
 Only You  Spouse Only  Both

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**2.** \_\_\_\_\_  
 Legal Name Date of Birth  
 \_\_\_\_\_  
 Goes by Soc. Sec. #  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip County  
 Biological  Adopted  Foster  
 Married  Special Needs  Dependent  
 Related to:  
 Only You  Spouse Only  Both

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**3.** \_\_\_\_\_  
 Legal Name Date of Birth  
 \_\_\_\_\_  
 Goes by Soc. Sec. #  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip County  
 Biological  Adopted  Foster  
 Married  Special Needs  Dependent  
 Related to:  
 Only You  Spouse Only  Both

**Grandchildren:** \_\_\_\_\_ Yours Only \_\_\_\_\_ Spouse Only \_\_\_\_\_ Both

**SECTION**

**3 FINANCIAL INFORMATION**

1. Please list all **homes** and other **real estate** that you own.

Address & Description	Name on Title	Purchase Price	Current Value	-	Mortgage	=	Equity
<b>Total Net Value =</b>						<b>\$</b>	

2. Please list any other **titled property** you own such as a car, boat etc.

Item & Description	Name on Title	Purchase Price	Current Value	-	Loan	=	Equity
<b>Total Net Value =</b>						<b>\$</b>	

3. Please list all **checking accounts** you have.

Institution Name	Account Number	Name on Account	Approx. Balance
<b>Total Value =</b>			<b>\$</b>

4. Please list all **interest bearing accounts** you have (savings, money market, and or CDs).

Institution Name	Account Number	Name on Account	Approx. Balance
Total Value =			\$

5. Please list all **stocks, bonds, or mutual funds** (including company stock) that you own.

# Shares	Type	Description	Acct. Number	Name on Title	Purchase Price	Current value
Total Value =						\$

6. Please list all **profit sharing, IRAs, or pension plans**.

Location	Description	Beneficiary	Current Value
Total Value =			\$

7. Please list all **businesses** and/or **partnership interests** owned by you or your spouse.

Business Name	Description	Type of Ownership	Purchase Price	Current Value
Total Value = \$				

8. Please list any **life insurance** policies and/or **annuities**.

Business Name	Description	Type of Ownership	Purchase Price	Current Value
Total Value = \$				

9. Please list all **money** or **property** owed to you by others.

Name	Description	Amount
Total Value = \$		

10. Please list any **special items of value** (i.e. coin collections, antiques, jewelry, etc.)

Description	Approximate Value
Total Value = \$	

11. Please list approximate total value of all your **remaining personal property** – whatever you own that has not been addressed above. (i.e. clothes, furniture, etc.) ..... \$   
Approximate Value

12. Please list any **debts** other than mortgage(s) and loan(s) listed above.

Type	Description	Owed to	Date due	Amount
Total Debt = \$				

13. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above) ..... \$ \_\_\_\_\_

14. Total value of everything you (and your spouse) owe (totals of lines 12 above) ..... \$ \_\_\_\_\_

15. Subtract line 14 from line 13 ..... **NET ESTATE = \$** \_\_\_\_\_

16. Please list all **safe deposit boxes you have.**

Location	Name on Title

**SECTION**

**4 TRUST DECISIONS: YOUR LIVING TRUST TEAM**

1. **TRUSTEE(S)** – Manages your trust now; usually you (and your spouse) and/or a Corporate Trustee.

2. **SUCCESSOR TRUSTEE(S)** – Steps in at your incapacity or death. Can be adult children, trusted friend, and/or a Corporate Trustee.

Choice #1

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #2

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #3

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_



**3. GUARDIAN FOR MINOR CHILDREN –** Responsible adult who will raise your children if something happens to you.

Choice #1

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #2

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #3

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**4. TRUSTEES FOR MINOR CHILDREN –** Manages inheritance. Can be the same person as the Guardian, another adult or a Corporate Trustee.

Choice #1

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #2

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Choice #3

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**5 BENEFICIARIES****1. SPECIAL GIFTS TO ORGANIZATIONS**

Do you want to make a gift (cash or specific item) to a charity, foundation, religious or fraternal organization?

Organization Name	Address	Description of Gift

**2. SPECIAL GIFTS TO INDIVIDUALS**

Do you want to give any specific items to a family member or other individuals? (i.e. wedding ring to your daughter, gun collection to son, etc.)

Individual Name	Address	Description of Gift

**3. BENEFICIARIES**

Whom do you want to receive the rest of your estate after the above gifts have been distributed? You can designate a dollar amount or percentage.

Beneficiary Name	Address	Amount / Percentage


**4. INHERITING INSTRUCTIONS**

Do you want your beneficiaries to receive their inheritance in installments, at certain ages, all at once? You can also keep the assets in a trust to protect them from the courts, creditors (even ex-spouses), and irresponsible spending.

**5. DO YOU PROVIDE FOR SOMEONE WHO REQUIRES SPECIAL CARE?**

Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet, etc.)?

Name	Age	Relationship	Explanation

**6. ALTERNATE BENEFICIARIES**

Whom do you want to receive the rest of your estate if you (and your spouse) outlive the Beneficiaries you've named above?

Beneficiary Name	Address	Amount / Percentage

## 7. **DISINHERITING**

Are there any relatives that you specifically do not want to receive anything from your estate?

### SECTION

## **6 SPECIAL INSTRUCTIONS AT INCAPACITY**

### 1. **KEEPING / SELLING ASSETS**

If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain items that you prefer to be sold first? Are there potential buyers you want to be contacted? Are there certain assets you prefer not to be sold unless absolutely necessary?

### 2. **MEDICAL CARE**

Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusions, life support, etc.?

**YOU**

**YOUR SPOUSE**

8. Do you want a **Living Will**?

This lets others know how you feel about life support treatment if you become terminally ill.

You		Your Spouse	
<input type="checkbox"/> YES	NO	YES	NO
YES	NO	YES	NO

9. Do you want a **Durable Power of Attorney for Health Care**?

This document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping them out of the courts. You can choose anyone you trust. List your choices below:

**YOU**

#1 Choice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

#2 Choice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**YOUR SPOUSE**

#1 Choice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

#2 Choice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**SECTION**

**7 OTHER NOTES / INFORMATION**