

Law offices of Craig S. Redler

**ATTORNEY-CLIENT PRIVILEGED
ATTORNEY WORK PRODUCT**

NEW CLIENT QUESTIONNAIRE

Instructions:

1. Please complete the attached Questionnaire as thoroughly as possible.
2. Submit the following documents (for you and your spouse) with this completed Questionnaire:

___ Tax returns for previous 2 years

___ Current Estate Planning Documents – e.g., living trust, wills, insurance trusts, powers of attorney for healthcare and property

___ Most recent statement for each bank account

___ Most recent statement for each non-retirement and retirement investment account

___ Current Deed for each piece of real estate you own

___ Copies of your Title Insurance Policies for each piece of real property you own

___ Copies of your life insurance policies

___ Copies of formation documents for any Corporations or Companies that you own or for which you are a greater than 10% shareholder/member



NEW CLIENT QUESTIONNAIRE

SECTION ONE: CLIENT AND FAMILY

Client Name _____

Home Address _____

Where to send mail? _____ Home _____ Office _____

Home Telephone _____ When are you available at this number? _____

Home Fax _____ Email Address _____

Second Home/Vacation Home Address _____

Social Security Number _____

Nicknames / Aliases _____

Has your name been changed by a court proceeding? _____

Date of Birth _____ Age _____ Place of Birth _____

Were you adopted? _____ If yes, indicate date and place of adoption _____

Are you a U.S. citizen? _____ If naturalized, date of citizenship _____

Are you a citizen of another country? _____ Dual Citizenship? _____

Do you maintain homes in two or more states? _____

Any significant health problems? _____

Do any of your children and/or grandchildren have special needs or disabilities? _____



Marital Status

_____ Single. Are you contemplating marriage? _____
Name of Prospective Spouse _____

_____ Married Name of Spouse _____
Date and Place of Marriage _____
Domicile at Time of Marriage _____
Pre or Post Nuptial Agreements? _____

_____ Separated. Date of Separation _____
Please complete "Married" section above.

_____ Divorced. Name of Former Spouse _____
 Current Address _____
 Date and Place of Divorce _____
 Alimony _____ Child Support _____
 Estate obligations _____

_____ Divorced. Name of Former Spouse _____
 Current Address _____
 Date and Place of Divorce _____
 Alimony _____ Child Support _____
 Estate obligations _____

_____ Widowed. Name of Deceased Spouse _____ Date of Birth _____

_____ Other. Please explain _____

Employment

Occupation _____ Position _____ Self Employed? _____
 Employer/Firm Name _____ How long with current employer? _____
 Business Address _____
 Business Telephone _____ Business Fax _____
 What hours can you be reached at this number? _____
 Military Service: from _____ To _____
 Branch _____ Grade/Serial Number _____

Information about Spouse

Spouse's Name _____
 Home Address _____
 House _____ Condo _____ Other _____ Okay to send mail? _____
 Home Telephone _____ When available at this number? _____
 Social Security Number _____
 Nicknames/Aliases _____

Has name been changed by court proceeding? _____

Date of Birth _____ Age _____ Place of Birth _____

Adopted? _____ Date and Place of Adoption _____

U.S. Citizen? _____ Naturalized? (give date) _____

Citizen of another country? _____

Prior Marriage: Former Spouse Name _____

Current Address _____

How Marriage Terminated _____

Date and Place of Termination _____

Alimony _____ Child Support _____

Estate Obligations _____

Occupation _____ Position _____ Self Employed? _____

Employer/Firm Name _____ How long with current employer? _____

Business Address _____

Business Telephone _____ Can be reached from _____ to _____

Military Service: From _____ to _____

Branch _____ Grade/Serial No. _____

Significant Health Problems? _____

Experience with money management or investment? _____

Have you OR your spouse ever lived in or were you married in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, or any other community property jurisdiction? _____

Information about Children and other Dependents

1. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

2. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

3. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

4. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

5. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

6. Dependent's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Business Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

Please explain if any of your children are separated, divorced, physically or mentally handicapped: _____

List any other dependents to whom you have financial obligations (name, age, relationship, address): _____

How would you feel if one of your children or grandchildren adopted a child? _____

In the event one of your descendants had a child out of wedlock:
Would you feel that your female descendant's child were an heir and entitled to be treated like a legitimate child? Yes _____ No _____
Would you feel that your male descendant's child were an heir and entitled to be treated like a legitimate child? Yes _____ No _____



SECTION TWO: BUSINESS INFORMATION SUMMARY

Name of Business: _____

Address: _____

Telephone: _____

Market Value: _____

Book Value: _____

Real Estate: _____

Equipment: _____

Vehicles: _____

Inventory: _____

Other: _____

Do you own 100%? _____

How titled? _____

Partner/Age: _____ %

Partner/Age: _____ %

Partner/Age: _____ %

Buy/Sell Agreements? _____

Funded? _____

How Valued? _____

Value of Business, if:

Buying: \$ _____

Selling: \$ _____

Full Appraisal: \$ _____

Description of Business:

Type of Company: C-Corp S-Corp Single-Member LLC Multi-Member LLC
 Professional Corp Sole Proprietorship

Taxable earning last fiscal year: _____

Number of Employees: _____ Union? Y____ N____

Do you have key people who could take over your business in the event of your death? _____

If yes, have you made any preparations for such an event? _____

Is your spouse active in the business? _____ Your children? _____

Would your spouse be able to run the business as effectively as you in the event of your death? _____

Existing Judgments

Amount: _____ Date: _____

Existing / Threatened Litigation:

Expansion Plans:

Any plans for Sale or IPO:

SECTION THREE: LAWSUITS AND OTHER THIRD PARTY CLAIMS

A. Provide details regarding past or pending civil (tortuous or contractual) or criminal proceedings against client or client's spouse: _____

B. Provide details regarding potential civil (tortuous or contractual) or criminal proceedings against client or client's spouse: _____

C. Provide details regarding past, present or contemplated bankruptcy proceedings involving client or client's spouse or any corporation, partnership or other entity in which client or client's spouse owns, directly or indirectly, a 10% or greater equity interest: _____

D. Provide details regarding pending or potential civil claims or causes of action against third parties by client or spouse (tortuous or contractual): _____

E. Client's or spouse's reasonably anticipated borrowing needs or borrowing plans, personally or through business/profession: _____

F. Provide details on loans or other indebtedness. Include such items as notes to banks, loans on life insurance, accounts owed to other persons, charitable pledges, taxes, auto, credit cards, lines of credit, equipment or auto or building leases:

SECTION FOUR: PROPERTY INFORMATION

Instructions for completing the Property Information checklist:

General Headings

This **Property Information** checklist helps you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings, you may own more property than can be listed on this checklist. If so, attach extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Client’s name alone, with no other person	C
If married, Spouse’s name alone, with no other person	S
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Furniture and Personal Effects

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Automobiles, Boats, and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Bank Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts (Institution and Acct No.)	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Summary of Values

Assets	Amount*		Total Value
	Client	Spouse	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

* *Joint Property values enter 1/2 in client's column and 1/2 in spouse's column.*