



CONFIDENTIAL This questionnaire is designed to help us gather information necessary to properly advise you. You may ignore the questions that do not apply to you. Whether you are a new or an existing client, this questionnaire is extremely helpful and we ask your indulgence in completing it fully. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

Date: _____ How did you hear about us? _____

Person Completing Form: _____ Relationship to Client: _____

SECTION 1. NAME AND CONTACT INFORMATION

CLIENT #1: FULL LEGAL NAME (as it appears on Government Issued ID):

(first) (middle) (last)

Male Female Also known as _____
(Other names used to title property and accounts)

Home Address: _____

Mailing Address: Same _____

Telephone: _____
(home) (cell)

Date of Birth: _____

U.S. Citizen? Yes No Veteran? Yes No

E-mail Address: _____

It is OK to communicate with me via my E-mail address.

(IMPORTANT NOTICE: Please use a personal e-mail address rather than a work e-mail address. There is no attorney-client privilege extended to communications transmitted through your employer e-mail address.)

Married: Date of Marriage _____ Divorced Widowed Single Domestic Partnership
 Do you have a prenuptial/postnuptial agreement Yes No

CLIENT #2: FULL LEGAL NAME (as it appears on Government Issued ID):

(first) (middle) (last)

Male Female Also known as _____
(Other names used to title property and accounts)

Home Address: _____

Mailing Address: Same _____

Telephone: _____
(home) (cell)

Date of Birth: _____

U.S. Citizen? Yes No Veteran? Yes No

E-mail Address: _____

It is OK to communicate with me via my E-mail address.

(IMPORTANT NOTICE: Please use a personal e-mail address rather than a work e-mail address. There is no attorney-client privilege extended to communications transmitted through your employer e-mail address.)

Certified Public Accountant: _____
(name)

Phone or Email: _____

Financial Advisor: _____
(name)

Phone or Email: _____

SECTION 2. CHILDREN

List all children. Copy and attach additional pages if needed.

Please confirm how your child's name appears on a Government Issued ID. Total number of children: _____

1. _____
(FULL LEGAL NAME) (date of birth)

PARENT: Client #1 Client #2 Both Male Female

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Deceased _____
(date of death)

Child has surviving children? Yes No

Child has special education, medical or physical needs? Yes No

Adopted _____
(date of adoption)

Child receives governmental benefits? Yes No

2. _____
(FULL LEGAL NAME) (date of birth)

PARENT: Client #1 Client #2 Both Male Female

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Deceased _____
(date of death)

Child has surviving children? Yes No

Child has special education, medical or physical needs? Yes No

Adopted _____
(date of adoption)

Child receives governmental benefits? Yes No

3. _____
(FULL LEGAL NAME) (date of birth)

PARENT: Client #1 Client #2 Both Male Female

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Deceased _____
(date of death)

Child has surviving children? Yes No

Child has special education, medical or physical needs? Yes No

Adopted _____
(date of adoption)

Child receives governmental benefits? Yes No

4. _____ (FULL LEGAL NAME) _____ (date of birth)

PARENT: Client #1 Client #2 Both Male Female

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Deceased _____ (date of death) Child has surviving children? Yes No

Adopted _____ (date of adoption) Child has special education, medical or physical needs? Yes No

Child receives governmental benefits? Yes No

5. _____ (FULL LEGAL NAME) _____ (date of birth)

PARENT: Client #1 Client #2 Both Male Female

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Deceased _____ (date of death) Child has surviving children? Yes No

Adopted _____ (date of adoption) Child has special education, medical or physical needs? Yes No

Child receives governmental benefits? Yes No

SECTION 3. OTHER AGENTS/BENEFICIARIES

If you wish to designate individuals other than your children, please provide their information below.

1. _____ (FULL LEGAL NAME) _____ (date of birth)

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Male Female Relationship: _____

2. _____ (FULL LEGAL NAME) _____ (date of birth)

Address: _____ Home Phone: _____

Mailing Address: Same _____ Cell Phone: _____

Email Address: _____

Male Female Relationship: _____

SECTION 4. ASSETS AND INCOME

A. FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2
1. Social Security:	\$ _____	\$ _____
2. Pension:	\$ _____	\$ _____
3. _____ RMD:	\$ _____	\$ _____
4. _____:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

B. NON-FIXED MONTHLY INCOME

	CLIENT #1	CLIENT #2
1. Interest:	\$ _____	\$ _____
2. Dividends:	\$ _____	\$ _____
3. _____:	\$ _____	\$ _____
4. _____:	\$ _____	\$ _____
5. _____:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

C. CASH AND BANK ACCOUNTS (CD, Checking, Savings, etc.)

Name of Bank/Branch	Type of Account	Balance/Value	How Title Held
<i>Big Bank/Main St.</i> <i>(sample)</i>	<i>Savings</i>	<i>\$ xx,xxx.xx</i>	<i>Jointly w/son</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. SECURITIES, BROKERAGE, BONDS, ETC.

Name of Company	# Shares/Face Val.	Current Val.	How Title Held
<i>Acme Corp.</i> <small>(sample)</small>	<i>xx Shares</i>	<i>\$ x,xxx.xx</i>	<i>Sole owner</i>

E. QUALIFIED RETIREMENT ACCOUNTS (IRA, 401(k), 403b, Keoghs, etc.)

Name of Institution	Owner	Beneficiary	Contingent Bene.	Current Value
<i>Big Broker</i> <small>(sample)</small>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

F. NON-QUALIFIED ANNUITIES

Name of Institution	Owner	Beneficiary	Contingent Bene.	Current Value
<i>Big Broker</i> <small>(sample)</small>	<i>Client</i>	<i>Spouse</i>	<i>Children</i>	<i>\$ xx,xxx.xx</i>

G. DO YOU OWN ANY NON-FUNGIBLE TOKENS (NFTS)? Yes No

SECTION 5. REAL ESTATE

PRIMARY RESIDENCE

1. Property Address _____

2. Owner(s) _____

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

Fair Market Value: \$ _____ Mortgage Balance: \$ _____ Is it a Reverse Mortgage? Yes No

3. If the property was PURCHASED OR INHERITED, please provide the following:

Date of purchase/inheritance: _____ Purchase/inherited value: \$ _____

ADDITIONAL PROPERTY

REAL ESTATE OTHER THAN PRIMARY RESIDENCE (Including Timeshares, Co-Ops, Vacant Land, Etc.)

1. Property Address _____

2. Owner(s) _____

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

Fair Market Value: \$ _____ Mortgage Balance: \$ _____ Is it a Reverse Mortgage? Yes No

3. If the property was PURCHASED OR INHERITED, please provide the following:

Date of purchase/inheritance: _____ Purchase/inherited value: \$ _____

1. Property Address _____

2. Owner(s) _____

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

Fair Market Value: \$ _____ Mortgage Balance: \$ _____ Is it a Reverse Mortgage? Yes No

3. If the property was PURCHASED OR INHERITED, please provide the following:

Date of purchase/inheritance: _____ Purchase/inherited value: \$ _____

1. Property Address _____

2. Owner(s) _____

PLEASE PROVIDE A COPY OF THE DEED AND MOST RECENT TAX BILL.

Fair Market Value: \$ _____ Mortgage Balance: \$ _____ Is it a Reverse Mortgage? Yes No

3. If the property was PURCHASED OR INHERITED, please provide the following:

Date of purchase/inheritance: _____ Purchase/inherited value: \$ _____

Do any of these properties have an easement? Yes No

SECTION 6. INSURANCE

A. INSURANCE: LIFE

Name of Insured	Policy Owner	Type of Policy	Beneficiary	Cash Surrender Value	Death Benefit Value
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Name</i>	<i>Whole Life</i>	<i>Spouse, then children</i>	<i>\$10,000</i>	<i>\$10,000</i>
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B. INSURANCE: LONG-TERM CARE

Name of Insurer	Policy Owner	Type of Policy	Maximum Daily Benefit	Lifetime Maximum Benefit
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Name</i>	<i>Hybrid, Traditional</i>	<i>\$300</i>	<i>\$10,000</i>
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C. INSURANCE: HEALTH

Name of Insurer	Policy Owner
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<i>Acme Insurance</i> <small>(sample)</small>	<i>Name</i>
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Do you have supplemental health insurance? Yes Cost per month: _____
 No

D. BUSINESS INTERESTS

Please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

E. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of the trust in which the client has an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

F. OTHER

If the client has any property interests not described above, including 529 plans, please explain the nature of the interests and the estimated value each.

Do you have a safe deposit box at a bank? Yes Bank location: _____
 No

G. PERSONAL PROPERTY

	MARKET VALUE	HOW TITLE HELD
Home Furnishings:	\$ _____	\$ _____
Cars, RVs, Boats, etc.:	\$ _____	\$ _____
Jewels, Fur, etc.:	\$ _____	\$ _____
Firearms:	\$ _____	\$ _____
_____:	\$ _____	\$ _____
<i>(other: collectibles, etc.)</i>		
_____:	\$ _____	\$ _____

SECTION 7. CLIENT GOALS

What are your goals for your estate plan?

Signature _____

**I have answered the above questions accurately and to the best of my ability. I understand that any recommendations made will be based on the information given and any additional or varying information may negate any advice that was previously provided to me.*