

CONFIDENTIAL QUESTIONNAIRE (SHORT FORM)

DATE QUESTIONNAIRE COMPLETED: _____

I. CLIENT (YOU OR THE PERSON FOR WHOM THE PLANNING IS BEING IMPLEMENTED)

NAME: _____ DATE OF BIRTH: _____
DATE OF DEATH (IF APPLICABLE): _____
ADDRESS: _____ SOCIAL SECURITY No.: _____

PHYSICAL/MENTAL CONDITION: _____

HOME PHONE: _____ MILITARY SERVICE (Y/N): YES NO
CELL PHONE: _____ CITIZENSHIP: _____
WORK PHONE: _____ NEVER MARRIED/MARRIED/WIDOWED/
SEPARATED/DIVORCED: _____
E-MAIL: _____

II. CLIENT'S SPOUSE/SIGNIFICANT OTHER (STATE IF FIRST OR SECOND MARRIAGE FOR BOTH)

NAME: _____ DATE OF BIRTH: _____
DATE OF DEATH (IF APPLICABLE): _____
ADDRESS: _____ SOCIAL SECURITY No.: _____

PHYSICAL/MENTAL CONDITION: _____

HOME PHONE: _____ MILITARY SERVICE (Y/N): YES NO
CELL PHONE: _____ CITIZENSHIP: _____
WORK PHONE: _____ NEVER MARRIED/MARRIED/WIDOWED/
SEPARATED/DIVORCED/RELATIONSHIP STATUS: _____
E-MAIL: _____

III. CONTACT PERSON IF NOT THE CLIENT

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ BEST CONTACT NUMBER: _____

E-MAIL: _____

IV. LIVING AND DECEASED CHILDREN (INDICATE IF DECEASED BY PLACING "D" NEXT TO NAME)

*** IF YOU HAVE NO CHILDREN LIST NIECES/NEPHEWS/GRANDCHILDREN AND MAKE A NOTE TO ME**

1. NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	DATE OF DEATH (IF APPLICABLE): _____
_____	CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PHONE: _____	ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/>
CELL PHONE: _____	DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/>
WORK PHONE: _____	PLEASE EXPLAIN: _____
E-MAIL: _____	RELATIONSHIP: _____
2. NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	DATE OF DEATH (IF APPLICABLE): _____
_____	CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PHONE: _____	ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/>
CELL PHONE: _____	DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/>
WORK PHONE: _____	PLEASE EXPLAIN: _____
E-MAIL: _____	RELATIONSHIP: _____
3. NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	DATE OF DEATH (IF APPLICABLE): _____
_____	CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME PHONE: _____	ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/>
CELL PHONE: _____	DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/>
WORK PHONE: _____	PLEASE EXPLAIN: _____
E-MAIL: _____	RELATIONSHIP: _____

USE ADDITIONAL SHEET AT END OF QUESTIONNAIRE IF NECESSARY

V. ASSETS

A. SUMMARY STATEMENT (IF NECESSARY, ATTACH A SEPARATE SHEET)

ASSET	C: CLIENT S: SPOUSE/OTHER J: JOINT T: TRUST	FINANCIAL INSTITUTION(S)	AMOUNT (OR CASH VALUE FOR LIFE INSURANCE)
CHECKING/SAVINGS	_____	_____	_____
	_____	_____	_____
BROKERAGE ACCOUNTS	_____	_____	_____
	_____	_____	_____
INDIVIDUAL STOCKS AND BONDS	_____	_____	_____
	_____	_____	_____
RETIREMENT ACCOUNT(S)	_____	_____	_____
	_____	_____	_____
LIFE INSURANCE	_____	_____	_____
	_____	_____	_____
ANNUITIES – NON- QUALIFIED	_____	_____	_____
	_____	_____	_____
ANNUITIES – QUALIFIED	_____	_____	_____

B. PROPERTY OWNERSHIP (PROVIDE COPIES OF DEEDS/STOCK CERTIFICATES)

OWNER(S)	ADDRESS OF PROPERTY	TYPE (E.G., HOUSE, CONDO, CO-OP)	FAIR MARKET VALUE	MORTGAGE BALANCE	COST BASIS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VI. INCOME

A. SUMMARY STATEMENT

TYPE	C: CLIENT S: SPOUSE/OTHER J: JOINT T: TRUST	PAYOR(S)	AMOUNT
SOCIAL SECURITY	_____	_____	_____
	_____	_____	_____
PENSION	_____	_____	_____
	_____	_____	_____
RENTAL INCOME	_____	_____	_____
	_____	_____	_____
ANNUITIES - QUALIFIED	_____	_____	_____
	_____	_____	_____
ANNUITIES – NON- QUALIFIED	_____	_____	_____
	_____	_____	_____
REQUIRED MINIMUM DISTRIBUTION	_____	_____	_____
	_____	_____	_____
OTHER	_____	_____	_____
	_____	_____	_____

VII. PROFESSIONAL ADVISORS

* WE SOMETIMES NEED TO COMMUNICATE WITH YOUR TAX PREPARER AND/OR FINANCIAL ADVISOR IN ORDER TO EXPLAIN YOUR PLANNING. PLEASE PROVIDE THEIR CONTACT INFORMATION BELOW.

TAX PREPARER CONTACT INFORMATION	FINANCIAL ADVISOR CONTACT INFORMATION
NAME: _____	NAME: _____
COMPANY: _____	COMPANY: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
WORK PHONE: _____	WORK PHONE: _____
E-MAIL: _____	E-MAIL: _____

CHECK HERE IF YOU AUTHORIZE US TO CONTACT THE PROFESSIONALS LISTED ABOVE

VIII. FIDUCIARY SELECTION

* IF THE PERSON(S) ARE ALREADY LISTED HEREIN, WRITE ONLY THEIR NAME(S) BELOW.
OTHERWISE, INCLUDE ALL REQUESTED INFORMATION

**IF YOU WOULD LIKE THE INDIVIDUALS TO ACT TOGETHER, PLEASE CHECK THE BOX

A. EXECUTOR (LAST WILL AND TESTAMENT)

An Executor is responsible for carrying out the terms of your Last Will and Testament. If applicable to your planning, who would you like to nominate as Executor?

EXECUTORS ACT TOGETHER - CHECK HERE:

PRIMARY EXECUTOR

CO-EXECUTOR OR SUCCESSOR EXECUTOR

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

B. GUARDIAN OF THE PERSON AND PROPERTY OF MINOR CHILDREN

If your children are under the age of eighteen (18) you must appoint a Guardian of the person and property of such minor children in your Will. If applicable to your planning, who do you want to nominate as Guardian?

GUARDIANS ACT TOGETHER - CHECK HERE:

PRIMARY GUARDIAN

CO-GUARDIAN OR SUCCESSOR GUARDIAN

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

IF ADDITIONAL SHEETS ARE NECESSARY, PLEASE CONTACT THE OFFICE

C. TRUSTEE

*** USE ADDITIONAL SHEET AT END OF QUESTIONNAIRE IF WE ARE PREPARING MULTIPLE TRUSTS AND YOU ARE NOMINATING DIFFERENT TRUSTEES OF EACH TRUST**

A Trustee is responsible for carrying out the terms of a trust. There are many types of trusts. Common types of trust that we may be preparing are revocable trusts to avoid probate; Medicaid/income-only trusts for asset protection purposes; underage beneficiary trusts for minor beneficiaries, and supplemental needs trust for disabled beneficiaries. If applicable to your planning, who would you like to nominate as Trustee?

TRUSTEES ACT TOGETHER - CHECK HERE:

PRIMARY TRUSTEE

CO-TRUSTEE OR SUCCESSOR TRUSTEE

NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

D. POWER OF ATTORNEY AND STATUTORY GIFTS RIDER

An agent under a power of attorney and statutory gifts rider steps into your shoes for financial purposes and can generally do anything you can do from a financial perspective, especially if you lose your capacity. If applicable to your planning, who would you like to nominate as agent?

AGENTS ACT TOGETHER - CHECK HERE:

PRIMARY AGENT

CO-AGENT OR SUCCESSOR AGENT

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

E. HEALTH CARE PROXY

An agent under a health care proxy can make medical decision on your behalf if you cannot. If applicable to your planning, who would you like to nominate as health care agent?

PRIMARY AGENT

SUCCESSOR AGENT

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

IF ADDITIONAL SHEETS ARE NECESSARY, PLEASE CONTACT THE OFFICE

(CONTINUATION SHEET - IF NECESSARY)

IV. LIVING AND DECEASED CHILDREN (INDICATE IF DECEASED BY PLACING "D" NEXT TO NAME)

*** IF YOU HAVE NO CHILDREN LIST NIECES/NEPHEWS/GRANDCHILDREN AND MAKE A NOTE TO ME**

<p>4. NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>HOME PHONE: _____</p> <p>CELL PHONE: _____</p> <p>WORK PHONE: _____</p> <p>E-MAIL: _____</p> <p>5. NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>HOME PHONE: _____</p> <p>CELL PHONE: _____</p> <p>WORK PHONE: _____</p> <p>E-MAIL: _____</p> <p>6. NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>HOME PHONE: _____</p> <p>CELL PHONE: _____</p> <p>WORK PHONE: _____</p> <p>E-MAIL: _____</p>	<p>DATE OF BIRTH: _____</p> <p>DATE OF DEATH (IF APPLICABLE): _____</p> <p>CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE EXPLAIN: _____</p> <p>RELATIONSHIP: _____</p> <p>DATE OF BIRTH: _____</p> <p>DATE OF DEATH (IF APPLICABLE): _____</p> <p>CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE EXPLAIN: _____</p> <p>RELATIONSHIP: _____</p> <p>DATE OF BIRTH: _____</p> <p>DATE OF DEATH (IF APPLICABLE): _____</p> <p>CHILD OF A PRIOR MARRIAGE: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ADOPTED CHILD: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DOES THIS CHILD HAVE SPECIAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE EXPLAIN: _____</p> <p>RELATIONSHIP: _____</p>
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(IF ADDITIONAL SHEETS ARE NECESSARY, PLEASE MAKE COPIES OR CONTACT THE OFFICE)

(CONTINUATION SHEET - IF NECESSARY)

C. TRUSTEE

*** USE THIS ADDITIONAL SECTION IF WE ARE PREPARING MULTIPLE TRUSTS
AND YOU ARE NOMINATING DIFFERENT TRUSTEES OF EACH TRUST**

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HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

SOCIAL SECURITY NUMBER: _____ SOCIAL SECURITY NUMBER: _____
