

**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:** \_\_\_\_\_  
**MUNICIPALITY:** \_\_\_\_\_  
**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**

<b>1. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____ _____	<b>DATE OF DEATH (if applicable):</b> _____
<b>HOME PHONE:</b> _____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>PLEASE EXPLAIN:</b> _____
<b>E-MAIL:</b> _____	<b>RELATIONSHIP:</b> _____

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<b>2. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____ _____	<b>DATE OF DEATH (if applicable):</b> _____
<b>HOME PHONE:</b> _____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>PLEASE EXPLAIN:</b> _____
<b>E-MAIL:</b> _____	<b>RELATIONSHIP:</b> _____

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<b>3. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____ _____	<b>DATE OF DEATH (if applicable):</b> _____
<b>HOME PHONE:</b> _____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>PLEASE EXPLAIN:</b> _____
<b>E-MAIL:</b> _____	<b>RELATIONSHIP:</b> _____

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**

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

**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 ABOVE, WRITE ONLY THEIR NAME(S) BELOW. OTHERWISE, INCLUDE ALL REQUESTED INFORMATION**

**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?

**IF YOU WANT TO APPOINT CO-EXECUTORS, CHECK HERE:**

<b>PRIMARY EXECUTOR</b>	<b>CO-EXECUTOR OR SUCCESSOR EXECUTOR</b>
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ANY FELONY CONVICTION? _____	ANY FELONY CONVICTION? _____

**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?

**IF YOU WANT TO APPOINT CO-GUARDIANS, CHECK HERE:**

<b>PRIMARY GUARDIAN</b>	<b>CO-GUARDIAN OR SUCCESSOR GUARDIAN</b>
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ANY FELONY CONVICTION? _____	ANY FELONY CONVICTION? _____

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?

**IF YOU WANT TO APPOINT CO-TRUSTEES, 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:** \_\_\_\_\_

\_\_\_\_\_

**ANY FELONY CONVICTION?** \_\_\_\_\_ **ANY FELONY CONVICTION?** \_\_\_\_\_

**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?

**IF YOU WANT TO APPOINT CO-AGENTS, CHECK HERE:**

<b>PRIMARY AGENT</b>	<b>CO-AGENT OR SUCCESSOR AGENT</b>
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ANY FELONY CONVICTION? _____	ANY FELONY CONVICTION? _____

**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?

<b>PRIMARY AGENT</b>	<b>SUCCESSOR AGENT</b>
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ANY FELONY CONVICTION? _____	ANY FELONY CONVICTION? _____

**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**

<b>4. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____	<b>DATE OF DEATH (if applicable):</b> _____
_____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HOME PHONE:</b> _____	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>E-MAIL:</b> _____	<b>PLEASE EXPLAIN:</b> _____
	<b>RELATIONSHIP:</b> _____

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<b>5. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____	<b>DATE OF DEATH (if applicable):</b> _____
_____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HOME PHONE:</b> _____	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>E-MAIL:</b> _____	<b>PLEASE EXPLAIN:</b> _____
	<b>RELATIONSHIP:</b> _____

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<b>6. NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>ADDRESS:</b> _____	<b>DATE OF DEATH (if applicable):</b> _____
_____	<b>CHILD OF A PRIOR MARRIAGE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>HOME PHONE:</b> _____	<b>ADOPTED CHILD:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CELL PHONE:</b> _____	<b>DOES THIS CHILD HAVE CHILDREN?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>WORK PHONE:</b> _____	<b>DOES THIS CHILD HAVE SPECIAL NEEDS:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>E-MAIL:</b> _____	<b>PLEASE EXPLAIN:</b> _____
	<b>RELATIONSHIP:</b> _____

(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**

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?

**if you want to appoint co-trustees, 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:**

\_\_\_\_\_

\_\_\_\_\_

**ANY FELONY CONVICTION?**\_\_\_\_\_

**ANY FELONY CONVICTION?**\_\_\_\_\_