

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**

1. NAME: _____
ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____
WORK PHONE: _____
E-MAIL: _____

DATE OF BIRTH: _____
DATE OF DEATH (if applicable): _____
CHILD OF A PRIOR MARRIAGE: Yes No
ADOPTED CHILD: Yes No

DOES THIS CHILD HAVE CHILDREN?:
Yes No

DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

2. NAME: _____
ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____
WORK PHONE: _____
E-MAIL: _____

DATE OF BIRTH: _____
DATE OF DEATH (if applicable): _____
CHILD OF A PRIOR MARRIAGE: Yes No
ADOPTED CHILD: Yes No

DOES THIS CHILD HAVE CHILDREN?:
Yes No

DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

3. NAME: _____
ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____
WORK PHONE: _____
E-MAIL: _____

DATE OF BIRTH: _____
DATE OF DEATH (if applicable): _____
CHILD OF A PRIOR MARRIAGE: Yes No
ADOPTED CHILD: Yes No

DOES THIS CHILD HAVE CHILDREN?:
Yes No

DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

ADDITIONAL NAMES? YES _____ NO _____ (USE ADDITIONAL SHEET AT END OF QUESTIONNAIRE)

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) & YEAR PURCHASED	ADDRESS OF PROPERTY	TYPE (E.G., HOUSE, CONDO, CO-OP)	FAIR MARKET VALUE	MORTGAGE / COST BASIS HOME EQUITY LOAN BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 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:

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: _____
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:

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: _____
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:

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: _____
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?

PRIMARY AGENT	SUCCESSOR AGENT
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**

4. NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ DATE OF DEATH (if applicable): _____

HOME PHONE: _____ CHILD OF A PRIOR MARRIAGE: Yes No
CELL PHONE: _____ ADOPTED CHILD: Yes No
WORK PHONE: _____ DOES THIS CHILD HAVE CHILDREN?:
Yes No
E-MAIL: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

5. NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ DATE OF DEATH (if applicable): _____

HOME PHONE: _____ CHILD OF A PRIOR MARRIAGE: Yes No
CELL PHONE: _____ ADOPTED CHILD: Yes No
WORK PHONE: _____ DOES THIS CHILD HAVE CHILDREN?:
Yes No
E-MAIL: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

6. NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ DATE OF DEATH (if applicable): _____

HOME PHONE: _____ CHILD OF A PRIOR MARRIAGE: Yes No
CELL PHONE: _____ ADOPTED CHILD: Yes No
WORK PHONE: _____ DOES THIS CHILD HAVE CHILDREN?:
Yes No
E-MAIL: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: Yes No
PLEASE EXPLAIN: _____
RELATIONSHIP: _____

(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?** _____