**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:** |  |
| **Home Address:** |  | **Social Security No.:** |  |
|  |
| **actual town:** |  | **Military Service** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Citizenship:** |  |
| **Cell Phone:** |  | **Physical/Mental Condition** |  |
| **Work Phone:** |  |
| **E-mail:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

**II. Client’s Spouse/Significant Other (state if first or second marriage for both)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Date of Death:** |  |
| **Home Address:** |  | **Social Security No.:** |  |
|  |
| **actual town:** |  | **Military Service** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Citizenship:** |  |
| **Cell Phone:** |  | **Physical/Mental Condition** |  |
| **Work Phone:** |  |
| **E-mail:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

**III. Contact Person if not the Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship:** |  |
| **Address:** |  | **Best Contact No.:** |  |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **2. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **3. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

**additional names?**  Yes [ ]  No [ ]  (**use additional sheet at end of questionnaire)**

**V. Assets**

**A. Summary Statement (if necessary, attach a separate sheet)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset** | **Owner****C: Client****S: Spouse/Other****J; Joint****T: Trust** | **Financial Institution(s)** | **Amount****(or Cash Value for Life Insurance)** |
| **Checking/Savings/CDs** |  |  |  |
|  |  |  |
| **Brokerage Accounts** |  |  |  |
| **Individual Stocks** **and Bonds** |  |  |  |
|  |  |  |
| **Retirement Account(s)** |  |  |  |
|  |  |  |
| **life insurance** |  |  |  |
| **Annuities – Non-Qualified** |  |  |  |
| **Annuities – Non-Qualified** |  |  |  |
| **Annuities – Qualified** |  |  |  |
| **Annuities – Qualified** |  |  |  |
| **Other** |  |  |  |

**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 / Home Equity Loan Balance** | **Cost Basis** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**VI. Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Recipient****C: Client****S: Spouse/Other****J; Joint****T: Trust** | **Payor/Source** | **Amount****(or Cash Value for Life Insurance)** |
| **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:** |  |
| **Firm:** |  | **Firm:** |  |
| **Address:** |  | **Address:** |  |
| **Phones:** |  | **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?

|  |  |
| --- | --- |
| **Primary Executor** | **Co-Executor** [ ]  **or Successor Executor** [ ] **(check one)** |
| **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?

|  |  |
| --- | --- |
| **Primary Guardian** | **Co-Guardian** [ ]  **or Successor Guardian** [ ] **(check one)** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Home Phone:** |  | **Home Phone:** |  |
| **Cell Phone:** |  | **Cell Phone:** |  |
| **Work Phone:** |  | **Work Phone:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **Any Felony Conviction?:** |  | **Any Felony Conviction?:** |  |

**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?

|  |  |
| --- | --- |
| **Primary Trustee** | **Co-Trustee** [ ]  **or Successor Trustee** [ ] **(check one)** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Home Phone:** |  | **Home Phone:** |  |
| **Cell Phone:** |  | **Cell Phone:** |  |
| **Work Phone:** |  | **Work Phone:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **SSN:** |  | **SSN:** |  |
| **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?

|  |  |
| --- | --- |
| **Primary Agent** | **Co-Agent** [ ]  **or Successor Agent** [ ] **(check one)** |
| **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?:** |  |

**VIII. Other Information**

Use this section to provide us with specific instructions regarding your estate plan such as how to distribute your residuary estate, information on residual beneficiaries such as nieces, nephews or charities, general bequests of cash or any other item you can think of that is relevant to preparing your documents.

|  |
| --- |
|  |

**(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**

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **5. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **6. Name:** |  | **Date of Birth and Age:** |  |
| **Date of Death:** |  |
| **Address:** |  | **Child of Prior Relationship?** | Yes [ ]  No [ ]  |
| **Adopted child?** | Yes [ ]  No [ ]  |
| **Home Phone:** |  | **Does This Child have Children?** | Yes [ ]  No [ ]  |
| **Cell Phone:** |  | **Does This Child Have Special Needs?** | Yes [ ]  No [ ]  |
| **Work Phone:** |  | **Please Explain Special Needs:** |  |
| **E-mail:** |  |
| **Relationship to You:** |  |
| **Never Married/Married/Widowed/Divorced:** |  |

**(continuation sheet, if necessary)**

**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?

|  |  |
| --- | --- |
| **Primary Trustee** | **Co-Trustee** [ ]  **or Successor Trustee** [ ] **(check one)** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Home Phone:** |  | **Home Phone:** |  |
| **Cell Phone:** |  | **Cell Phone:** |  |
| **Work Phone:** |  | **Work Phone:** |  |
| **Relationship:** |  | **Relationship:** |  |
| **SSN:** |  | **SSN:** |  |
| **Any Felony Conviction?:** |  | **Any Felony Conviction?:** |  |