

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: _____ _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ E-MAIL: _____ RELATIONSHIP TO YOU: _____ NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: _____ | DATE OF BIRTH AND AGE: _____ DATE OF DEATH: _____ CHILD OF PRIOR RELATIONSHIP? Yes <input type="checkbox"/> No <input type="checkbox"/> ADOPTED CHILD? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE CHILDREN? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE SPECIAL NEEDS? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE EXPLAIN SPECIAL NEEDS: _____ _____ _____ |
|---|---|

| | |
|---|---|
| 2. NAME: _____ _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ E-MAIL: _____ RELATIONSHIP TO YOU: _____ NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: _____ | DATE OF BIRTH AND AGE: _____ DATE OF DEATH: _____ CHILD OF PRIOR RELATIONSHIP? Yes <input type="checkbox"/> No <input type="checkbox"/> ADOPTED CHILD? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE CHILDREN? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE SPECIAL NEEDS? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE EXPLAIN SPECIAL NEEDS: _____ _____ _____ |
|---|---|

| | |
|---|---|
| 3. NAME: _____ _____ ADDRESS: _____ _____ HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____ E-MAIL: _____ RELATIONSHIP TO YOU: _____ NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: _____ | DATE OF BIRTH AND AGE: _____ DATE OF DEATH: _____ CHILD OF PRIOR RELATIONSHIP? Yes <input type="checkbox"/> No <input type="checkbox"/> ADOPTED CHILD? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE CHILDREN? Yes <input type="checkbox"/> No <input type="checkbox"/> DOES THIS CHILD HAVE SPECIAL NEEDS? Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE EXPLAIN SPECIAL NEEDS: _____ _____ _____ |
|---|---|

ADDITIONAL NAMES? Yes No (USE ADDITIONAL SHEET AT END OF QUESTIONNAIRE)

V. ASSETS

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

| <u>ASSET</u> | <u>OWNER</u> C: CLIENT S: SPOUSE/OTHER J; JOINT T: TRUST | <u>FINANCIAL</u> <u>INSTITUTION(S)</u> | <u>AMOUNT</u> (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

| <u>TYPE</u> | <u>RECIPIENT</u> C: CLIENT S: SPOUSE/OTHER J; JOINT T: TRUST | <u>PAYOR/SOURCE</u> | <u>AMOUNT</u> (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: _____
 FIRM: _____
 ADDRESS: _____
 PHONES: _____
 E-MAIL: _____

NAME: _____
 FIRM: _____
 ADDRESS: _____
 PHONE: _____
 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: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
ANY FELONY CONVICTION?: _____

NAME: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
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: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
ANY FELONY CONVICTION?: _____

NAME: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
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: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
ANY FELONY CONVICTION?: _____

NAME: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
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: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
ANY FELONY CONVICTION?: _____

NAME: _____
ADDRESS: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
RELATIONSHIP: _____
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 <input type="checkbox"/> No <input type="checkbox"/> |
| | _____ | ADOPTED CHILD? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HOME PHONE: | _____ | DOES THIS CHILD HAVE CHILDREN? | 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: | _____ | SPECIAL NEEDS: | _____ |
| RELATIONSHIP TO YOU: | _____ | | |
| NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: | _____ | | |

| | | | |
|---|-------|-------------------------------------|--|
| 5. NAME: | _____ | DATE OF BIRTH AND AGE: | _____ |
| | _____ | DATE OF DEATH: | _____ |
| ADDRESS: | _____ | CHILD OF PRIOR RELATIONSHIP? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | _____ | ADOPTED CHILD? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HOME PHONE: | _____ | DOES THIS CHILD HAVE CHILDREN? | 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: | _____ | SPECIAL NEEDS: | _____ |
| RELATIONSHIP TO YOU: | _____ | | |
| NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: | _____ | | |

| | | | |
|---|-------|-------------------------------------|--|
| 6. NAME: | _____ | DATE OF BIRTH AND AGE: | _____ |
| | _____ | DATE OF DEATH: | _____ |
| ADDRESS: | _____ | CHILD OF PRIOR RELATIONSHIP? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | _____ | ADOPTED CHILD? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HOME PHONE: | _____ | DOES THIS CHILD HAVE CHILDREN? | 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: | _____ | SPECIAL NEEDS: | _____ |
| RELATIONSHIP TO YOU: | _____ | | |
| NEVER MARRIED/MARRIED/WIDOWED/DIVORCED: | _____ | | |

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?: _____