

Client Information Questionnaire

**1. Information About Client**

Full name: \_\_\_\_\_

Assumed or other names (i.e. maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_ fax \_\_\_\_\_

Email: \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female U.S. citizen?  Yes  No

Current marital status:  Married – Date \_\_\_\_\_  Unmarried

Any previous marriages?  Yes  No

If yes, former spouse's name \_\_\_\_\_

ended by  death date \_\_\_\_\_  Divorce year \_\_\_\_\_ county \_\_\_\_\_

**2. Information About Client's Spouse (if applicable)**

Full name: \_\_\_\_\_

Assumed or other names (i.e. maiden name): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_ fax \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female U.S. citizen?  Yes  No

Current marital status:  Married – Date \_\_\_\_\_  Unmarried

Any previous marriages?  Yes  No

If yes, former spouse's name \_\_\_\_\_

ended by  death date \_\_\_\_\_  Divorce year \_\_\_\_\_ county \_\_\_\_\_

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**3. Information About Living Children**

Full name of child: \_\_\_\_\_

Sex:  Male  Female Date of birth: \_\_\_\_\_

Child is child of:  Current marriage  
 Client only  
 Spouse only

Full name of child: \_\_\_\_\_

Sex:  Male  Female Date of birth: \_\_\_\_\_

Child is child of:  Current marriage  
 Client only  
 Spouse only

Full name of child: \_\_\_\_\_

Sex:  Male  Female Date of birth: \_\_\_\_\_

Child is child of:  Current marriage  
 Client only  
 Spouse only

(Use other side for additional living children)

**4. Information About Deceased Children**

Full name: \_\_\_\_\_

Date of death: \_\_\_\_\_

Child was child of:  Current marriage  
 Client only  
 Spouse only

Any living issue of this child?  Yes  No

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**5. Information about Your Estate**

Please list your assets:

Residence: Value \$ \_\_\_\_\_ Encumbrances \$ \_\_\_\_\_

Other real property: Value \$ \_\_\_\_\_ Encumbrances \$ \_\_\_\_\_

Stocks, bonds: Value \$ \_\_\_\_\_

Bank Accounts: Type and Amount \_\_\_\_\_

IRA, Pension, 401k, etc.: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Personal property, i.e. autos, furn., jewelry: Value \$ \_\_\_\_\_

Business interests: \_\_\_\_\_

Other assets or liabilities: \_\_\_\_\_

(If not sufficient room use a separate sheet or the back)

Please bring with you, titles to real property and life insurance policies.

**6. Information About Your Plan:**

Please describe how you want your estate to be distributed at your death (i.e. "all to my spouse and then equally to my children"): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any items that you specifically want to go to a particular person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special bequests (cash) to be given to any particular person or charity at your death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**7. Selection of your Representatives:**

Name of Executor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

Name of Alternate Executor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

If Trust is to be included:

Name of Trustee (s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

Name of Alternate Trustee(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

If minor children, list proposed guardians:

\_\_\_\_\_

\_\_\_\_\_

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8. Other Estate Planning Documents

**Advance Health Care Directive – Power of Attorney for Health Care Decisions**

Do you want to appoint  one  two or  more persons to make health care decisions for you IF you are unable to make those decisions for yourself?

Spouse first  Child or children as alternates

Name of nominee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

Name of **alternate** nominee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

Continue on back with list of other nominees, if any.

As part of your Health Power:

**Organ Donor :**

Do you want to be an organ donor?  yes or  no

Any restrictions or limitations on organ donation?  yes or  no

transplant only  research

If you wish to make a specific gift of certain organs, what are your wishes? \_\_\_\_\_

\_\_\_\_\_

**Life Support** – If you are terminally ill or injured, do you want extraordinary measures taken to save your life including placing you on life support systems?  yes  no

**Burial or Cremation:** Do you have a preference? \_\_\_\_\_

**Homecare or Nursing Home care:** Do you have a preference? \_\_\_\_\_

Any other preferences concerning long term care? \_\_\_\_\_

\_\_\_\_\_

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**Durable Power of Attorney for Property Management:**

Do you want to appoint [ ] one [ ] two or [ ] more persons to make financial decisions for you IF you are unable to make those decisions for yourself?

Spouse first [ ] Child or children as alternates [ ]

Name of nominee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_

Name of **alternate** nominee: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: w \_\_\_\_\_ h \_\_\_\_\_