ESTATE PLANNING QUESTIONNAIRE

Date: _____ New ☐ | Returning ☐ Were you referred? YES ☐ | NO ☐ | IF YES, then by whom?

Do you speak English? YES ☐ | NO ☐ | IF NO, then what language do you speak?

CLIENT INFORMATION (*Enter Names as they appear on I.D.*)

CLIENT ONE ("C1") Name:	CLIENT TWO ("C2") Name:
C1 Aliases (if any):	C2 Aliases (if any):
C1 Gender: MALE ☐	FEMALE ☐	C2 Gender: MALE ☐	FEMALE ☐
C1 Date of Birth:	C2 Date of Birth:
C1 Citizenship Status:	C2 Citizenship Status:
C1 Social Security No.:	C2 Social Security No.:
C1 Phone No.:	C2 Phone No:
C1 Email:	C2 Email:
Home Address:	
C1 Marital Status (check all that apply):	**C2 Marital Status (check all that apply):**
MARRIED ☐	DIVORCED ☐	SEPARATED ☐	WIDOW(ER) ☐	MARRIED ☐	DIVORCED ☐	SEPARATED ☐	WIDOW(ER) ☐
Name(s) of C1's Ex-Spouse(s) (if any):	Name(s) of C2's Ex-Spouse(s) (if any):

CHILDREN INFORMATION (*Enter Names as they appear on I.D.*)

Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
Email:	Email:
Date of Birth:	Date of Birth:
Relationship (choose one):	Relationship (choose one):
SON ☐	DAUGHTER ☐	STEPCHILD ☐	SON ☐	DAUGHTER ☐	STEPCHILD ☐
Child of (choose one):	Child of (choose one):
BOTH C1 & C2 ☐	C1 ONLY ☐	C2 ONLY ☐	ADOPTED ☐	BOTH C1 & C2 ☐	C1 ONLY ☐	C2 ONLY ☐	ADOPTED ☐

ADDITIONAL CHILDREN INFORMATION (Enter Names as they appear on I.D.)

Name: _____

Address: _____

Phone No.: _____

Email: _____

Date of Birth: _____

Relationship (choose one):
SON ☐ | DAUGHTER ☐ | STEPCHILD ☐

Child of (choose one):
BOTH C1 & C2 ☐ | C1 ONLY ☐ | C2 ONLY ☐ | ADOPTED ☐

Name: _____

Address: _____

Phone No.: _____

Email: _____

Date of Birth: _____

Relationship (choose one):
SON ☐ | DAUGHTER ☐ | STEPCHILD ☐

Child of (choose one):
BOTH C1 & C2 ☐ | C1 ONLY ☐ | C2 ONLY ☐ | ADOPTED ☐

Name: _____

Address: _____

Phone No.: _____

Email: _____

Date of Birth: _____

Relationship (choose one):
SON ☐ | DAUGHTER ☐ | STEPCHILD ☐

Child of (choose one):
BOTH C1 & C2 ☐ | C1 ONLY ☐ | C2 ONLY ☐ | ADOPTED ☐

Name: _____

Address: _____

Phone No.: _____

Email: _____

Date of Birth: _____

Relationship (choose one):
SON ☐ | DAUGHTER ☐ | STEPCHILD ☐

Child of (choose one):
BOTH C1 & C2 ☐ | C1 ONLY ☐ | C2 ONLY ☐ | ADOPTED ☐

REAL ESTATE INFORMATION

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

Address: _____

Name on Title: _____

Current FMV: _____ Mortgage: _____

BUSINESS INFORMATION

Business Name:	Business Name:
Type (LLC, C-Corp, etc.): % Owned:	Type (LLC, C-Corp, etc.): % Owned:
Value of Client's Share:	Value of Client's Share:
Business Name:	Business Name:
Type: % Owned:	Type: % Owned:
Value of Client's Share:	Value of Client's Share:
Business Name:	Business Name:
Type: % Owned:	Type: % Owned:
Value of Client's Share:	Value of Client's Share:
Business Name:	Business Name:
Type: % Owned:	Type: % Owned:
Value of Client's Share:	Value of Client's Share:
Business Name:	Business Name:
Type: % Owned:	Type: % Owned:
Value of Client's Share:	Value of Client's Share:

BANK/INVESTMENT ACCOUNT INFORMATION

Bank Name:	Bank Name:
Account Type:	Account Type:
Name on Account:	Name on Account:
Amount: Beneficiary:	Amount: Beneficiary:
Bank Name:	Bank Name:
Account Type:	Account Type:
Name on Account:	Name on Account:
Amount: Beneficiary:	Amount: Beneficiary:
Bank Name:	Bank Name:
Account Type:	Account Type:
Name on Account:	Name on Account:
Amount: Beneficiary:	Amount: Beneficiary:
Bank Name:	Bank Name:
Account Type:	Account Type:
Name on Account:	Name on Account:
Amount: Beneficiary:	Amount: Beneficiary:

C.P.A. INFORMATION

CPA Name:	Firm Name:
Address:	Phone Number:

RETIREMENT ACCOUNT INFORMATION

Bank Name:		Bank Name:	
Account Type:		Account Type:	
Name on Account:		Name on Account:	
Amount:	Beneficiary:	Amount:	Beneficiary:
Bank Name:		Bank Name:	
Account Type:		Account Type:	
Name on Account:		Name on Account:	
Amount:	Beneficiary:	Amount:	Beneficiary:

LIFE INSURANCE/ANNUITY INFORMATION

Insurance Co.:		Insurance Co.:	
Insured Name:		Insured Name:	
Policy Owner:		Policy Owner:	
Face Value:	Beneficiary:	Face Value:	Beneficiary:
Insurance Co.:		Insurance Co.:	
Insured Name:		Insured Name:	
Policy Owner:		Policy Owner:	
Face Value:	Beneficiary:	Face Value:	Beneficiary:

ITEMS OF VALUE (*Vehicles, Jewelry, Collectibles, etc.*)

Item:	Value:	Item:	Value:
Item:	Value:	Item:	Value:
Item:	Value:	Item:	Value:

DEBTS AND LIABILITIES

Description:	Amount:	Description:	Amount:
Description:	Amount:	Description:	Amount:
Description:	Amount:	Description:	Amount:

TOTAL NET ESTATE VALUE

Gross Value (*all asset values above*): $	Approximate Value of Foreign Property: $
Subtract Debts and Liabilities: -$	Is all Property considered Community Property? YES ☐ | NO ☐
Total Net Estate (*Gross minus Debts*): $	If any Property is <u>NOT</u> Community Property, then list the Separate Property assets in the following spaces below.

List C1's <u>SEPARATE</u> PROPERTY (if any):

List C2's <u>SEPARATE</u> PROPERTY (if any):

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We, the undersigned, confirm that the information provided above is true and correct. We understand that if Law Firm prepares documents relying upon such information, and it is determined to be incorrect, then any changes to correct the error will result in additional fees, notwithstanding the fee quoted in the retainer agreement.

Signature _____   Signature _____

Print Name Client 1 _____   Print Name Client 2 _____