

**Denise N. Yurkofsky
Attorney At Law
75 Boston Post Rd.
Wayland, MA 01778
508/358-4878**

Confidential Client Questionnaire

1. FAMILY INFORMATION

Name _____ Age _____

Date of Birth _____ Social Security Number _____ U.S. Citizen: Yes ___ No ___

Street Address _____

City, State, and Zip Code _____

Telephone _____ E-mail _____ Profession _____

SPOUSE _____

If Deceased, Date of Death _____

CHILDREN (include names of spouses of married children)

<i>Name</i>	<i>Address/Telephone</i>	<i>Date of Birth</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any children who are deceased leaving children? Yes ___ No ___

Other dependents: (Please give name, age and relationship.)

LIVING PARENTS, BROTHERS AND SISTERS

<i>Name</i>	<i>Address/Telephone</i>
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_____	_____
_____	_____
_____	_____

Other information which you think may be important or special considerations: (Include marriage information, special educational or health issues of family members, extraordinary financial obligations.)

Is creditor protection a particular issue for you (due to your profession or for any other reason)?

Does anyone to whom you may be leaving part of your estate require help or protection in managing money or other property? Yes ____ No ____

Are you a veteran? If so, do you have a service related disability? Are you receiving any benefits?

Is anyone in your family disabled, receiving SSI (Supplemental Security Income) or other needs-based benefits or on an IEP (individual education plan)?

2. FINANCIAL INFORMATION

A. Summary of Assets (If property is jointly owned, please indicate with whom it is owned.)

	Values and Ownership	
Average checking account balance	\$ _____	
Savings Accounts	_____	
Non-retirement investment accounts	_____	
Primary Residence (Equity Value)	_____	
Other Real Estate (Equity Value)	_____	
Life insurance owned (face amount)	_____	Primary Beneficiary: _____ Contingent Beneficiary: _____
Value of IRA/Keogh Annuity	_____	Designated Beneficiary: _____ Contingent Beneficiary: _____

Qualified pension, profit sharing, stock option, bonus, or similar plans _____

Personal Property (art, coins, jewelry, antiques, collections, etc.) _____

Other Assets (autos, boats, etc.) _____

TOTALS: \$ _____

B. Liabilities

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

C. Life Insurance

Company _____

Policy No. _____

Type (whole life/term) _____

Face Value _____

Cash Value _____

Owner _____

Primary Beneficiary _____

Secondary Beneficiary _____

D. Estimated Income

Salary _____

Pension _____

Social Security _____

Rents or Business Interests _____

Annuities _____

Other _____

3. MEDICAL/DISABILITY (for long term care planning, if applicable)

Health Insurance _____ Medicare Supplement _____

Do you have long term care insurance? If so, please provide the name of the insurance company and a description of the policy limits. _____

Health Problems _____

Have you transferred any assets for less than fair market value in the last five years? _____

Are any family members living with you? If so, please provide name, relationship and how long you have been living together. Does this person own an interest in your home? _____

Have you recently entered a hospital or skilled nursing facility? Yes ____ No ____

Name of facility _____ Date of Admission _____

Date of Discharge _____ Diagnosis _____

4. ESTATE PLAN OUTLINE (Please complete if you need Estate Planning)

1. What cash bequests are to be made, if any? Indicate amount, name and address of recipient, alternate recipient (if any), and any relationship to you.

2. Please consider what specific bequests of personal property (furniture, jewelry, collections) you might wish to make or whether you would prefer to list such bequests in an informal memorandum.

3. An estate plan generally includes a will, durable power of attorney, health care proxy and perhaps a trust. Please indicate below the people you would like to designate as your fiduciaries. The attached glossary describes the responsibilities of each role. Include their addresses and telephone numbers.

Executor _____

Alternate _____

Guardian for Minor/Disabled Children (if appropriate) _____

Alternate _____

Agent under Power of Attorney _____

Alternate _____

Health Care Agent _____

Alternate _____

Trustee _____

Alternate _____

4. Do you wish to make any bequests to charitable institutions?

5. What cash bequests are to be made, if any? Indicate amount, name and address of recipient, alternate recipient (if any), and any relationship to you.

6. What provision do you wish to make for your children? (Distribution outright? Held in trust with staggered distributions at 25, 30 and 35? Other?)

7. Please indicate any person who advises you in any of the following categories:

Name	Address	Telephone
Accountant _____		
Life insurance agent _____		
Financial advisor _____		
Other _____		

5. ESTATE TAX INFORMATION

1. Have you made any gifts that exceed a \$10,000 annual limit per donee?(The amount has been increased to \$11,000 per donee as of 1/1/2002) Yes _____ No _____ If yes, please describe briefly and provide a copy of any gift tax returns that have been filed.

2. Do you anticipate receiving any substantial additions to your assets (e.g., legal settlements, inheritances)? Yes _____ No _____ If yes, please describe briefly.

3. Have you established a trust or are you a beneficiary of any trusts? Do you have a power of appointment over any interest in any trusts? Yes _____ No _____ If yes, please provide name and date of the trust and provide a copy of it.

4. Are you a custodian or trustee for property of any kind for any other person? Yes ___ No ___ If so, please describe the beneficiary, type of account, and approximate value, and provide a copy of the trust instrument, if any.

5. Please list the location and contents of any safe deposit box to which you have access. If any contents of the safe deposit box do not belong to you, please identify such items.

6. Do you have a will, trust, durable power of attorney or health care proxy/living will? Yes _____ No _____ If so, please bring to the first meeting. Where are the original (signed) documents located?