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Confidential Client Questionnaire

1. FAMILY INFORMATION

Client #1

Name ____Age________________

Date of Birth _____________Social Security Number ______________ U.S. Citizen: Yes___No___

Client #2

Name ____Age________________

Date of Birth _____________Social Security Number ______________ U.S. Citizen: Yes___No___

HOME ADDRESS

Street ____

City, State, and Zip Code____

Telephone____________________________ E-mail_____________________________________

BUSINESS ADDRESS Client #1

Street ____

City, State, and Zip Code ____

Telephone ____

E-mail____

Occupation ____

BUSINESS ADDRESS Client #2

Street ____

City, State, and Zip Code ____

Telephone ____

E-mail____

Occupation ____

Date of Marriage_______________

CHILDREN (include names of spouses of married children)

Name	Address/Telephone	Date of Birth

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

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

LIVING PARENTS AND STEP-PARENTS

Client #1____

____

Client #2 ____

____

LIVING BROTHERS AND SISTERS

Name/Address/Telephone/indicate #1/#2 ___________________________________

____

____

____

Are there special concerns you would like to discuss when we meet (special educational or health issues of family members, extraordinary financial obligations)?

Is creditor protection a particular issue for you (due to your profession or 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 ____

Is either one of you a veteran? If so, do you have a service related disability? Are you receiving 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.)

	Client #1	**Client #2**	**Joint**
Average checking account balance	________	________	________
Savings Accounts	________	________	________
Non-retirement investment accounts	________	________	________
Primary Residence (Equity Value)	________	________	________
Other Real Estate (Equity Value)	________	________	________
Life insurance owned (face amount)	________	________	________
Value of IRA/Keogh	________	________	________
Qualified pension, profit sharing, or similar plans	________	________	________

Personal Property (art, coins, collections etc.)	________	________	________
Other Assets (autos, boats, etc.)	________	________	________
Value of Ownership Interest in a professional practice	________	________	________
TOTALS:	**$______**	**$______**	**$______**

B. Liabilities

	Client #1	**Client #2**	**Joint**
______________________	$___________	$____________	$_________________
______________________	$___________	$____________	$_________________
______________________	$___________	$____________	$_________________
______________________	$___________	$____________	$_________________

C. Life Insurance

Client #1 **Client #2**

Company____

Policy No.____

Type (whole life/term)____

Face Value____

Cash Value____

Owner ____

Primary Beneficiary ____

Secondary Beneficiary ____

D. Estimated Income

	Client #1	Client #2
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?______________________

____

Has anyone in your family 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 provision do you wish to make for your children or other beneficiaries? (Distribution outright? Held in trust with staggered distributions at 25, 30 and 35? Other?)

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 or disabled children)__________________________________

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. 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 $11,000 annual limit per donee?(The amount has been increased to $12,000 per donee as of 1/1/2006) 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 send a copy to me with the questionnaire. Where are the original (signed) documents located?