

As of _____

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Confidential Client Questionnaire

1. FAMILY INFORMATION

Client #1

Name _____ Age _____
Date of Birth _____ U.S. Citizen: Yes ___ No ___

Client #2

Name _____ Age _____
Date of Birth _____ U.S. Citizen: Yes ___ No ___

HOME ADDRESS

Street _____
City, State, and Zip Code _____
Telephone _____ E-mail _____

BUSINESS ADDRESS Client #1

Name _____ Street _____
City, State, and Zip Code _____
Telephone _____
E-mail _____
Occupation _____

BUSINESS ADDRESS Client #2

Name _____ 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? Yes ___ No ___ Name and Date of Death: _____

Do you have any grandchildren by a deceased child? Yes ___ No ___ (Provide names)

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:	\$ _____	\$ _____	\$ _____

Beneficiaries:
Primary:
Contingent:
Beneficiaries:
Primary:
Contingent:

B. Liabilities

	Client #1	Client #2	
Joint			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

C. Life Insurance

	Client #1	Client #2
Company _____		
Policy No. _____		
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 (**term, benefit amount**).

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 the annual exclusion amount for federal gift tax purposes (currently a \$13,000 limit per donee)? 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?