

As of _____

Denise N. Yurkofsky

**Attorney At Law
13 Pelham Island Road
Wayland, MA 01778
(508) 358-4878
(508) 817-5435 (fax)**

Confidential Client Questionnaire

FAMILY INFORMATION

Name _____ Age _____

Date of Birth _____ U.S. Citizen: Yes _____ No _____

Home Address _____

City, State, and Zip Code _____

Telephone _____ E-mail _____

Business _____

Address _____

City, State, and Zip Code _____

Telephone _____ Email _____ Occupation _____

SPOUSE _____

If Deceased, Date of Death _____

If Divorced, Date of Divorce _____

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, BROTHERS AND SISTERS

Name

Address/Telephone

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 (**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? _____

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 the annual exclusion amount for federal gift tax purposes (currently \$13,000 annual 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 bring to the first meeting. Where are the original (signed) documents located?