

CONFIDENTIAL PLANNING QUESTIONNAIRE

Date Completed: _____

NOTE: Write all names as you want them to appear on the legal documents.

1. a Name: _____
1. b Name of Spouse: _____
2. Address: _____

3. Are you a U.S. Citizen?: _____ Spouse _____
Are you a veteran?: _____ Spouse _____
4. Telephone#: _____ E-mail Address _____
5. Date of Birth: _____ Spouse _____
Social Security#: _____ Spouse _____
6. Present Occupation: _____ Spouse _____
7. Names and dates of birth of all children _____
8. Assets (**Approx. Dollar Amount**):
- | | Self | Spouse | <u>JOINT</u> |
|-------------------------|-------|--------|--------------|
| Principal Residence | _____ | _____ | _____ |
| Other Real Estate | _____ | _____ | _____ |
| Stocks | _____ | _____ | _____ |
| Government Bonds | _____ | _____ | _____ |
| Mutual Funds | _____ | _____ | _____ |
| Savings Accounts | _____ | _____ | _____ |
| Checking Accounts | _____ | _____ | _____ |
| Certificates of Deposit | _____ | _____ | _____ |

Annuities	_____	_____	_____
IRA/KEOGH/401K	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____

9. Balance of mortgage(s) if any: \$ _____ \$ _____

10. Liabilities other than mortgages:

11. Health Issues:

12. Existing Documents: Wills? _____ Power of Attorney? _____ Health Care Proxy? _____
 Living Will? _____ Trusts? _____ PreNuptial Agreement? _____ PostNuptial Agreement? _____

13. Estate Planning Goals (check all that apply)

- Avoid Probate? _____
- Protect Assets in the event my spouse or I require Long Term Care? _____
- Ensure that assets are protected in the event that a beneficiary divorces? _____
- Reduce estate tax exposure? _____
- Reduce capital gains tax exposure? _____
- Review existing Long Term Care Insurance coverage? _____
- Ensure that any future needed Long Term Care is provided in my home? _____
- Upon death of first spouse, ensure that some or all of the couple's assets are not given to new spouse? _____
- Avoid 'blended family conflicts' upon death of first spouse? _____
- Protect assets for the benefit of a disabled beneficiary? _____

INFORMATION FOR DOCUMENTS

14. Who do you each wish to appoint to make healthcare decisions for you in the event you are unable to

communicate?

15. Who do you wish to appoint to make financial decisions for you in the event you are unable?

16. Executor of Will:

Name _____

Name _____

17. Trustee of Asset Protection Trust

Name _____

Name _____

18. Names of the beneficiaries of trust upon the passing of both spouses
