

**CONFIDENTIAL PLANNING QUESTIONNAIRE**

Date Completed: \_\_\_\_\_

How were you referred to our office \_\_\_\_\_

**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 \_\_\_\_\_

4a. Do you wish to receive e-mail updates regarding changes in the law that may affect you? \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Spouse \_\_\_\_\_

6. Present Occupation: \_\_\_\_\_ Spouse \_\_\_\_\_

7. Names and dates of birth of all children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Assets ( <b><u>Approx. Dollar Amount</u></b> ):	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 _____	_____	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

9. Balance of mortgage(s): \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

10. Liabilities other than mortgages:  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Health Issues:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Do you/spouse have long term care insurance? \_\_\_\_\_

13. Existing Documents: Wills? \_\_\_\_\_ Power of Attorney? \_\_\_\_\_ Health Care Proxy? \_\_\_\_\_  
 Living Will? \_\_\_\_\_ Trusts? \_\_\_\_\_ PreNuptial Agreement? \_\_\_\_\_ PostNuptial Agreement? \_\_\_\_\_

14. 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**

- 15. Do any of your beneficiaries have money management problems? \_\_\_\_\_
  
- 16. Who do you wish to appoint to make healthcare decisions for you in the event that you are unable to communicate?
  
- 17. Who do you wish to appoint to make financial decisions for you in the event that you are unable?
  
- 18. Executor of Will: Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_
  
- 19. Trustee of Asset Protection Trust/Supplemental Needs Trust/Estate Tax Trust  
 Primary \_\_\_\_\_  
 Secondary \_\_\_\_\_
  
- 20. Names of the beneficiaries of trust upon the death of the Grantor(s)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_