

# 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/  
Partner: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Are you a U.S. Citizen: \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Are you a veteran: \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

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/Partner \_\_\_\_\_

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

7. Names and dates of birth children, if any \_\_\_\_\_  
\_\_\_\_\_

8. Assets ( <b><u>Approx. Dollar Amount</u></b> ):	Self	Spouse/Partner	<u>JOINT</u>
Principal Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
What year did you purchase the real estate? What was the purchase price?			
Stocks	_____	_____	_____
Government Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Savings Accounts	_____	_____	_____
Checking Accounts	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Annuities	_____	_____	_____
IRA/KEOGH/401K/403b	_____	_____	_____
TDA	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
9. Balance of mortgage(s):	\$ _____	\$ _____	\$ _____
10. Liabilities other than mortgages:			

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11. Health Issues:

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12. Do you or your spouse/partner have long term care insurance? \_\_\_\_\_  
If so, what is the maximum daily benefit? \_\_\_\_\_

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/partner 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/partner, ensure that some or all of the couple's assets are not given to new spouse/partner? \_\_\_\_\_
- Avoid 'blended family conflicts' upon death of first spouse/partner? \_\_\_\_\_
- Protect assets for the benefit of a disabled beneficiary? \_\_\_\_\_

### **INFORMATION FOR DOCUMENTS**

15. Who do you wish to appoint to make health care decisions for you in the event that you are unable to communicate?

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

17. Executor of Will: Primary \_\_\_\_\_

Secondary \_\_\_\_\_

18. Trustee of Asset Protection Trust; Supplemental Needs Trust; Estate Tax Trust; Spendthrift Trust; Life Insurance Trust

Primary \_\_\_\_\_

Secondary \_\_\_\_\_

19. Names of the beneficiaries of trust and will upon the death of the Grantor(s)

\_\_\_\_\_  
\_\_\_\_\_

20. Who is your primary care physician?

21. Who is your accountant?

22. Who is your financial advisor?

23. Do you have charitable beneficiaries that you wish to include?

24. Do you have pets that you wish to provide for in your estate planning?

***The following questions are highly personal. If you are not comfortable providing written answers please reflect on the issue presented, in preparation***

*for our first meeting:*

25. Do you or your spouse/partner have children from another relationship?
26. Have/Do you provide financial assistance to a child or other beneficiary?
27. Do one or more beneficiaries face a financially challenging future?
28. Would you describe your marriage as stable?
29. Are you estranged from anyone who would be your “Next of Kin” by law?
30. Do your beneficiaries get along well with each other?