

CONFIDENTIAL CLIENT DATA REQUEST

Please take the time to provide the information requested and return this form to our office prior to the scheduled conference, if possible. Complete the form as much as possible, circling Y (*yes*) or N (*no*), or entering N/A (*not applicable*) on questions that do not apply to you. Providing this information in advance will save considerable time, and more importantly, save legal costs in the future. If you cannot provide this information prior to the conference, please bring this completed form with you to the conference, along with any requested documents that you have available. If space is insufficient, please use additional sheets.

DATE: _____

1. **FAMILY AND OCCUPATIONAL DATA:**

Client No. 1: _____

First

Middle Initial

Last

Date of Birth: _____ S.S.# _____

Place of Birth: _____

Home Address: _____

Street

City

State

Zip

Mailing Address: _____
(if different)

P.O. Box or other info.

City

State

Zip

Tel. Home: _____ Work: _____ Other: _____

E-Mail: _____

Name of Employer: _____

Business Address: _____

Occupation: _____ Citizenship: _____

Client No. 2: _____

First

Middle Initial

Last

Date of Birth: _____ S.S.# _____

Place of Birth: _____

Tel. Home: _____ Work: _____ Other: _____

E-Mail: _____

Name of Employer: _____

Business Address: _____

Occupation: _____ Citizenship: _____

Children: (Check here _____ and attach separate sheets if more space is needed)

(1) Legal Name: _____
Date of Birth: _____ S.S.# _____
Status: _____ Occupation: _____
Married/Divorced/Single/Student
Address: _____
Their children and ages: _____ Age _____
_____ Age _____
Are there any special issues or problems relating to this child? **Y / N**

(2) Legal Name: _____
Date of Birth: _____ S.S.# _____
Status: _____ Occupation: _____
Married/Divorced/Single/Student
Address: _____
Their children and ages: _____ Age _____
_____ Age _____
Are there any special issues or problems relating to this child? **Y / N**

(3) Legal Name: _____
Date of Birth: _____ S.S.# _____
Status: _____ Occupation: _____
Married/Divorced/Single/Student
Address: _____
Their children and ages: _____ Age _____
_____ Age _____
Are there any special issues or problems relating to this child? **Y / N**

(Check Here _____ if you have attached separate sheets if more space was needed regarding Children or their children)

NOTE: If you wish to directly benefit individuals other than children (i.e. grandchildren, nieces, nephews, etc.), edit this section as appropriate or add a separate sheet (CHECK HERE ___ if adding a sheet) providing similar information for each beneficiary, including the beneficiary's relationship to you.

2. SPECIAL ISSUES (i.e. death of child, adoption, disability, marriages, prior children, other dependents): if the answer is Yes, please provide details.

a. Do you have any deceased children or grandchildren? **Y / N**
Name(s): _____

Did any deceased child or grandchild leave children or grandchildren who are now living? **Y / N**
Name(s): _____

b. Are any of your children adopted? **Y / N**
Name(s): _____

c. Were you or your spouse married before? Husband ____ Wife ____ **Y / N**
If so, to whom and when? _____

Were any children born of these prior marriages? **Y / N**
If so, list below, or note if previously listed above under "Children"

Name: _____ DOB: _____ Child of # _____
Living ____ Deceased ____

Name: _____ DOB: _____ Child of # _____
Living ____ Deceased ____

How were these marriages terminated? _____
If by divorce, check here _____

d. Do you (or will your estate) have any outstanding obligations benefiting a former spouse or children? **Y / N**

e. Have you and your spouse entered into a Prenuptial Agreement? **Y / N**
If so, please provide a copy.

f. Do you have any children by other persons (other than listed above) **Y / N**

g. Is anyone else dependent on you for support? Y / N

h. Is any child or dependent disabled or handicapped in any way? Y / N

i. Do you have a parent or other dependent who has special needs or who should be considered in your estate plan? Y / N

j. At what age or ages do you think your children or grandchildren should receive any inheritance from you? _____

k. If none of your immediate family survived your death, to whom or what charitable organizations would you want your property to go?

3. MEDICAL INFORMATION:

a. Generally, how would you describe your health (*good, poor*)? Are there any major problems that should be taken into account? Y / N

Client No. 1: _____

Client No. 2: _____

4. MILITARY INFORMATION:

a. Have you or your spouse ever served in the military? Husband () Wife ()
If so please give dates and branch of service and information on any pensions receivable: _____

4. BUSINESS DATA:

- a. Do you operate or have an ownership interest in a business? **Y / N**
If so, for each business, provide the following information, attaching separate sheets if necessary:
Business name: _____
Owner name and title: _____
- b. Business Type: _____ Sole Proprietorship
_____ Partnership
_____ Sub-Chapter S Corporation
(provide list of shareholders)
_____ Sub-Chapter C Corporation
_____ Limited Liability Company
- c. Is there a Buy-Sell Agreement in place? **Y / N**
If so, please provide a copy.
- d. Is there any by-law or stock agreement governing or restricting the sale or transfer of the shares in this business? **Y / N**

5. FINANCIAL DATA:

- a. Who prepares your income tax returns? _____

Please provide a copy of your most recent income tax return.
- b. Where is your major banking affiliation? _____

- c. Do you have an investment counselor? **Y / N**
If yes, provide name, address and telephone number.

- d. Do you have a safe deposit box? **Y / N**
If yes, where is it located? _____
- e. Where are your Tax Records located? _____
- f. Where will your Will be located? _____
- g. (Optional to be discussed) Personal computer password location _____
Client (1) _____ Client (2) _____
_____ (note if changed from time to time)
Other passwords and user names locations _____

h. Do you have long term insurance? If so name of provider:

i. Please list your life insurance policies (*use additional sheets if necessary*):

(1) Company: _____
Owner: _____ Insured: _____
Face Amount: \$ _____ Type: Term / Whole Life / Other
Beneficiary: (1) Primary: _____
(2) Secondary: _____

(2) Company: _____
Owner: _____ Insured: _____
Face Amount: \$ _____ Type: Term / Whole Life / Other
Beneficiary: (1) Primary: _____
(2) Secondary: _____

(3) Company: _____
Owner: _____ Insured: _____
Face Amount: \$ _____ Type: Term / Whole Life / Other
Beneficiary: (1) Primary: _____
(2) Secondary: _____

Check here _____ and attach a separate sheet if more space is needed.

i. Does anyone owe you money? **Y / N**
If so, provide details and attach a copy of such indebtedness, i.e. Note, Mortgage, etc.

j. Do you expect to receive any substantial inheritances? **Y / N**
If so, from whom and in what approximate amount?

k. Do you anticipate any future events that would affect your estate planning goals?
If yes, provide details: **Y / N**

l. Current Annual Income:

	<u>Salary</u>	<u>Interest</u>	<u>Dividends</u>	<u>Soc. Sec.</u>	<u>Pension</u>
Client No. 1:	_____	_____	_____	_____	_____
Client No. 2:	_____	_____	_____	_____	_____

m. Do you own any tax shelter type assets? *If so, please provide details (or indicate if the details are provided in your Asset Profile below):* **Y / N**

6. REAL ESTATE:

Since we anticipate the transfer of your real estate into your trust(s), please list separately all real estate that you own, providing the information requested:

	<u>Street Address</u> <u>City/State</u>	<u>County</u> <u>Book/Page</u>	<u>Approx.</u> <u>Value</u>	<u>Mortgage</u> <u>Amount</u>	<u>Title Insurance</u> <u>(owners policy)</u>
(1)	_____	_____	\$ _____	\$ _____	Y / N
	_____	_____ / _____			
(2)	_____	_____	\$ _____	\$ _____	Y / N
	_____	_____ / _____			
(3)	_____	_____	\$ _____	\$ _____	Y / N
	_____	_____ / _____			

Check here _____ and attach a separate sheet if more space is needed.

7. OTHER ASSETS:

a. **OTHER U.S. PERSONAL PROPERTY, TIME SHARES, ETC.** **Y / N**
If you own property in another state, please provide details and copies of instruments documenting the same:

b. **FOREIGN:** Do you own any real or personal property located outside the United States, or do you wish to benefit anyone who permanently resides outside of the United States? **Y / N**

If so, please provide details: _____

c. **OTHER SPECIFIC ASSETS:** Do you have any personal property (i.e. jewelry, paintings, antiques, collections, etc) or cash amounts you would like to give to a specific beneficiary **Y / N**

If so, provide a description, who is to receive it, and estimated values:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

8. ASSET PROFILE: Please attach a copy of your personal financial statement or complete the following ASSET PROFILE using approximate amounts, but valuing your assets at their fair market value.

<u>Item</u>	<u>Client No. 1</u>	<u>Client No. 2</u>	<u>Joint</u>	<u>Indebtedness</u>
Home Residence	\$ _____	\$ _____	\$ _____	\$ _____
2 nd Home	\$ _____	\$ _____	\$ _____	\$ _____
Other (Real Estate)	\$ _____	\$ _____	\$ _____	\$ _____
Checking Accounts*	\$ _____	\$ _____	\$ _____	\$ _____
Savings Accounts*	\$ _____	\$ _____	\$ _____	\$ _____
CD's	\$ _____	\$ _____	\$ _____	\$ _____
Securities*	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____	\$ _____
IRA Accounts	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____
Promissory Notes	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Antiques	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____	\$ _____
Other Vehicles	\$ _____	\$ _____	\$ _____	\$ _____
Collections	\$ _____	\$ _____	\$ _____	\$ _____
Other Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Business	\$ _____	\$ _____	\$ _____	\$ _____
Insurance (face amt.)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

*Please provide a complete list of all bank accounts and investment accounts (including name of owner, name and address of financial institution and account numbers).

9. PRESENT ESTATE PLANNING POSITION:

- a. Do you presently have a will or other estate planning documents? Y / N
If yes, please attach or bring copy to the initial conference.

Client #1: Y / N Client #2: Y / N

- b. Have you made taxable gifts and filed gift tax returns in past years? Y / N

Gift(s) made: _____ Year(s) _____
If possible, please provide a copy of your latest gift tax return.

- c. Have you created or do you presently benefit from any trusts? Y / N
If so, describe and provide copies, if possible. _____

- d. Do you have a power of appointment over property given to you in a will or trust created by another individual? Y / N
If so, describe and provide copies, if possible. _____

10. OTHER CONSIDERATIONS:

- a. Do you have any substantial liabilities not listed above? Y / N
If so, please give details, to whom, for what, what amounts.

_____ Amount \$ _____
_____ Amount \$ _____

- b. Do you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans? Y / N
If so, please provide details and who the designated beneficiary is:

- c. Do you expect to benefit any charitable organizations at death? Y / N
If so, please provide details, including amounts, exact names, addresses, phone numbers, tax exempt status, etc. (Attach copy of pamphlet if available):

- c. Does anyone owe you money? Y / N If so provide details and attach a copy of indebtedness if available (i.e., Promissory Note or Mortgage, etc.) _____

11. **FIDUCIARIES:** List the people in the order you wish them to serve. If you want two people to serve together, make that notation. Please include the relationship of each person named and their city/state address (*not necessary to repeat if you name the same person for multiple appointments*).

Client 1

- a. **GUARDIAN:** (If you have children under the age of 18)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____
- b. **EXECUTOR:** (of your Will)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____
- c. **TRUSTEE:** (of your Trust - assuming you are the first-named Trustee)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____
- d. **NAME OF TRUST:**

- e. **POWER OF ATTORNEY for Financial Affairs:**
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____
- f. **POWER OF ATTORNEY for Health Care Matters:**
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____
(4) What Doctors/Hospitals do you want getting copies: _____

- DOCTOR(S) for Health Care**
- g. Who is your family physician and/or medical specialist? (*name and address*)
Client No. 1: _____
Client No. 2: _____
- h. **HIPAA Release**
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

Client 2

- a. **GUARDIAN:** (If you have children under the age of 18)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

- b. **EXECUTOR:** (of your Will)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

- c. **TRUSTEE:** (of your Trust - assuming you are the first-named Trustee)
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

- d. **NAME OF TRUST:**

- e. **POWER OF ATTORNEY for Financial Affairs:**
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

- f. **POWER OF ATTORNEY for Health Care Matters:**
(1) Spouse (_____ if checked), or _____
(2) _____ of _____
(3) _____ of _____

12. MISCELLANEOUS:

- a. Do you have specific burial instructions that you want to be carried out? If so, please describe and attach a separate sheet if needed and specify if for client 1 or client 2 or both:

Church Affiliation _____
Name of Pastor/Minister/Priest _____ Tele: _____
Funeral Home preference _____ (Prepaid? Y/N)
Manner of burial or cremation Client 1: _____ Client 2: _____
Cemetery Client 1: _____ Client 2: _____

- b. Are there any other considerations which you believe may affect your estate planning goals? **Y / N**

c. Who referred you to our firm?

d. Other comments or questions you would like to discuss at our meeting:

e. Discuss Dispositive Provisions:

f. Specific Bequests

If you wish to leave particular items of property (i.e. jewelry, guns, etc.) to specific people, this can be done by a letter of instruction to your executor which can be left with your Will. The letter is not legally binding but it is common practice and allows you to make changes without a formal codicil or amendment. If you want your specific bequests to be legally binding, you need to include them in your Will. It is helpful to have very specific reference (i.e. a serial number on a gun, or a picture of the piece of jewelry).

Specific Bequests (if any) _____

g. Rest, Residue and Remainder

After any specific bequests, you need to decide where the rest of your property will go and in what shares (i.e. 1/2 to my wife and 1/2 to my son **or** 3 shares, 1 each to my 3 nephews, Huey, Dewey and Louie). It can also be divided into percentages, as long as your percentages add up to 100%.

You also need to decide that if one of the persons you want your property to go to predeceases you, do you want your property to go to their children and grandchildren, or do you want it to go to the other named beneficiaries, someone else or a charity?

Rest, residue and remainder to _____

13. CHECKLIST OF ITEMS TO BRING TO YOUR FIRST MEETING

At our first meeting, it may be helpful (but not absolutely necessary) to have available the following information or documents:

- Copies of existing/previous estate planning documents including Wills, Trusts, Healthcare or Financial Powers of Attorney, if any. _____
- Copies of recent income tax returns. _____
- Copies of recent gift tax returns, if any. _____
- Copies of divorce decrees, marital support orders, child support orders or prenuptial agreements, if any. _____
- Copies of corporate records, minute books, shareholder agreements, if any. _____
- Copies of any trusts pursuant to which you will receive distributions as a beneficiary. _____

REAL ESTATE ITEMS TO INCLUDE (for each property if available):

- | | | | | | | | |
|-----|---|----|-------|----|-------|----|-------|
| (a) | Copy of recorded deed for each property | #1 | _____ | #2 | _____ | #3 | _____ |
| (b) | Copy of recent tax bill. | #1 | _____ | #2 | _____ | #3 | _____ |
| (c) | Copy of recent mortgage statement (or equity line). | #1 | _____ | #2 | _____ | #3 | _____ |
| (d) | Copy of homeowner's insurance statements. | #1 | _____ | #2 | _____ | #3 | _____ |
| (e) | Copy of owner's title insurance policy (if any). | #1 | _____ | #2 | _____ | #3 | _____ |
| (f) | Any related easements, conveyances out, etc. | #1 | _____ | #2 | _____ | #3 | _____ |

(See the following questions - if you answer Yes, provide copies)

After you acquired title to your real estate, have you:

- | | | |
|-----|--------------------------------------|-------|
| (a) | sold portions of these properties? | Y / N |
| (b) | acquired additional adjoining land? | Y / N |
| (c) | agreed to a boundary line agreement? | Y / N |

Thank you for taking the time to complete this questionnaire. Please do not hesitate to call us if you have any questions while completing this questionnaire.

***Thank you for providing this pertinent information
to assist us in developing a plan for you.***