



C O N F I D E N T I A L D A T A Q U E S T I O N N A I R E

Date: _____

A. Personal Information:

First Name _____ MI _____ Last _____

Date of Birth _____ SS # _____

Occupation _____ Country of Residence _____ U.S. Citizen (Y / N) _____

Date of the current Marriage _____

Spouse First Name _____ MI _____ Last _____

Date of Birth _____ SS# _____

Occupation _____ Country of Residence _____ U.S. Citizen (Y / N) _____

Residence Street Address _____ City _____ State _____ Zip _____

Mailing Street Address _____ City _____ State _____ Zip _____

(We prefer a real street address that will accept Overnight Express packages.)

Telephone No. _____ Fax No. _____

Work No. _____ Cell No. _____

Client's Email Address _____ Spouse's Email Address _____

Referral Source _____

| | Name | Address | Date of Birth | Child of? | Adopted? | Date of Death | Married? |
|-----------|------|---------|---------------|-----------|----------|---------------|----------|
| Child # 1 | | | | | | | |
| Child # 2 | | | | | | | |
| Child # 3 | | | | | | | |
| Child # 4 | | | | | | | |
| Child # 5 | | | | | | | |

B. Personal Representatives:

The Personal Representative can be an Executor, Trustee or Attorney-in-Fact who manages your estate and distributes your assets to those you want to receive your estate.

Each spouse for the other? ☐ Yes ☐ No

Alternate Representatives:

| | Name | Address | Relationship | Serve Alone or with? |
|---------------|------|---------|--------------|----------------------|
| 1st Alternate | | | | |
| 2nd Alternate | | | | |
| 3rd Alternate | | | | |

C. Professional Advisers:

Please List the Names, Addresses and Phone Numbers of the Following Persons. If Any of the Following Categories Do Not Apply, Just Enter "N/A".

Attach Additional Sheets if Necessary.

CPA/Accountant:

Name: _____

Address: _____

Phone # (Work): _____

Attorney:

Name: _____

Address: _____

Phone # (Work): _____

Financial Planner:

Name: _____

Address: _____

Phone # (Work): _____

Life Insurance Agent:

Name: _____

Address: _____

Phone # (Work): _____

D. List of Assets:

1. Real Estate

Please fill out and attach additional pages if needed.

REAL ESTATE (include residence, time shares, investment properties; Please bring copies of most current grant deeds and property tax bills for each property you own. It is not necessary to bring Trust Deeds or Reconveyances.)

| | Address of Property | Use of Property | % Ownership | Assessor's Parcel # | Estimate Present Value | Estimated Mortgage Balance | Estimated Equity |
|------------|---------------------|-----------------|-------------|---------------------|------------------------|----------------------------|------------------|
| Property 1 | | | | | | | |
| Property 2 | | | | | | | |
| Property 3 | | | | | | | |
| Property 4 | | | | | | | |
| Property 5 | | | | | | | |

Please attach a separate sheet if you own more than 5 properties

2. Liquid assets

List Bank Name, City, State, Type of Account (Checking, Savings, Money Market, CD, etc.), Current Yield and Account Balance.

| | Bank Name | Account Type | Account # | Yield | Account Balance |
|---|-----------|--------------|-----------|-------|-----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

3. Investment Accounts

| | Institution | Account No. | Present Value |
|---|-------------|-------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

E. List of Assets(Cont.):

4. Retirement Accounts

| | Institution | Account Type | Account # | Present Value | Owner | Beneficiary |
|---|-------------|--------------|-----------|---------------|-------|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Please provide information on your retirement accounts, including any 401(k), IRA, Roth IRA, etc.

5. Notes and Deeds of Trust owed to you

| | Name of Payor | Date of Execution | Present Value |
|---|---------------|-------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

6. Business Interests

| | Name of Business | Type of Business | % Interest you own | Present Value |
|---|------------------|------------------|--------------------|---------------|
| 1 | | | | |
| 2 | | | | |

7. Pension Benefits

| | Name of Business | Type of Business | % Interest you own | Present Value |
|---|------------------|------------------|--------------------|---------------|
| 1 | | | | |
| 2 | | | | |

8. Life Insurance & Annuities

| | Carrier Name | Term/Permanent | Insured | Beneficiary | Death Benefit | Policy No. | Cash Value |
|---|--------------|----------------|---------|-------------|---------------|------------|------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

9. Other Assets

Please List any other important assets that you own. Examples include jewelry, art, coin collections, patents, copyrights, etc.

| | Type of Asset | Owner | Beneficiary | Debt | Present Value |
|---|---------------|-------|-------------|------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

GROSS ESTATE \$ _____

LESS DEBTS - _____

NET ESTATE \$ _____

F. Existing Legal Documents:

Do you currently have a will? ☐ Yes ☐ No

Do you currently have a Revocable Living Trust? ☐ Yes ☐ No

Does your spouse have a will? ☐ Yes ☐ No

Does your spouse have a Revocable Living Trust? ☐ Yes ☐ No

Do you and/or your spouse have other trusts? ☐ Yes ☐ No

If so, please explain. _____

(Please provide Summary or Schematic of Trusts if available)

Have you or your spouse used any portion of your lifetime exemption(s)? ☐ Yes ☐ No

If so, please provide a copy of your most recent Form 709 gift tax return(s). If returns are not available, please estimate how much exemption each of you have used and a brief explanation of the gifts. _____

G. Healthcare Agents:

If you are unable to make healthcare decisions for yourself, please state whom you would appoint as your agent.

| | Name | Address | Relationship | Serve Alone or with? |
|---------------|------|---------|--------------|----------------------|
| 1st Alternate | | | | |
| 2nd Alternate | | | | |
| 3rd Alternate | | | | |

H. Competency Agents:

Please name the person you trust to determine whether you are mentally competent and/or physically able to continue to serve as the trustee of your estate.

| | Name | Address | Relationship | Serve Alone or with? |
|---------------|------|---------|--------------|----------------------|
| 1st Alternate | | | | |
| 2nd Alternate | | | | |
| 3rd Alternate | | | | |

I. Guardians of Minor Children:

The **Guardian** of the Person is the one with whom your minor child(ren) will reside if you (and your spouse) are deceased.

1. The Guardian of the Person

| | Name | Address | As Husband and Wife | Relationship | Serve Alone or with? |
|---------------|------|---------|---------------------|--------------|----------------------|
| 1st Alternate | | | | | |
| 2nd Alternate | | | | | |

The **Guardian** of the Estate is the one who manages the assets of your children's estate on behalf of your minor child(ren) until the date of distribution.

II. Guardian of the Estate

| | Name | Address | As Husband and Wife | Relationship | Serve Alone or with? |
|---------------|------|---------|---------------------|--------------|----------------------|
| 1st Alternate | | | | | |
| 2nd Alternate | | | | | |

J. Distribution Upon Death of First Spouse:

All **Income** to Spouse ☐ Yes ☐ No

If no, to whom? _____
Name/Charitable Organization Address Amount or %

All **Property** to Spouse ☐ Yes ☐ No

If no, to whom? _____
Name/Charitable Organization Address Amount or %

Comments: _____

K. Distribution Upon Death of Second Spouse:

Please list any **Charitable Beneficiaries:**

| | | |
|------|----------------|-------------|
| Name | City and State | Amount or % |
|------|----------------|-------------|

| | | |
|------|----------------|-------------|
| Name | City and State | Amount or % |
|------|----------------|-------------|

Balance to Children equally? ☐ Yes ☐ No

If no, please state your plan of distribution: _____