



**SIDDALL & SIDDALL
ATTORNEYS AT LAW**

CLIENT INFORMATION QUESTIONNAIRE

Please complete only as much of the Questionnaire as you feel is relevant or necessary.

The information reported here will be held in the strictest confidence and will not be released to anyone without your consent.

A. FAMILY INFORMATION

GENERAL

	You	Spouse
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Telephone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Business Phone	_____	_____
Social Security No.	_____	_____
Date of Birth	_____	_____
Citizenship	_____	_____
Retired	___ Yes ___ No	___ Yes ___ No
Retirement Date	_____	_____
Veteran	___ Yes ___ No	___ Yes ___ No
Date of Marriage	_____	

CHILDREN

Name	Social Security #	D/O/B	Address (if not home)

Should children born to or adopted by you after the date of the will be included?

___ Yes ___ No

Please note any adopted children or step-children.

OTHER BENEFICIARIES

(Include parents, grandchildren, spouses of children, relatives or others you or your spouse may desire to benefit.)

Name	Relationship	D/O/B (if minor)	Address

MEDICAL/DISABILITY

	Yes	No	Unknown/ N/A
Is anyone in your family disabled or seriously ill?			
Has anyone in your family recently entered a hospital or skilled nursing facility?			
If yes, which facility?			

If anyone in your family is disabled or seriously ill, please explain:

OTHER CONSIDERATIONS

	Yes	No	Unknown N/A
Have you or your spouse ever been married before?			
If yes, do you or your spouse have any children from the previous marriage?			
Do you or your spouse have any children who have died, leaving children?			
Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property?			
Do you and your spouse have a pre-nuptial or post-nuptial agreement?			
Do you or your spouse expect an inheritance?			
Are you or your spouse the beneficiary of any trust?			
Do you or your spouse possess any Powers of Appointment?			

HEALTH INSURANCE

Please check if you have:	You	Spouse
Medicare		
Insurance from Employer		
Medicare Supplement		
Long-Term Care Insurance		

LIFE INSURANCE

	Policy 1	Policy 2	Policy 3	Policy 4
Company				
Face Amount				
Type				
Owner				
Insured				
Beneficiary				

B. FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

	<u>You</u>	<u>Spouse</u>
Residence	\$ _____	\$ _____
Other Real Property	\$ _____	\$ _____
Bank Accounts & Certificates of Deposit	\$ _____	\$ _____
Sub-Chapter S and Closely-Held Stock and Partnership Interests	\$ _____	\$ _____
Accounts Receivable, Mortgages Receivable, & Other Notes	\$ _____	\$ _____
Retirement Benefits (Including IRA's)	\$ _____	\$ _____
Stocks, Bonds & Mutual Funds	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Collections (Art/Stamps/Other)	\$ _____	\$ _____
Cash Value of Life Insurance	\$ _____	\$ _____
Miscellaneous Household Property	\$ _____	\$ _____
Other (Antiques, etc.)	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

LIABILITIES

	<u>You</u>	<u>Spouse</u>
Real Estate Mortgages	\$ _____	\$ _____
Loans & Other Liabilities	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____

Names of Accountant: _____

Name of Broker/Trustee(s) or Investment Advisor(s): _____

INCOME-PRODUCING ASSETS

(Bank accounts, Brokerage accounts, Stocks, Corporate or U.S. Bonds, IRA's, Annuities, etc.)

<u>Financial Institution</u>	<u>Account Type</u>	<u>Approximate Value</u>	<u>Name(s) on Account</u>
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
<u>TOTAL</u>		\$ _____	

REAL ESTATE

<u>Property Address</u>	<u>Value</u>	<u>Owner(s)</u>
	\$ _____	
	\$ _____	
	\$ _____	

GIFTS

Have you or your spouse made any transfers or gifts of \$10,000 or more during the past three (3) years?

___ Yes ___ No

<u>Amount of Gift</u>	<u>Description of Gift</u>	<u>Name of Recipient</u>

C. ESTATE PLANNING PROVISIONS

GENERAL

Please check if you have:	You	Spouse
Last Will and Testament		
Durable Power of Attorney		
Health Care Proxy		
Living Trust		

FIDUCIARIES

Please consider which persons you would like to administer your estate and care for your minor or disabled children.

PERSONAL REPRESENTATIVE	<u>You</u>	<u>Spouse</u>
Primary		
Name		
Address		
Relationship to you/spouse		
Secondary		
Name		
Address		
Relationship to you/spouse		
GUARDIAN		
Primary		
Name		
Address		
Relationship to you/spouse		
Secondary		
Name		
Address		
Relationship to you/spouse		

DISPOSITION OF ESTATE

What are your general desires as to the disposition of your estate?

Indicate any specific gifts of cash or items you wish to make.

Item	Recipient

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, bring them to your conference.

Insurance—Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

Gift Tax Returns—If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.