

ESTATE PLANNING – CONFIDENTIAL CLIENT QUESTIONNAIRE

I. PERSONAL DATA

A. Family Data

1. CLIENT

First _____ Middle (or initial) _____ Last _____

Name exactly as it appears on your driver's license: _____

NOTE: We will need this information to ensure that your documents are notarized properly.

Are you a U.S. citizen? Yes No

Nickname: (full name by which you are commonly addressed) _____

Home address: _____ City _____ State _____ Zip _____

Home #'s: Tel. (____) _____ - _____ Cell (____) _____ - _____ Fax (____) _____ - _____

Email: _____

Birthdate: Mo _____ Day ____ Year ____ Social Security Number _____

Employer: _____ Position: _____

Business Address: _____ City _____ State _____ Zip _____

Bus. #'s: Tel. (____) _____ - _____ Fax (____) _____ - _____ Email: _____

Any previous marriages? Yes No **NOTE:** if you answered yes, please fill in the information below:

Full Name of Former Spouse(s)	How terminated (DV, D,A)*	Year of Final Decree or Date of Death
i. _____		
ii. _____		

**For each prior marriage, please state how the marriage terminated [divorce (DV), death (D) or annulment (A)]*

2. SPOUSE

First _____ Middle (or initial) _____ Last _____

Name exactly as it appears on your driver's license: _____

NOTE: We will need this information to ensure that your documents are notarized properly.

Are you a U.S. citizen? Yes No

Nickname: (full name by which you are commonly addressed) _____

Home address: _____ City _____ State _____ Zip _____

Home #'s: Tel. (____) _____ - _____ Cell (____) _____ - _____ Fax (____) _____ - _____

Email: _____

Birthdate: Mo _____ Day ____ Year ____ Social Security Number _____

Employer: _____ Position: _____

Business Address: _____ City _____ State _____ Zip _____

Bus. #'s: Tel. (____) _____ - _____ Fax (____) _____ - _____ Email: _____

Any previous marriages? Yes No **NOTE:** if you answered yes, please fill in the information below:

Full Name of Former Spouse(s)	How terminated (DV, D,A)*	Year of Final Decree or Date of Death
i. _____		
ii. _____		

**For each prior marriage, please state how the marriage terminated [divorce (DV), death (D) or annulment (A)]*

3. CLIENT'S CHILDREN *

Name (<i>full name</i>)	Birthdate (<i>Mo/Day/Yr.</i>)	<u>Address/Telephone</u> (If not living at home)
i. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
ii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
iii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
iv. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
v. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
vi. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
vii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
viii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____

*For each predeceased child, if any, please state name and date of death.

4. SPOUSE'S CHILDREN *

Name (<i>full name</i>)	Birthdate (<i>Mo/Day/Yr.</i>)	<u>Address/Telephone</u> (If not living at home)
i. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
ii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
iii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
iv. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
v. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
vi. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
vii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____
viii. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____ _____ (_____)_____-_____

*For each predeceased child, if any, please state name and date of death.

5. GRANDCHILDREN*

<u>Name</u> (full name)	<u>Age</u>	<u>Parent's Name</u>
i. _____	_____	_____
ii. _____	_____	_____
iii. _____	_____	_____
iv. _____	_____	_____
v. _____	_____	_____
vi. _____	_____	_____
vii. _____	_____	_____
viii. _____	_____	_____
ix. _____	_____	_____
x. _____	_____	_____

*If any of your grandchildren are predeceased, please indicate (D) next to their name.

6. CLIENT'S OTHER LIVING RELATIVES (Father, Mother, Brothers & Sisters).

<u>Name</u>	<u>Relation</u>	<u>City/State</u>
i. _____	_____	_____
ii. _____	_____	_____
iii. _____	_____	_____
iv. _____	_____	_____
v. _____	_____	_____
vi. _____	_____	_____

7. SPOUSE'S OTHER RELATIVES (Father, Mother, Brothers & Sisters).

<u>Name</u>	<u>Relation</u>	<u>City/State</u>
i. _____	_____	_____
ii. _____	_____	_____
iii. _____	_____	_____
iv. _____	_____	_____
v. _____	_____	_____
vi. _____	_____	_____

B. General Data

1. ESTATE PLANNING

- i. Who referred you to Robert J. Silverman, Esq. and/or Berding & Weil LLP?

- ii. Do you have a will? Yes* No
- iii. Do you have a living trust? Yes* No
- iv. Do you have an Advance Health Care Directive (or Health Care Power of Attorney, Living Will, or similar document containing your health care wishes)? Yes* No
- v. Do you have a Durable Power of Attorney for Management (or similar document in which you have given an agent power over your financial affairs)? Yes* No
- vi. Do you have any other estate planning documents, or have you established any other estate planning technique, device or entity (e.g. irrevocable life insurance trust, family limited partnership, charitable remainder trust, qualified personal residence trust, grantor retained annuity trust, etc.) Yes* No

* If yes to any of the above, please attach to this form a copy of each document and/or provide the name of the attorney who prepared the document(s) and/or established the technique, device, or entity, and the date each was established.

2. CONTRACTUAL RESTRICTIONS/LIMITATIONS

- i. Is any of your property subject to a marital dissolution agreement? Yes* No
- ii. Is any of your property subject to a pre-marital (prenuptial) agreement? Yes* No
- iii. Is any of your property subject to any other significant contractual restrictions or limitations? Yes* No

* If yes to any of the above, please attach to this form a copy of each agreement or document establishing such contractual restrictions and/or provide the name of the attorney who prepared the document(s), and the date each was established.

3. PROFESSIONAL/FINANCIAL ADVISORS

i. Do you have an accountant (and/or other professional tax advisor)? Yes No*

If yes, please provide the name, address and telephone number for your accountant/tax advisor(s):

ii. Do you have a financial planner (and/or general financial advisor)? Yes No

If yes, please provide the name, address and telephone number for you advisor(s):

iii. Do you have a primary stockbroker (and/or investment/money manager)? Yes No

If yes, please provide the name, address and telephone number for your advisor(s):

iv. Do you have a primary banker? Yes No

If yes, please provide the name, address and telephone number for your banker:

v. Do you have an insurance agent (for life insurance, disability, and/or long term care)?

Yes No

If yes, please provide the name, address and telephone number for your insurance agent(s):

4. FINANCIAL, TAX, AND INSURANCE PLANNING

i. Financial

a. Do you have a written financial plan? Yes No*

b. Do you have a professional financial planner/advisor? Yes No*

c. Are you receiving ongoing investment advice? Yes No*

d. Do you have a professional investment/money manager? Yes No*

* Would you like the name of one or more professional financial advisors to help you evaluate and/or discuss your financial needs, goals and/or objectives? Yes No

NOTE: If you checked “Yes” (you would like a referral), please indicate the specific type of advisor(s) to whom you would like to be referred; other criteria or qualifications you desire; and a description of your specific goals/objectives:

ii. Tax

a. Do you receive professional assistance with your tax returns? Yes No*

b. Do you receive any additional ongoing professional tax advice? Yes No*

*Would you like the name of one or more professional tax advisors to help you evaluate and/or discuss tax return preparation and/or your other tax needs, goals and/or objectives? Yes No

NOTE: If you checked “Yes” (you would like a referral), please indicate the specific type of professional tax advisor(s) to whom you would like to be referred; other criteria or qualifications you desire; and a description of your specific goals/objectives:

iii. Insurance:

a. Do you have any life insurance under which your life is insured? Yes No*

b. Does your spouse (if applicable) have any life insurance under which his/her life is insured? Yes No*

c. Do you have enough information to be satisfied that your life insurance: is of the optimal type (e.g. term, whole life, universal, variable) for your needs; is in sufficient amounts to cover the needs of you and your family (and/or friends, partners, etc.); and that the cost (premiums) you are paying for such policies are competitive in the current marketplace? Yes No*

d. Have you had your life insurance policy(ies) and/or coverage reviewed by an insurance professional recently? Yes No*

e. Do you have disability insurance? Yes No*

f. Do you have long term care insurance? Yes No*

* Would you like the name of one or more professional insurance agents/advisors to help you evaluate and/or discuss your insurance needs, goals and/or objectives? Yes No

NOTE: If you checked “Yes” (you would like a referral), please indicate the specific type of insurance agent/advisor(s) to whom you would like to be referred; other criteria or qualifications you desire; and a description of your specific goals/objectives:

II. FINANCIAL DATA

A. Income:

1. EARNED INCOME

- i. What is your approx. annual earned income*? \$ _____
- ii. What is your spouse’s (if applicable) approx. annual earned income*? \$ _____

2. INVESTMENT INCOME

- iii. What is your approx. annual investment income**? \$ _____
- iv. What is your spouse’s (if applicable) approx. annual investment income**? \$ _____

* If significantly variable due to self-employment, or otherwise, provide a figure for the most recent year (or projected annualized for this year) and an average over the last several years.

** If significantly variable for any reason, provide a figure for the most recent year (or projected annualized for this year) and an average over the last several years.

B. Assets

1. CHECKING, SAVINGS, CASH ACCOUNTS (e.g. Money Market, C.D. 's)

<u>Name of Financial Institution</u>	<u>Type</u>	<u>Owner</u> <i>(How title is held)</i>	<u>Approx. Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Checking Account (CA), Savings Account (SA), Money Market (MM), Certificates of Deposit (CD).

** Husband (H), Wife (W), or Jointly (JT).

Note: If you are custodian of the account for the benefit of a minor, please specify & give minor’s name.

2. REAL ESTATE

<u>Complete Address</u> (Including City/Town, State Zip)	<u>Type*</u>	<u>Owner**</u>	<u>FMV***</u>	<u>Mortgage Balance(s)</u>
1. _____ _____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
2. _____ _____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
3. _____ _____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
4. _____ _____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

* Personal Residence (R) or Investment Property (I).
 ** How Title is Held: Husband (H), Wife (W), Joint Tenancy (JT), Tenants in Common (TC), or Community Property (CP).
 Note: If owned either in JT or TC with anyone other than spouse, please furnish name and relationship.
 *** Fair Market Value (approximate).

3. SECURITIES (STOCKS/BONDS/MUTUAL FUNDS)

Please list all stock ownership in publicly owned corporations (*traded on an exchange or over the counter*); bonds (*U.S. Savings Bonds, corporate, municipal, etc.*); and mutual funds **except those in Retirement Plans** (*IRA's, 401K's, etc.* should be listed in the Section 4 – "Retirement Plans" below).

<u>I.D.*</u> (If stock, list company; if bond, describe type of bond; if mutual fund, list company and fund name)	<u>Number of shares*</u> (or face value if bond)	<u>Owner**</u>	<u>FMV***</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

* If too many to list individually, and held in a brokerage account, please list brokerage company/financial institution, branch, & approx. Fair Market Value of all the securities in the account.
 Note: if too many to list individually and not held in a brokerage account, please attach a detailed list.
 ** Husband (H), Wife (W), or Community Property (CP).
 If owned either JT or TC with someone other than spouse, please furnish name and relationship.
 ***Fair Market Value (approx.)

4. RETIREMENT PLANS

<u>Type of Plan*</u>	<u>Custodian**</u>	<u>Owner***</u>	<u>Designated Beneficiary****</u>	<u>Current Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* For example, Pension (P), Profit Sharing (PS), IRA, 401K, or other.
 ** The financial institution serving as custodian (administrator) of the plan.
 *** Husband (H), or Wife (W).
 **** The designated beneficiary, if any, to whom you have instructed the custodian in writing to distribute plan benefits on your death.

5. LOAN/PROMISSORY NOTES RECEIVABLE (Owed to You)

<u>Name of Debtor</u>	<u>Date of Note</u>	<u>Date Note Due</u>	<u>Owed To*</u>	<u>Current Balance Owed</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* Husband (H), Wife (W), or Community Property (CP).

6. LIFE INSURANCE POLICIES

Company and Policy Number _____

Type* _____ Name of Insured** _____ Owner*** _____

Face Amount****\$ _____ Cash Value (Minus any loans against the policy) \$ _____

Name of Primary and Secondary/Contingent Beneficiary(ies)***** _____

* Term, whole life, universal, variable, split dollar, group life, annuity, etc.
 ** The person whose life the policy insures: Husband (H), Wife (W), Corporation (C), or other (insert name and relationship).
 *** The person(s) who owns the policy (may or may not be the same as the person who is insured): Husband (H), Wife (W), Corporation (C), or other (insert name and relationship).
 **** The amount of the death benefit payable to the Owner upon the death of the Insured.
 *****Beneficiary(ies) – primary and secondary/contingent, if any, to whom you have instructed the insurance company in writing to pay death benefits upon the death of the Insured.

Company and Policy Number _____
Type* _____ Name of Insured** _____ Owner*** _____

Face Amount****\$ _____ Cash Value (Minus any loans against the policy) \$ _____

Name of Primary and Secondary/Contingent Beneficiary(ies)***** _____

Company and Policy Number _____

Type* _____ Name of Insured** _____ Owner*** _____

Face Amount****\$ _____ Cash Value (Minus any loans against the policy) \$ _____

Name of Primary and Secondary/Contingent Beneficiary(ies)***** _____

Company and Policy Number _____

Type* _____ Name of Insured** _____ Owner*** _____

Face Amount****\$ _____ Cash Value (Minus any loans against the policy) \$ _____

Name of Primary and Secondary/Contingent Beneficiary(ies)***** _____

Company and Policy Number _____

Type* _____ Name of Insured** _____ Owner*** _____

Face Amount****\$ _____ Cash Value (Minus any loans against the policy) \$ _____

Name of Primary and Secondary/Contingent Beneficiary(ies)***** _____

* Term, whole life, universal, variable, split dollar, group life, annuity, etc.

** The person whose life the policy insures: Husband (H), Wife (W), Corporation (C), or other (insert name and relationship).

*** The person(s) who owns the policy (may or may not be the same as the person who is insured): Husband (H), Wife (W), Corporation (C), or other (insert name and relationship).

**** The amount of the death benefit payable to the Owner upon the death of the Insured.

***** Beneficiary(ies) – primary and secondary/contingent, if any, to whom you have instructed the insurance company in writing to pay death benefits upon the death of the Insured.

7. SELF-OWNED BUSINESS INTERESTS (*Sole Proprietorships*)

<u>Name of Business</u>	<u>Description of Business</u>	<u>Owner*</u>	<u>FMV**</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

*Husband (H), Wife (W), or Community Property (CP).

** Fair Market Value (approximate).

8. MISC. PRIVATE (NON-PUBLICLY TRADED) BUSINESS INTERESTS

<u>Name of Business</u>	<u>Entity Type*</u>	<u>Business Description</u>	<u>Owner**</u>	<u>%Owned***</u>	<u>FMV****</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

* General Partnership (GP), Limited Partnership (LP), Limited Liability Company (LLC), Corporation (C), 'S' Corporation (S-C).

** Husband (H), Wife (W), Joint Tenancy (JT), Tenants in Common (TC), or Community Property (CP).

*** Percentage of the Company/Interest you own.

**** Fair Market Value (approximate).

9. FARM AND RANCH INTERESTS; OR OIL AND GAS INTERESTS

<u>Description:</u> <i>(if farm & ranch: livestock, machinery, leases, etc.) (if oil & gas: lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)</i>	<u>Owner*</u>	<u>FMV**</u>
_____	_____	\$ _____
_____	_____	\$ _____

* Husband (H), Wife (W), Joint Tenancy (JT), Tenants in Common (TC), or Community Property (CP).

** Fair Market Value (approximate).

10. PERSONAL PROPERTY

(Tangible personal assets of more than nominal value – for example, automobiles, jewelry, china, antiques, collectibles, paintings, etc.)

<u>Description of item or type/class of property*</u>	<u>Owner**</u>	<u>FMV***</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

* Describe specific item or type/class of property (e.g. "Ruby ring" or "Jewelry")

** Husband (H), Wife (W), or Community Property (CP).

*** Fair Market Value (approximate)

