

CLIENT INFORMATION
[Strictly Confidential]



Husband's Legal Name: _____
(First, Middle, Last Name)

Other Names used by Husband: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (cell) _____ Android or iPhone? _____

Date of Birth: _____ Soc. Sec No. (Last 4 Digits): _____

US citizen? Yes No. If no, what nationality: _____

Business/Employment: _____

Wife's Legal Name: _____
(First, Middle, Last Name)

Other Names used by Wife: _____

Date of Birth: _____ Soc. Sec No. (Last 4 Digits): _____

Telephone: (home) _____ (cell) _____ Android or iPhone? _____

Business/Employment: _____

E-Mail: _____

US citizen? Yes No. If no, what nationality: _____

Prior Marriages?

Husband: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Wife: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None **AGE or DOB**
 (First Name, Middle Initial, Last Name)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

(First Name, Middle Initial, Last Name)

CHILDREN FROM <u>PRIOR</u> MARRIAGE:	WIFE	HUSBAND	AGE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children?
If yes, name: _____
If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?
If yes, name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |

- Do you wish to disinherit any of your children, grandchildren or any other close relative?
 - Do you have an existing Marital Property Agreement?
 - Do either of you expect to inherit substantial assets (\$100,000 +)?
- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control the distribution of the entire estate after the first death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children before the second spouse's death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL REPRESENTATIVE AND/OR TRUSTEE

The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death

(Personal Representative for Will Plan or Trustee for Trust Plan):

- (First Name, Middle Initial, Last Name)**
- (1) _____
- (2) _____

GUARDIAN FOR MINOR CHILDREN

The name of the person(s) that you want to raise a child that is under 18, if both spouses die (**Guardian**) (if applicable):

- (First Name, Middle Initial, Last Name)**
- (1) _____
- (2) _____

HEALTH CARE AGENT

The name of the person(s) that you want to make any major medical decisions on your behalf (**Health Care Agent**)

HUSBAND

Primary Health Care Agent:

(First, Middle Initial, Last Name)

Address: _____

Phone: _____

Successor Health Care Agent: _____

(First, Middle Initial, Last Name)

Address: _____

Phone: _____

(Please list First Name, Middle Initial, Last Name for all Agents above)

WIFE

Primary Health Care Agent: _____

Address: _____

Phone: _____

(First, Middle Initial, Last Name)

Successor Health Care Agent: _____

Address: _____

Phone: _____

(Please list First Name, Middle Initial, Last Name for all Agents above)

AGENT--POWER OF ATTORNEY FOR FINANCES & PROPERTY

The name of the person(s) that you want to make financial decisions on your behalf if you are incapacitated (**Agent for Financial Power of Attorney**):

HUSBAND

Primary Agent *(Usually Spouse if married, but not required)*: _____

(First, Middle Initial, Last Name)

Address: _____

Phone: _____

Successor Agent: _____

(First, Middle Initial, Last Name)

Address: _____

Phone: _____

(Please list First Name, Middle Initial, Last Name for all Agents above)

WIFE

Primary Agent *(Usually Spouse if married, but not required)*: _____

(First, Middle Initial, Last Name)

Address: _____

Phone: _____

Successor Agent: _____

Address: _____

Phone: _____

(Please list First Name, Middle Initial, Last Name for all Agents above)

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

HUSBAND:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

WIFE:

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

ADDRESS OF EACH PIECE OF REAL ESTATE:

Property #1:

Street Address: _____

County, State: _____

Tax Parcel ID No. (if known): _____

How is the Deed Titled? (Individual, Joint Tenants, Joint Tenants w/Rights of Survivorship, Marital Property, Tenants in Common, Life Estate, etc.) _____

Estimated Fair Market Value: _____

Mortgages on the Property (Please list the total of all mortgages on property): _____

Any joint owners? If yes, please list: _____

Property #2:

Street Address: _____

County, State: _____

Estimated Fair Market Value: _____

Mortgages on the Property (Please list the total of all mortgages on property): _____

How is the Deed Titled? (Individual, Joint Tenants, Joint Tenants w/Rights of Survivorship, Marital Property, Tenants in Common, Life Estate, etc.) _____

Any joint owners? If yes, please list: _____

How did you find my office? (Website, Google, Referral, etc.)

If you used my website, did you have any issues navigating the website or any other comments/feedback on the website?

Name of Financial Advisor (if any): _____

Firm Name and Address: _____

Phone/Fax/Email: _____

Name of Bank or Financial Institution: _____

Address: _____

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Husband's Signature

Wife's Signature

Instructions Regarding Real Estate Deeds and Other Paperwork:

When returning this document, please attach copies of any deeds for real property that you have readily available. If you do not have them available when you return the questionnaire you may also bring this paperwork with you to the initial consultation or for a virtual consultation, you can send it ahead of time by mail or email. If you do not have the deeds available, please make a note and I can search and purchase them online from the Register of Deeds if necessary for a small fee. Please feel free to attach bank statements, investment account statements, titles, or paperwork concerning other valuable assets that you believe would be useful to me when returning this document. Thank you for completing this questionnaire and for working with me to make your initial consultation as efficient and effective as possible!

Scheduling Your Estate Planning Design Meeting:

When you have completed this questionnaire and returned it to my office, please contact the office by email at attorney@theburtonlawoffice.com to schedule an appointment for your initial consultation where we will review your questionnaire and design a custom estate plan designed to fit your needs. Clients who return the questionnaire first will receive first priority in scheduling available appointments. Thank you for your understanding and cooperation!

Instructions for Returning Completed Estate Planning Questionnaire:

Email or online electronic submission is the preferred method for receiving the completed questionnaire. If you send the form via email, please send in PDF format to:

attorney@theburtonlawoffice.com

BURTON | LAW
LLC

A Boutique Law Firm Focusing on Estate Planning, Asset Protection, Real Estate & Business Law
www.theburtonlawoffice.com