CLIENT INFORMATION



[Strictly Confidential]

Legal Name: (Please list your legal First Name, Middle Name	e, and Last Name)		
Other Names used:			
Address:			
County: E-Ma			
Telephone: (home) (work)	(cell	1)	
Smartphone? Yes No	Android or iPhone	e?	
Date of Birth: Soc.	Sec No. (Last 4 Di	gits):	
Business/Employer:			
Marital Status: ☐ Never married ☐ Divorce	d 🗌 Widowed	☐ Marrie	ed
If married, name of Spouse:			
US citizen? \square Yes \square No. If no, what nation	ıality:		
CHILDREN: None	ı	AGE or D	OB
(Please list First Name, Middle Initial, Last Name	ne for all children	listed abo	ve)
Number of grandchildren:	Range of Ages: _		
		YES	<u>NO</u>
• Any deceased children?			
If yes, name:		_	

	If yes, survived by issue?		
	If yes, name(s):	- YES	NO
•	Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?		<u>NO</u>
•	Do you have any relatives (other than children) who depend on you for all or part of their support?		
•	Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?		
•	Do you wish to disinherit any of your children, grandchildren or any other close relative?		
•	If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?		
•	Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?		
•	Do you expect to inherit substantial assets (\$100,000 +)?		
•	Do you have an existing Will?		
•	Have you ever executed a trust (either revocable or irrevocable)?		
•	Have you ever filed a Federal Gift Tax Return?		
•	Do you have an existing General Power of Attorney?		
•	Do you currently hold any assets in Joint Tenancy with another person?		

PERSONAL REPRESENTATIVE OR TRUSTEE

The name of the person(s) that you want to be the decision maker concerning your
estate upon your death: Primary Paranal Paragantative (PR):
Primary Personal Representative (PR): (First, Middle Initial, Last Name)
Successor Personal Representative:
(Please list First Name, Middle Initial, Last Name for Personal Representative)
GUARDIAN FOR MINOR CHILDREN
The name of the person(s) that you want to raise a child that is under 18 (if
applicable):
Primary Guardian:
Address:
Successor Guardian:
Address:
(Please list First Name, Middle Initial, Last Name for all persons above)
HEALTH CARE AGENT
The name of the person(s) that you want to make any major medical decisions on
your behalf:
Primary Agent:
Address:
Phone:
Successor Agent:
Address:
Phone:
(Please list First Name, Middle Initial, Last Name for all persons 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:
Primary Agent:
Address:
Phone:
Successor Agent (optional):
Address:
Phone:
(Please list First Name, Middle Initial, Last Name for all persons above)

If you used other community of the commu	d my website, did you have any issues navigating the website or any ments/feedback on the website? Financial Advisor (if any):e and Address:t/Email:
If you used other community of I	d my website, did you have any issues navigating the website or any ments/feedback on the website? Financial Advisor (if any):
If you used other community of I	d my website, did you have any issues navigating the website or any ments/feedback on the website? Financial Advisor (if any):
If you used other comments	d my website, did you have any issues navigating the website or any ments/feedback on the website? Financial Advisor (if any):
If you used	d my website, did you have any issues navigating the website or any
How did y	you find my office? (Website, Google, Avvo, Referral, etc.)
How did y	you find my office? (Website, Google, Avvo, Referral, etc.)
-	
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	ny specific concerns (not already mentioned) that you have regarding cribution of your estate:
-	
_	
-	
- - -	
among - - - -	your beneficiaries?

BURIAL WISHES

At my	death, I wish to be:		cremated	buried.
If cremation, I would like		ashes	s disposed as follows:	
	If buried, I would like my ren	nains	interred as follows:	
I have a	already made arrangements at	•		

ESTIMATED* VALUE OF ESTATE

TYPE OF ASSET:	ESTIMATED VALUE				
TOTAL REAL ESTATE: (fair market value, <u>less</u> loans)	\$				
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 Survivor Marital Property, Tenants in Common, Life Estate, etc.)					
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):				
	Tenants, Joint Tenants w/Rights of Survivorship. Ge Estate, etc.)				
Any joint owners? If yes, please list:					
Property #3:					
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:					
	PLEASE ATTACH COPIES OF ANY DEEDS YOU HAVE READILY AVAILABLE FOR REAL ESTATE WHEN YOU RETURN THIS FORM. THANK YOU!					
•	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:	\$				

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

^{*} Use best guess; this can be a "ballpark" estimate.

^{**} Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

COMPANY	CASH <u>VALUE</u>	FACE <u>VALUE</u>	BENEFICIARY
	\$. \$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$. \$	
	\$	\$	

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 the deeds available when you return the questionnaire you may also bring this paperwork with you to the initial consultation. If you do not have the deeds available, please make a note and I can search for them online 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!

<u>Instructions for Returning Completed Estate Planning Questionnaire:</u>

Email or online submission is the preferred method for receiving the completed questionnaire. Please email in PDF format to:

attorney@theburtonlawoffice.com



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