CLIENT INFORMATION

[Strictly Confidential]

BURTON LAW LLC

Legal Name: ____
(Please list your legal First Name, Middle Name, and Last Name)

Other Names used: ____

Address: ____

County: _________________________ E-Mail: ____________________________

Telephone: (home)_______________ (work)_______________ (cell)_____________

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

Business/Employer: ____

Marital Status: ☐ Never married ☐ Divorced ☐ Widowed ☐ Married

If married, name of Spouse: ____
(First Name, Middle Name, and Last Name)

If married, date of Marriage:____

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

CHILDREN: ☐ None	**AGE or DOB**
____	_________________
____	_________________
____	_________________
____	_________________
____	_________________

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

- Number of grandchildren: _________ Range of Ages: _________________

	YES	**NO**
• Any deceased children?	☐	☐

If yes, name: ____________________________________

	YES	NO
If yes, survived by issue?	☐	☐
If yes, name(s): ________________________________		
• Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	☐	☐
• 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?	☐	☐
• Do you want to pay your Trustee if they are a family member?	☐	☐

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 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)

- In general, state how you want your estate distributed among your beneficiaries?

____
____
____
____
____
____
____

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

____
____
____
____
____
____

How did you find my office? (Website, Google, Avvo, 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:____

BURIAL WISHES

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

TYPE OF ASSET: **ESTIMATED VALUE**

- TOTAL REAL ESTATE: $_________________
  (fair market value, less 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 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:___________________________________

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: $__________________

* 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.

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 VALUE**	**FACE VALUE**	**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!

Instructions for Returning Completed Estate Planning Questionnaire:

U.S. Mail, or online submission is the preferred method for returning the completed questionnaire. If you use email, please email in PDF format (not JPEG) as one document to:

attorney@theburtonlawoffice.com

U.S. Mail or Drop Off in Person:

Alternatively, you can mail the completed questionnaire (U.S. Mail is preferred during COVID-19 to limit in person contact) or drop it off in person and leave it with the receptionist at the shared front desk on the 3rd floor for Waterford Executive Offices/Goldridge Companies Monday-Friday from 9:00-5:00 p.m. Please place the completed questionnaire in an envelope addressed to Attorney Thomas B. Burton and leave it with the receptionist at the front desk and they will get it to Attorney Burton.

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Parking Directions are available at this link

BURTON LAW LLC

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