

## CONFIDENTIAL CLIENT QUESTIONNAIRE

Our objective is to help people take care of themselves and their loved ones, give what they have to who they want to have it, and save taxes and fees in the process. Each plan should honor the client's individuality, encourage creative confrontation of mortality and consideration of how to transfer values as well as wealth. Where appropriate, we help clients "do well by doing good" through charitable giving. We aspire to carry out our mission with competence, intelligence, and integrity, and in a manner that reflects our personal values in the office and in our community.

Effective estate planning is built upon three fundamental elements:

- \* gathering complete, accurate facts
- \* articulating goals
- \* applying knowledge of the law to achieve goals with available resources

These questions are designed to elicit the facts which describe your situation. This information is the cornerstone for developing the strategy and legal instruments necessary to achieve your goals. It will be a guide for periodic review of your estate plans and, eventually, for implementation of your instructions.

The information you provide is confidential. Please be frank and complete. If you have assembled some or all of the information for your financial planner, accountant, or for your own edification, feel free to attach copies of the work you have already done or additional pages. The facts, not the format, are what is important.

The questionnaire, designed for a same-sex or unmarried couple, asks who holds title to different pieces of property. "Who owns what" is critical information for evaluating the impact of estate tax and the probate of an estate at death. If you have joint property and know the legal form of ownership (e.g., joint tenancy/JTWROS, tenancy in common, etc.), please provide this detail. If you are not sure which it is, just check the "jointly owned" box and we will resolve the question later. Please also indicate any interests that are held by any other parties, such as former partners. We use this questionnaire for single people as well, in order to gather any information about property and obligations that may have arisen in the context of prior relationships.

Because you are unique, this questionnaire may not touch all the issues which are important to you. Please add your own comments and concerns to make it a useful planning tool.

**1. THE BASICS:** (Please print your name exactly as you wish it to appear on your documents)

	1st Party		2nd Party
<b>Name: :</b>			
<b>Age:</b>			
<b>Place of Birth:</b>			
<b>U.S. Citizen?:(If no, please indicate status)</b>			
<b>Home Address:</b>			
<b>County:</b>			
<b>Home Telephone:</b>			
<b>Fax:</b>			
<b>Email:</b>			
<b>Occupation: (or former occupation)</b>			
<b>Office Telephone:</b>			
<b>Fax:</b>			
<b>Annual Salary:</b>			
<b>Other Income:</b>			

Are you (or any member of your family) known by any other names or do you own any assets in a different name?  
If so, please give full details below:

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**Marriage / Partnership Details**

	1 <sup>st</sup> Party	2 <sup>nd</sup> Party
Are you married / have a civil union? If so, please indicate date and jurisdiction. If multiple jurisdictions, please indicate all.		
Have you had any previous marriage or civil union? Please indicate jurisdiction.		
Do you have financial obligations from a prior relationship?		
Do you have a domestic partnership (DP) agreement?		
Have you had a DP agreement with any former partner?		

**Your Children/Other Dependents (including your children from a previous marriage or relationship)**

Please indicate each party's relationship to each child: biological, legally adopted, etc. Please also indicate for each child any other party who has or may have a connection to the child, e.g., another biological parent, a surrogate, etc.

Full Legal Name	Address and Telephone (if different from yours)	Date of Birth	1 <sup>st</sup> Party	2 <sup>nd</sup> Party	Other Party/ies

For any adopted children, please indicate the circumstances of the adoption:

Please indicate if you have donated reproductive materials or services (sperm, egg, surrogacy) to others, even if you have no personal relationship to any resulting child.

## 2. YOUR ASSETS

Please list your assets below. Give approximate values and ownership (check more than one ownership option if holdings are mixed). List each account by type, the average or approximate balance, and the exact manner in which the account is titled (in your name alone or jointly with another). We do not need account numbers.

### Real Estate

Identify each parcel of real estate you own, including your residence. List its fair market value (please list mortgages or other liens on the property under Liabilities) and the exact name(s) of the owners of the property.

	Address/Location	Estimated Fair Market Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
Primary Residence		\$				
Other Property		\$				
Other Property		\$				
Other Property		\$				

### Bank/Money Market Accounts

For each type of account (checking, savings, money market etc), estimate the value and note the exact way in which the account is registered (individually or jointly with another). No account numbers are necessary.

Bank Name	Type of Account	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
		\$				
		\$				
		\$				
		\$				

### Stocks and Bonds

For each group of stocks and bonds (not in an IRA or other retirement account), estimate the fair market value and Note the exact way in which the security is registered (individually or jointly with another). Include stock options.

Stock/Bond Name	Type of Account	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
		\$				
		\$				
		\$				
		\$				
		\$				

**Life Insurance**

List each policy and the type. List the owner, beneficiary, on whose life the policy is written (the insured), the face amount of the policy, and its cash surrender value less outstanding loans.

Type of Policy	Company	Owner of the Policy	Beneficiary of The Policy	The Insured	Face Value	Cash Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$

**Annuities**

List any annuities you own, the estimated value and whether the annuity is tax deferred.

Company	Owner of the Annuity	Estimated Value	Tax Deferred?
		\$	
		\$	

**Business Interests**

List any interest you may own in a business (including your own business) and estimate its fair market value.

Nature of Business	Form of Organization (LLC, Partnership / Sole Prop)	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
		\$				
		\$				

**Other Investments**

List any other type of investment and its approximate value.

Type of Investment	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
	\$				
	\$				

**Non U.S. Assets**

Non-U.S. Assets	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
	\$				

### Significant Tangible Personal Property

List tangible assets, such as collections, art, family heirlooms, or any other items of valuable personal property and give your estimate of their fair market value.

Other Property	Estimated Value	1st Party owns	2nd Party owns	Jointly owned	Other party?
	\$				
	\$				
	\$				

### Retirement Plans

If you have a retirement plan or you are a member of a pension or profit-sharing plan, please describe them.

Type of Account	Company	Beneficiary	Estimated Value	1st Party	2nd Party
IRA			\$		
IRA			\$		
IRA			\$		
401(k) or 403(b)			\$		
401(k) or 403(b)			\$		
401(k) or 403(b)			\$		
Keogh/SEP			\$		
Keogh/SEP			\$		
Company Pension			\$		
Company Pension			\$		
Profit Sharing Plan			\$		
Profit Sharing Plan			\$		

### Other Assets

Did we miss something? List anything else of value you have and the approximate value.

### Assets from Prior Relationships

Please review all the questions above and indicate any property that you hold or may still hold with a prior partner, or any further details about property noted above.

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### 3. LIABILITIES

Please indicate the amount you are liable for (Mortgages, Other loans/significant debts):

Liability	Amount of Liability	1 <sup>st</sup> Party	2 <sup>nd</sup> Party	Joint	Other party?
	\$				
	\$				
	\$				
	\$				

### Liabilities from Prior Relationships

Please review all the questions above and indicate any liabilities that you may still have in connection with a prior partner, or any further details about liabilities noted above.

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### 4. ADDITIONAL INFORMATION

#### Your Advisors

	Name	Phone
Accountant		
Financial Planner:		
Stock Broker:		
Insurance Broker:		
Lawyer:		

## Your Concerns

These are some issues we may discuss. Please think them over, along with any other concerns you have.

Are you anticipating any imminent change of Status (marriage, new baby, inheritance, starting a business)? How imminent?	
Do you need expedited service (10 business days or less)?	
What estate plan do you have now?	
Are there health problems or other special circumstances our plan should consider?	
Are you likely to receive a substantial inheritance?	
Do you want to include charitable gifts in your estate plan?	
Do you have a safe-deposit box? Is it Jointly held?	
Are you the current beneficiary of an estate or trust, or do you have a right under a trust to require the payment of any money to yourself or anyone else? If Yes, please give details.	
Have you prepared a health care proxy and living will?	
Would you like to make organ donations?	
Do you have any other personal or family concerns which might affect our planning?	
Do you have long term care insurance?	

If there was insufficient space in any of the earlier sections please use the section below.

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How did you hear about our office?

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Party 1: Signature: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Party 2: Signature: \_\_\_\_\_

Date prepared: \_\_\_\_\_



At Cane & Boniface, PC, we understand that planning your estate can be an emotional process for you. It may have taken you several weeks, months, or even years to call our office. Preparing for one's death or incapacity is not something anyone likes to think about, but it is very important for you and your family to have a proper plan in place. Our goal is to help you devise a plan that you understand, that makes you feel comfortable and that meets your family's unique needs.

In order to prepare for our initial meeting, we would like you to think about the following questions. Some questions may not apply to your situation and you may not know all of the answers. We expect that you will have many questions. You do not need to return this document with your initial questionnaire. These questions are intended to make our meeting more productive by introducing you to issues that may arise during our consultation.

- Have you thought about who would serve as your executor and trustee?
- Have you thought about who would make health care decisions for you if you could not make them for yourself?
- If you have minor children, have you thought about who would care for them and/or manage their inheritance? Have you discussed this with the guardians you have in mind?
- How responsible are your children/beneficiaries (young and old) with finances? How easily are they influenced by friends and family members?
- Do your children/beneficiaries get along?
- Are there family members who may object to your plan?
- Are any of your potential beneficiaries suffering from substance abuse problems? Have a gambling problem? Have a spouse of whom you do not approve?
- Are any of your potential beneficiaries disabled or receiving public benefits?
- Are any of your potential beneficiaries involved in a profession that is prone to lawsuits?
- Do any of your potential beneficiaries have a large estate of their own?
- Do you have pets that will need to be cared for upon your death? Do you have a family member or friend who is willing to care for them?