

**PLANNING QUESTIONNAIRE**  
(Married)

Please complete the following questionnaire to the best of your ability. This information is most helpful to me so that I may properly plan for you and it will be held in the strictest confidence. We will review this information at our meeting. The client is the person for whom planning is being implemented

Home Telephone: \_\_\_\_\_ Business/Cellular Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Your Preferred Method of Communication: \_\_\_ E-mail \_\_\_ Telephone (Check one.)

**PART A: PERSONAL INFORMATION**

**CONTACT PERSON:** [the person who will accompany client(s) to meeting, if any]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**HUSBAND:**

Full Name: (To be used on any legal documents prepared by our office) \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ U. S .Citizen?                      yes \_\_\_\_\_ no \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Veteran?    yes \_\_\_\_\_ no \_\_\_\_\_

What do you want to accomplish through planning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: (past or present) \_\_\_\_\_

Currently Living: \_\_\_ at home \_\_\_ assisted living facility \_\_\_ nursing home \_\_\_ hospital

If currently living at home, who, if anyone, lives with you? \_\_\_\_\_

\_\_\_\_\_

Nursing Home/Assisted Living Facility/Hospital:

Name \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Monthly Cost: \_\_\_\_\_

Monthly Prescription Cost: \_\_\_\_\_

The Nursing Home is paid through: \_\_\_\_\_ (month/year)

Health Issues:

Physical Health: \_\_\_\_\_

\_\_\_\_\_

Mental Health: \_\_\_\_\_

\_\_\_\_\_

Any problems: \_\_\_ walking \_\_\_ dressing \_\_\_ eating \_\_\_ bathing \_\_\_ continence  
\_\_\_ memory \_\_\_ aggression

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Do you expect to receive an inheritance or large gift? \_\_\_ If yes, please explain. \_\_\_\_\_
2. Have you ever filed a federal gift tax return? yes \_\_\_ no \_\_\_
3. Have you made any gifts over \$5,000 in the last 5 years? yes \_\_\_ no \_\_\_
4. Have you had any prior marriages? yes \_\_\_ no \_\_\_
5. If so, how many? \_\_\_\_\_
6. If previously married, please list date(s) of divorce or date(s) of death: \_\_\_\_\_
7. Was there a written property settlement agreement? yes \_\_\_ no \_\_\_

**WIFE:**

Full Name: (to be used on any legal documents prepared by our office) \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ U. S. Citizen?                    yes \_\_\_\_\_ no \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Veteran?    yes \_\_\_\_\_ no \_\_\_\_\_

Occupation: (past or present) \_\_\_\_\_

Currently Living: \_\_\_ at home \_\_\_ assisted living facility \_\_\_ nursing home \_\_\_ hospital

Nursing Home/Assisted Living Facility/Hospital:

    Name \_\_\_\_\_

    Date of Admission: \_\_\_\_\_

    Monthly Cost: \_\_\_\_\_

    Monthly Prescription Cost: \_\_\_\_\_

The Nursing Home is paid through: \_\_\_\_\_ (month/year)

Health Issues:

    Physical Health: \_\_\_\_\_

    Mental Health: \_\_\_\_\_

Any problems: \_\_\_ walking    \_\_\_ dressing \_\_\_ eating    \_\_\_ bathing \_\_\_ continence  
                  \_\_\_ memory    \_\_\_ aggression

1. Do you expect to receive an inheritance or large gift? \_\_\_ If yes, please explain. \_\_\_\_\_

2. Have you ever filed a Federal Gift Tax Return?                    yes \_\_\_\_\_ no \_\_\_\_\_

3. Have you made any gifts over \$5,000 in the last 5 years?                    yes \_\_\_\_\_ no \_\_\_\_\_

4. Have you had any prior marriages? \_\_\_ yes \_\_\_ no

6. If previously divorced or widowed please list date(s) of divorce or date(s) of death:  
\_\_\_\_\_

7. Was there a written property settlement agreement?                    yes \_\_\_ no \_\_\_

Date of Marriage  
\_\_\_\_\_

**PART B: CHILDREN**

CHILDREN'S NAMES	ADDRESS & TELEPHONE #	DATE OF BIRTH	# OF CHILDREN	# OF CHILDREN UNDER 18	MARRIED? DIVORCED? SEPARATED

Do any of your children/grandchildren have special needs?      yes \_\_\_\_\_ no \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Are any of your children/grandchildren receiving SSI or other form of government entitlement?      yes \_\_\_\_\_ no \_\_\_\_\_

If so, which entitlement are they receiving? \_\_\_\_\_

Do you have any predeceased children?    yes \_\_\_\_\_ no \_\_\_\_\_

If so, please indicate whether they had surviving children?  
\_\_\_\_\_

Do any of your children/grandchildren have problems with drug or alcohol addiction?    yes \_\_\_  
no \_\_\_

Are any of your children financially irresponsible?    yes \_\_\_\_\_ no \_\_\_\_\_

Do any of your children have an estate of more than \$1 million? \_\_\_\_\_

Do any of your children/grandchildren live with you? \_\_\_\_\_



**PART D: FINANCIAL INFORMATION**

Financial Advisor: Name and Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_

Accountant: Name and Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_

**Average Monthly Expenses: (Estimate)**

Rent or Mortgage: \_\_\_\_\_ Real Estate Taxes: \_\_\_\_\_  
 Homeowner's Insurance: \_\_\_\_\_ Food: \_\_\_\_\_  
 Caretaker Expense: \_\_\_\_\_ Car Expenses: \_\_\_\_\_  
 Medical Expenses Including Premiums: \_\_\_\_\_  
 Utilities: \_\_\_\_\_ Entertainment: \_\_\_\_\_  
 Other: \_\_\_\_\_

**PART E: MONTHLY INCOME**

HUSBAND

WIFE

	HUSBAND	WIFE
Net Salary or Wages		
Social Security Benefits		
Retirement Benefits		
Interest		
Dividends		
VA/Disability Benefits		
Rental Income		
Annuity Income		
Other		

If there is a pension, please list the gross monthly pension amount and the name of the company or governmental entity paying the pension.

Gross Amount: \$ \_\_\_\_\_  
 Name of Company or Governmental Agency: \_\_\_\_\_  
 Is there a Death Benefit? yes \_\_\_ no \_\_\_

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**PART F: PERSONAL PROPERTY/ASSETS**

**PLEASE PROVIDE**

- DESCRIPTION OF ASSET
- NAME OF INSTITUTION
- VALUE FOR EACH ITEM
- TITLE ON ACCOUNT
- BENEFICIARY (IF APPLICABLE):

<b>ASSETS</b>	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>
AUTOMOBILES:			
BUSINESS INTERESTS:			
CHECKING ACCOUNTS:			
SAVINGS ACCOUNTS: and/or CERTIFICATES OF DEPOSIT:			

<p><b>PRIMARY RESIDENCE:</b></p> <p>Purchase Date:</p> <p>Amount Paid:</p> <p>Current Value of Home:</p> <p>Value of Improvements:</p> <p>Balance on Mortgage:</p> <p>Intend to sell? (y/n)</p> <p>Veteran's Exemptions: (y/n)</p> <p>Senior Citizen's Exemptions: (y/n)</p> <p>STAR/Enhanced STAR Exemptions: (y/n)</p> <hr/> <p><b>INVESTMENT ACCOUNTS:</b></p>			
<p><b>BONDS/BOND FUNDS STOCKS MUTUAL FUNDS:</b></p>			



<b>RETIREMENT ACCOUNTS:</b>  IRA; 401(K); 403(B); KEOGH; SEP			
<b>ANNUITIES:</b>			
<b>OTHER REAL ESTATE:</b>			
<b>LIFE INSURANCE:</b>			
<b>OTHER:</b>  (i.e. copyrights, patents, mineral rights, mortgages owned by you, jewelry, artwork, collections, memberships)			

Do you have a safe deposit box?      yes \_\_\_\_\_      no \_\_\_\_\_

If so, where is it located? \_\_\_\_\_

Under whose name(s)? \_\_\_\_\_

**ADDRESS OF ANY REAL PROPERTY OTHER THAN PRIMARY RESIDENCE:**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip Code: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip Code: \_\_\_\_\_

**BURIAL**

Is it your wish to be buried or cremated?                      buried \_\_\_\_    cremated \_\_\_\_  
 Do you wish to include a directive in your  
 legal documents?    yes \_\_\_\_    no \_\_\_\_  
 Do you own a burial plot?    yes \_\_\_\_    no \_\_\_\_  
 Burial Plot: Location: \_\_\_\_\_  
 Do you have an Irrevocable Burial Fund Contract?    yes \_\_\_\_    no \_\_\_\_  
 (If so, please provide a copy)  
 Do you have a burial account?    yes \_\_\_\_    no \_\_\_\_

**PART G: LIABILITIES**

(Debts owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description	Name of Debtor	Amount	When Due
Home Mortgage	_____	_____	_____
Other Mortgage (s)	_____	_____	_____
Secured Real Property Loans	_____	_____	_____

Description	Name of Debtor	Amount	When Due
Notes and accts. payable by you	_____	_____	_____
Loans on Insurance Policies	_____	_____	_____
Unsecured Promissory Notes	_____	_____	_____
General Obligations	_____	_____	_____
Other (Property Tax, Insurance, Bills)	_____	_____	_____
<b>TOTAL:</b>		_____	_____

**PART H: GIFTS YOU HAVE MADE**

<u>Donor</u>	<u>Donee</u>	<u>Date Given</u>	<u>Return filed?</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PART I: OTHER**

Include here any other information that you think is important to your legal planning.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART J: MISCELLANEOUS**

<u>Do you have any of the following documents?</u>	<u>HUSBAND:</u>	<u>WIFE:</u>
Living Will? Location _____	yes _____ no _____	yes _____ no _____
Health Care Proxy? Location _____	yes _____ no _____	yes _____ no _____
Power of Attorney? Location _____	yes _____ no _____	yes _____ no _____
Last Will & Testament? Date _____ Location _____	yes _____ no _____	yes _____ no _____
Trusts? Location: _____	yes _____ no _____	yes _____ no _____
Do you have any pets?	yes _____ no _____	
Would like to plan for them?	yes _____ no _____	



**PART L: REFERRAL**

Who referred you to this office? \_\_\_\_\_

Name: \_\_\_\_\_

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY  
KNOWLEDGE AND BELIEF**

\_\_\_\_\_  
HUSBAND

\_\_\_\_\_  
WIFE

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

