Smith Condeni

ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely and accurately as possible. If time allows, please return the completed form to us before our first meeting; otherwise, bring the completed form with you to our meeting. This information will help us to better analyze your estate planning needs and will shorten the length of time needed for the first meeting. All information contained in this questionnaire is *strictly confidential*. Married couples please fill out Client 1 and Client 2 (Husband and Wife). Single people please fill out Client 1 only.

PART I – PERSONAL INFORMATION

Name Client 1 ______________________________
(first) (m.i.) (last)

Name Client 2 ______________________________
(first) (m.i.) (last)

Name Client 1 goes by: ______________ **Name Client 2 goes by:** ______________

Home Address ______________________ **Home Phone** (____) ______________
______________________ **Cell Phone** (____) ______________

Preferred e-mail address: ______________________________

	CLIENT 1	CLIENT 2
Occupation	______________	______________
Business Address	______________	______________
	______________	______________
	______________	______________
Business Phone	(____) ______________	(____) ______________
Business Fax	(____) ______________	(____) ______________
Date of Birth	______________	______________
Social Sec. No.	______ - ____ - ______	______ - ____ - ______
U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Previous marriage?	☐ Yes ☐ No	☐ Yes ☐ No
Children from previous marriage?	☐ Yes ☐ No	☐ Yes ☐ No

Have you created any trusts or are you the beneficiary of any trusts? ☐ **Yes** ☐ **No. If yes, please bring copies of these documents with you to our meeting. Other documents that it would be helpful for you to bring if readily available are Wills, real estate deeds, powers of attorney, recent financial statements, recent statements for investments accounts and previously filed gift tax returns.**

CHILDREN

Name	Address and Phone No.	Date of Birth	Married? Yes No	No. of Children	Ages
______	______ ______ (___)______	______	❑ ❑	______	______
______	______ ______ (___)______	______	❑ ❑	______	______
______	______ ______ (___)______	______	❑ ❑	______	______
______	______ ______ (___)______	______	❑ ❑	______	______
______	______ ______ (___)______	______	❑ ❑	______	______

ADVISORS

Investment ______________________________ **Phone No. (____)______________**

____

____

Accountant ______________________________ **Phone No. (____)______________**

____

____

Life Insurance ______________________________ **Phone No. (____)______________**

____

____

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns or ability to handle finances. If you have made TAXABLE gifts, please note the amounts here or provide copies of your gift tax returns.______________________________

____

____

____

PART II – SUMMARY OF ASSETS AND LIABILITIES

As of ______________________________________

If you need more space, please attach an additional sheet.

INCOME

Client 1 salary	$______________	**Client 2 salary**	$______________	**Pension**	$______________
Social Security	$______________	**Dividend/Interest**	$______________	**Other**	$______________

	CLIENT 1	*CLIENT 2*	*JOINT*
CASH			
Checking and savings accounts			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
3.________________________	$______________	$______________	$______________
Certificates of deposit			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
3.________________________	$______________	$______________	$______________
Money markets			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
Other			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
INVESTMENT ACCOUNTS			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
3.________________________	$______________	$______________	$______________
4.________________________	$______________	$______________	$______________
5.________________________	$______________	$______________	$______________
OTHER INVESTMENTS (CERTIFICATED STOCKS, HELD BONDS, ETC.)			
1.________________________	$______________	$______________	$______________
2.________________________	$______________	$______________	$______________
3.________________________	$______________	$______________	$______________
4.________________________	$______________	$______________	$______________
5.________________________	$______________	$______________	$______________

RETIREMENT ASSETS/ANNUITIES

	PLAN 1	*PLAN 2*	*PLAN 3*
Type	______	______	______
Participant/Annuitant	______	______	______
Current value	$______	$______	$______
Designated beneficiary(ies)	______	______	______
Annual contribution	$______	$______	$______
Annual withdrawal	$______	$______	$______

	PLAN 4	*PLAN 5*	*PLAN 6*
Type	______	______	______
Participant/Annuitant	______	______	______
Current value	$______	$______	$______
Designated beneficiary(ies)	______	______	______
Annual contribution	$______	$______	$______
Annual withdrawal	$______	$______	$______

REAL ESTATE

	CLIENT 1	*CLIENT 2*	*JOINT*
Principal Residence	$______	$______	$______
2.______	$______	$______	$______
3.______	$______	$______	$______
4.______	$______	$______	$______

Is any of the real estate listed above rental property? ☐ yes ☐ no. If yes, which property(ies) do you rent and how much income is earned each year?______

______

NOTES AND ACCOUNTS RECEIVABLES (*include loans to family members*)

1.______	$______	$______	$______
2.______	$______	$______	$______

BUSINESS OR PROFESSIONAL PRACTICE

Type and name of business:______

☐ S Corporation ☐ C Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Co.

Ownership percentages: Client 1______% Client 2______% Joint______% Other______%

Estimated fair market value $______ Face value of life insurance owned by business $______

At what rate is the value of your business growing each year? ______%

Is there a buy/sell agreement in place? ☐ yes ☐ no. If yes, what is date of agreement? ______

Long term, do you wish to ☐ sell your interest or ☐ pass it on to other family members?

	CLIENT 1	CLIENT 2	JOINT
Miscellaneous assets			
Tangible personal property	$__________	$__________	$__________

Please describe any tangible personal property of significant value (such as an art collection): ________

____

Motor vehicles and/or boats	$__________	$__________	$__________
Estimated future inheritance	$__________	$__________	$__________

Please describe anticipated future inheritance(s):______________________________

____

Other	$__________	$__________	$__________

LIFE INSURANCE

	POLICY 1	POLICY 2	POLICY 3
Insurance company	__________	__________	__________
Insured	__________	__________	__________
Owner	__________	__________	__________
Beneficiary(ies)	__________	__________	__________
Face value	$__________	$__________	$__________
Cash value	$__________	$__________	$__________

	POLICY 4	POLICY 5	POLICY 6
Insurance company	__________	__________	__________
Insured	__________	__________	__________
Owner	__________	__________	__________
Beneficiary(ies)	__________	__________	__________
Face value	$__________	$__________	$__________
Cash value	$__________	$__________	$__________

OTHER INSURANCE

Please indicate whether you have any of the following types of insurance and provide details:

Umbrella insurance? ☐ yes ☐ no. If yes, details: ______________________________

____

Long-term health care insurance? ☐ yes ☐ no. If yes, details: ______________________

____

Disability insurance? ☐ yes ☐ no. If yes, details: ______________________________

____

Liabilities

Residence:		Accounts Payable	$__________
Primary mortgage	$__________	Personal loans	$__________
Second mortgage	$__________	Business loans	$__________
Other real estate mortgages	$__________	Other debts	$__________