Jay D. Fullman A Professional Corporation
Estate Planning - Client Questionnaire

Date: ______________________

CLIENT

1. Name: ____ Social Security No. ________________

2. Name on birth certificate: ____

3. Other or former names: ____

4. Address: ____
(Street) (City) (State) (Zip)
E-Mail: __________________________________

5. Phone: _________________ _________________ _______________ Citizenship: _________
(Home) (Work) (Cell)

6. Date of Birth: _______________ Birthplace: ______________________________________

7. Occupation or position, salary and employer's name and address:

____

____

8. Are you now married? ________________ (if yes, see page 2). If no, are you planning to marry in the near future? _______________________________

9. Have you ever had children? ____________ (if yes, see page 3). Do you plan to have any (more) children in the future? __________________

10. Parents, sibling, grandparents (living):

Name	Relationship	City/State	D.O.B.
	Father		
	Mother		

11. Date of marriage: _________________ Place of marriage: _________________________

12. Date of present Will: _____________ State of Residence then: ____________________

13. Have you been married before? _________ If yes, give for each prior marriage

(a) Your prior spouse's name and address:

____

(b) The date of death of or divorce from prior spouse: ____________________

(c) The title, location and case number of the probate/divorce court: ____________

____

(d) Any other relevant information: ____________________

____

14. Beginning dates and states (or countries) of residence (domicile) since marriage, and approximate net worth at each time:

Date	State/Country	Client	Spouse

SPOUSE

1. Name: ____________________ Social Security No. ____________

2. Other or former names: ____________________

3. Address: ____________________
(Street) (City) (State) (Zip)
E-Mail: ____________________

4. Phone: ____________ ____________ ____________ Citizenship: ________
(Home) (Work) (Cell)

5. Date of Birth:____________ Birthplace: ____________________

6. Occupation or position, salary and employer's name and address:

____

____

7. Have you ever had children? ________ (if yes, see page 3). Do you plan to have any (more) children in the future? ____________

8. Parents, sibling, grandparents (living):

Name	Relationship	City/State	D.O.B.
	Father		
	Mother		

9. Date of present Will: ______________________ Residence then: ______________________

10. Have you been married before? __________ If yes, give for each prior marriage (a) your prior spouse's name and address:

____

____

(b) The date of death of or divorce from prior spouse: ____________________________

(c) The title, location and case number of the probate/divorce court: ____________

____

(d) Any other relevant information: ____

____

CHILDREN/GRANDCHILDREN

1. Children of present marriage (living and deceased):

Name	Address/City/State	Date of Birth

2. Children of client's prior marriage to: ______________________________________

Name	Address/City/State	Date of Birth

3. Children of spouse's prior marriage to: ______________________________________

Name	Address/City/State	Date of Birth

4. Children's spouses:

Name of Child	Name of Spouse

5. Grandchildren:

Name	D.O.B.	Parents' Names

COMMITMENTS FROM PRIOR MARRIAGE

1. Amount of spousal support being paid: ______________________________
2. Termination date of commitment: ______________________________
3. Name/address of recipient: ______________________________
4. Amount of any child support being paid: ______________________________
5. Termination date of commitment: ______________________________
6. Name/address of recipient: ______________________________

ASSETS

1. Cash or bank accounts: **Attach copy of latest statement**, or complete the following:

Bank	Branch	Account Number	Type of Account	How Title is Held	Balance

2. Securities (Bonds, Marketable Securities, etc.): **Attach latest statement**:

Company/Issuer	Type (common preferred or Series E)	Number of Shares/ Face Value	How Title is Held	Acquisition Date	Cost or Basis	Approximate Present Value

3. Personal Property (Jewelry, antiques, paintings, collections):

Item	Date of Acquisition	Cost	Approximate Present Value
All others:			

4. Real Property (Residence, vacation home, time-share): **Attach deeds**, and state:

Description/Location	How Title is Held	Acquisition Date	Cost	Encumbrances	Approx Value

5. Real Property, other (investment) and real estate interests (including mineral rights): **Attach deeds**, and state:

Description/Location	How Title is Held	Acquisition Date	Cost	Encumbrances	Approx Value

6. Notes, Debentures and Mortgages: **Attach copies**, and state:

Description/Location	How Title is Held	Date Acquired	Cost/Other Basis	Rate of Return	Term. Date	Present Value

7. Other Assets (such as patents, copyrights, etc.): **Attach copies**, and state:

Item	How Title is Held	Cost or Other Basis	Approximate Present Value

8. Life Insurance and Annuity Policies: **Attach Declaration page**, and state:

Insurance or Annuity Company	Policy Number	Date Issued	Insured or Annuitant	Owner	Beneficiaries	Present Value	Death Benefit

9. Interests in Employee Retirement/Deferred Compensation Plans: **Attach statements:**

Employer	Type of Plan	Date Initiated	Beneficiary(s) of any Death Benefit	Present Vested Amount/Value

10. Private trusts of which you and/or your spouse are trustor, trustee and/or beneficiary:

Trustor	Trustee	Date Created	Beneficiary and Types of Interests	Present Value of Trust Asset

11. IRA accounts of which you and/or your spouse are beneficiaries: **Attach statements**:

Beneficiary	Custodian	Account Number	Date Created	Present Value

TOTAL ASSETS: ____________________

LIABILITIES OF CLIENT AND/OR SPOUSE

1. Mortgage on real property:

Creditor	When Due	Amount

2. Notes, loans and judgments:

Creditor	Nature of Item	When Due	Amount

TOTAL LIABILITIES: ____________________

ESTATE PLANNING OBJECTIVES; AGENTS

1. Lifetime Planning: ____________________

2. Post-Death Tax Planning: ____________________

3. Distribution of Assets Plan: ____________________

4. Names, Addresses, and phone numbers of executors and successor trustees: ____________

5. Names, Addresses, and phone numbers of guardians of children:

6. Names, Addresses, and phone numbers for pre-arranged mortuary/funeral/burial: _______

OTHER GENERAL CLIENT INFORMATION

1. Location of safe deposit boxes: ______________________________

2. Branch and dates of military service and location of discharge papers:

3. Principal insurance agents/brokers:

4. Accountant:

5. Financial Planner and investment counselor:

6. Other agents, advisors, or attorneys:

7. Questions and issues to be addressed: