

**CLIENT QUESTIONNAIRE  
(Individual)**

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

INSTRUCTIONS: Although you may not have all of the information requested, and may not have made certain decisions, this questionnaire will help us serve you better and allow you to organize your thoughts before your appointment.

**1. Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ U.S. Citizen: Yes  No

Other Names known by: \_\_\_\_\_

Are you presently employed? Yes  No  Occupation (former if retired):

Employer: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

**2. Home Address:** \_\_\_\_\_

Resident Since: \_\_\_\_\_

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

County: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Other Residences: \_\_\_\_\_

**3. Advisors:**

Accountant: \_\_\_\_\_

Trust Officer: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_

**4. Prior Marriages:** Yes  No

**5. Names of children, whether natural or adopted:** (Continue on reverse if needed)

Name	Address	Phone	Date of Birth	Spouse	Children

6. **Dependents:** Do you have any other relatives dependent upon you for support? Yes  No

(If yes, give names and relationships): \_\_\_\_\_

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7. **Prior Wills and Trusts:**

Have you ever created a trust? Yes  No  (If yes, attach a copy)

Do you have a present Will: Yes  No  (If yes, attach a copy)

8. **Prenuptial/Post Nuptial Agreements/Marital Settlement Agreement:** Do you have a prenuptial, postnuptial, or marital settlement agreement in effect?

Yes  No  (If yes, attach a copy)

9. **Property/Support Obligations:** Do you have any obligations under a divorce decree from a prior marriage?

Yes  No  (If yes, attach a copy)

10. **Beneficiary of Another Trust:** Are you a beneficiary of a trust that was created by someone else?

Yes  No  If yes, attach a copy and list approximate value: \$ \_\_\_\_\_

11. **Anticipated Inheritance:** Do you anticipate receiving an inheritance? Yes  No

If yes, give approximate amount: \$ \_\_\_\_\_

12. **Prior Gifts:** Have you given away more than \$3,000 in money or property to any person in any single year after 1976 (or \$10,000 in 1982 or later)? Yes  No  (If yes, list amounts by years below or on the reverse side)

13. **Annuities:** Are you receiving or will you receive an annuity? Yes  No

If yes, to whom will the payments be made? \_\_\_\_\_

Is this a Life Annuity? Yes  No

Will the amounts continue after your death? Yes  No  For how long? \_\_\_\_\_

What will the amount of each payment be? \_\_\_\_\_

Who is the beneficiary for any payments after your death? \_\_\_\_\_

14. **Employer-Sponsored Retirement Plans/Death Benefits\*\*:**

a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?

Yes  No  Not sure

b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?

Husband: Yes  No

Wife: Yes  No

15. **IRA's / 401(k)\*\*:** Do you presently have, or were you ever a participant in a Qualified Plan or an IRA? Yes  No

\*\*Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.\*\*

16. **Safe Deposit Box:** Do you have a safe deposit box? Yes  No

If yes, where is it located: \_\_\_\_\_

Name(s) deposit box is listed under: \_\_\_\_\_

17. **Property Outside Florida:**

Do you own any property in a foreign country? Yes  No

Do you own any property in another state? Yes  No

18. **Specific Gifts:** Please list any specific items or amounts that you wish to give to any individuals or organizations: (For personal items, you can make a separate list without listing them specifically in your will)

GIFT

BENFICIARY

Homestead and furnishings

1<sup>st</sup>: \_\_\_\_\_

Alternate: \_\_\_\_\_

Automobile(s)

1<sup>st</sup>: \_\_\_\_\_

Alternate: \_\_\_\_\_

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**19. Tangible Personal Property:** All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Children equally     per stirpes or     per capita

Other (specify): \_\_\_\_\_

**20. Remainder of Property: (Residue)**

To children equally     per stirpes             per capita

Other:

<u>Share or %</u>	<u>Name</u>	<u>Relationship</u>	<u>City, State of Residence</u>
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_____	_____	_____	_____
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**21. Personal Representative:** Who will serve as your personal representative? (Indicate relationship to you.) Florida law requires that a personal representative be (1) over 18 years of age, (2) free of felony convictions, (3) and either a Florida resident or related to you by blood or marriage. You can designate more than one if you wish.

First Choice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. **Testamentary Trust:** Are you concerned that one or more of your children or grandchildren will not be responsible with money that you give them? Yes  No

Age for Minors to receive inheritance: 21 [ ] 25 [ ] Other: \_\_\_\_\_

Do you want a Trustee other than the personal representative to manage the funds?

Trustee: \_\_\_\_\_ Alternate: \_\_\_\_\_

23. **Guardian for Minor Children:** Your choice to act as guardian of your minor children (if applicable):

Name(s): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

24. **Trustee for Trust:** (If you will be establishing a separate trust)\*

**Initial Trustee(s):** \_\_\_\_\_

**First Successor:** \_\_\_\_\_

**Next Successor:** \_\_\_\_\_

25. **Power of Attorney:**

First Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Include authority to make gifts? Yes  No

**26. Health Care Surrogate:** (Someone who makes medical decisions for you only after you are incapacitated)

First Choice: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

Alternate: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

**27. Living Will:** Yes  No

If your physician determines fluids and nutrition will not provide any better prospect of recovery and no comfort, is it o.k. for your physicians to

Withhold Fluids? Yes  No

Withhold Nutrition? Yes  No

Asset Summary for \_\_\_\_\_ Date: \_\_\_\_\_

<b>Real Estate</b>					
<u>Property Address</u>	<u>Date Acquired</u>	<u>Ownership</u> (Sole, Joint or Trust)	<u>Outstanding Mortgages</u>	<u>Current Value</u>	<u>Comments</u>

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<b>Business Interests</b>					
<u>Company Name and Type (LLC, Corp., Partnership, Sole Proprietorship)</u>	<u>Name of Company President</u>	<u>Ownership</u> (Sole, Joint or Trust)	<u>Number of Shares Held</u>	<u>Current Value</u>	<u>Location of Corporate Book</u>

<b>Bank Accounts</b>					
<u>Name and Address of Bank</u>	<u>Account Number</u>	<u>Ownership</u> (Sole, Joint or Trust)	<u>Type of Account</u> (CD, Savings, Money Market, Checking)	<u>Current Balance</u>	<u>Additional Persons (1) authorized to sign on account or (2) beneficiary designations</u>
					(1)  (2)
					(1)  (2)
					(1)  (2)

### Investments

<u>Company Name and Contact Person</u>	<u>Account Number</u>	<u>Ownership</u> (Sole, Joint, Trust)	<u>Type of Account</u> (IRA, 401K, Mutual Funds, Stocks, etc.)	<u>Current Value</u>	<u>Beneficiaries Designated</u>
					1. Primary  2. Contingent
					1. Primary  2. Contingent
					1. Primary  2. Contingent

### Insurance

<u>Company Name and Contact Person</u>	<u>Policy Number</u>	<u>Ownership</u> (Sole, Joint, Trust)	<u>Type of Insurance and Policy Value</u> (Life, Auto, Health, Long-Term Care, Umbrella, Credit Life, Disability)	<u>Name of Insured</u>	<u>Beneficiaries Designated</u>
			Type:  Policy Value:		1. Primary  2. Contingent
			Type:  Policy Value:		1. Primary  2. Contingent



**Automobiles, Boats, Mobile Homes**

Year, Make and Model	Vehicle Identification Number and State of Issue	Ownership (Sole, Joint)	Location of Title Certificate	Current Value	Outstanding Loans

**Other Assets**

Description	Ownership (Sole, Joint, Trust)	Value

The information provided is accurate to the best of my knowledge. I understand that Barnes Walker, Goethe, Perron & Shea, PLLC will rely upon this information in providing legal advice and in preparing legal documents. I also understand that Barnes Walker, Goethe, Perron & Shea, PLLC does not provide financial advice and cannot render accurate legal advice without complete information.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Client