

Your appointment is \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_. Please bring your driver's license or other picture identification with you to your appointment.

It Is Customary to Pay for Professional Services When Rendered Unless Other Arrangements Have Been Made in Advance. **Our Office Accepts Only Cash or Checks.**

## CONFIDENTIAL CLIENT QUESTIONNAIRE

*Just skip over any items that you are unable to complete.*

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

How did you find out about us?: \_\_\_\_\_

**Client's Information:** (Spouse's information on next page):

Legal name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_; Cell: \_\_\_\_\_; Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_

Year you became a Florida resident: \_\_\_\_\_; Country of your citizenship: \_\_\_\_\_

Do you want to be cremated? Yes\_\_\_ No\_\_\_

Are you a veteran of the U. S. military? Yes\_\_\_ No\_\_\_

Is there anyone who might contest your will? Yes\_\_\_  
No\_\_\_

Do you want to be kept alive artificially if you have a terminal condition and there is no medical probability of your recovery? Yes\_\_\_ No\_\_\_

If you become incapacitated, do you want someone to handle your affairs? Yes\_\_\_ No\_\_\_

**Marriage Information:**

Date of marriage: \_\_\_\_\_

Place of marriage : \_\_\_\_\_

Do you have a pre-marital agreement? Yes\_\_\_ No\_\_\_

**Spouse's Information:**

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

Address (if different from spouse): \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_; Cell: \_\_\_\_\_; Work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Year you became a Florida resident: \_\_\_\_\_

Country of your citizenship: \_\_\_\_\_

Do you want to be cremated? Yes\_\_\_ No\_\_\_

Are you a veteran of the U.S. military? Yes\_\_\_ No\_\_\_

Is there anyone who might contest your will? Yes\_\_\_  
No\_\_\_

Do you want to be kept alive artificially if you have a terminal condition  
and there is no medical probability of your recovery? Yes\_\_\_  
No\_\_\_

If you become incapacitated, do you want someone to handle your affairs? Yes\_\_\_ No\_\_\_

**Children:**

Children of present marriage (if any):

<u>Legal Name</u>	<u>Birth date</u>	<u>Married</u>	<u>Number of Children</u>

Husband's children from prior marriage (if any):

<u>Legal Name</u>	<u>Birth date</u>	<u>Married</u>	<u>Number of Children</u>

Wife's children from prior marriage (if any):

<u>Legal Name</u>	<u>Birth date</u>	<u>Married</u>	<u>Number of Children</u>

**Persons You Intend to Appoint:**

Personal Representative: (person to handle your affairs when you die)

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

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

Alternate's Name: \_\_\_\_\_

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

Attorney-in-fact (person you want to handle affairs for you if you are incapacitated):

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

Relationship: \_\_\_\_\_

Alternate's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Health Care Surrogate (person to make health care decisions for you if you are unable to do so):

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

Alternate's Name: \_\_\_\_\_

Living Will Surrogate (person who makes final decision to withdraw life support):

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

Alternate's Name: \_\_\_\_\_

Guardian for minor children: \_\_\_\_\_

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

Alternate's Name: \_\_\_\_\_

**Asset Information:**

CPA or Accountant's Name: \_\_\_\_\_

Stock Broker's Name: \_\_\_\_\_

IS YOUR GROSS ESTATE WORTH MORE THAN \$2,000,000? Yes\_\_\_\_ No\_\_\_\_

**Bank Accounts:**

<u>Bank Name</u>	<u>Account Type</u>	<u>Names on Account</u>	<u>Value</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Safe deposit box:**

<u>Bank Name</u>	<u>Names on Box</u>
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_____	_____
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**Real Estate:**

<u>Location</u>	<u>Names on Deed</u>	<u>Value</u>
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Home: \_\_\_\_\_

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

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**Life Insurance Policies:**

<u>Insured</u>	<u>Company</u>	<u>Beneficiary</u>	<u>Contingent Beneficiary</u>
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