

CONFIDENTIAL CLIENT QUESTIONNAIRE
(Married Couple)

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. We will rely on the information you provide in advising you and preparing your documents. Please be as candid and accurate as possible.

Personal Information

1. Husband's Full Name: _____

Date of Birth: _____

U.S. Citizen: Yes No

If not a citizen, Permanent U.S. Resident? Yes No

Florida Resident: Yes No

Other Names known by: _____

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

Employer: _____

Office Telephone No.: _____ Email Address: _____

Cell Phone No.: _____ Fax No.: _____

2. Wife's Full Name: _____

Date of Birth: _____

U.S. Citizen: Yes No

If not a citizen, Permanent U.S. Resident? Yes No

Florida Resident: Yes No

Other Names known by: _____

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

Employer: _____

Office Telephone No.: _____ Email Address: _____

Cell Phone No.: _____ Fax No.: _____

3. Home Address: Resident Since: _____

Street Address: _____

County: _____ Home Telephone Number: _____

Other Residences: _____

4. Advisors:

Accountant: _____

Trust Officer: _____

Insurance Agent: _____

Investment Advisor: _____

5. **Date of Marriage:** _____ **Where Living When Married:** _____

6. **Prior Marriages:** Husband: Yes No Wife: Yes No

Family Information

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

Name	Address	Phone	Date of Birth	Spouse	Children

8. **Names of children of Husband's prior marriage or relationship;**(Continue on reverse if needed)

Name	Address	Phone	Date of Birth	Spouse	Children

9. Names of children of Wife's prior marriage or relationship; (Continue on reverse if needed)

Name	Address	Phone	Date of Birth	Spouse	Children

Note: Please include all children, including children born out of wedlock, children adopted by third parties, and children for whom legal paternity has not been legally established.

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

(If yes, give names and relationships): _____

Current Planning Goals and Objectives

11. 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

BENEFICIARY

Homestead and furnishings

1st: _____

Alternate: _____

Automobile(s)

1st: _____

Alternate: _____

Persons Nominated to Act on Your Behalf

14. 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.

Will Each spouse act for the other? Yes No

	For Husband's Estate	For Wife's Estate
First Choice:	[] Wife	[] Husband
	Other:	Other:

Alternate:

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

If yes, please name

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

Do you want a Trustee other than the personal representative to manage the funds for a particular beneficiary? If yes, please name the beneficiary, their trustee, and an alternate:

Beneficiary: _____	Trustee: _____	Alternate: _____
Beneficiary: _____	Trustee: _____	Alternate: _____
Beneficiary: _____	Trustee: _____	Alternate: _____
Beneficiary: _____	Trustee: _____	Alternate: _____

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

Name(s) and relation: _____
City and state of residence: _____
Alternate(s): _____
City and state of residence: _____

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

[] **Joint Trust** [] **Separate Trusts for Husband and Wife***

Spouses Act Jointly [] Each Spouse for Their Trust [] Other: _____

Alternates: Husband's Trust _____
Wife's Trust _____

Co-Trustees to Act [] independently [] only together.

Designate Independent Trustee to serve [] on death of first spouse or [] as last alternate.

* A separate trust for each spouse is usually advisable when the current value of the assets owned exceed the Federal Estate Tax Exemption which is currently \$5.12 million, but scheduled to be \$1.0 million in 2013 and years thereafter.

18. Power of Attorney:

	For Husband	For Wife
First Choice:	[] Designate Wife Other: _____	[] Designate Husband Other: _____
Alternate:		
Next Alternate:		

Include authority to for tax planning? Yes No

Include authority for Medicaid planning? Yes No

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

	For Husband	For Wife
First Choice:	[] Wife Other: _____ Address: _____ _____ Phone: _____	[] Husband Other: _____ Address: _____ _____ Phone: _____
Alternate:	Name: _____ Address: _____ _____ Phone: _____	Name: _____ Address: _____ _____ Phone: _____

20. Living Will: Husband: Yes No Wife: 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? Husband: Yes No Wife: Yes No
 Withhold Nutrition? Husband: Yes No Wife: Yes No

Asset Summary for _____ Date: _____

Real Estate					
<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>

Business Interests					
<u>Company Name and Type</u> (LLC, Corp., Partnership, Sole Proprietorship)	<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>

Bank Accounts

<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: _____
 Husband

_____ Date: _____
 Wife