

Sallen Law, LLC

CONFIDENTIAL CLIENT QUESTIONNAIRE

Accurate and complete information helps us serve our clients better. Please provide the following about you and your spouse/partner. All information is private and confidential.
Thank you.

	YOU	YOUR SPOUSE/PARTNER
US Citizen	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Legal Full Name		
	<i>First Name Middle Name Last Name</i>	<i>First Name Middle Name Last Name</i>
Alias/Preferred Name		
Preferred Pronouns		
Birth Date		
	<i>MM/DD/YYYY</i>	<i>MM/DD/YYYY</i>
Occupation		
Civil Wedding date (Please identify if you are not civilly married)		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>MM/DD/YYYY</i>	Pre/Post Nuptial Agreement <i>Note: If there is an existing agreement, please provide us a copy.</i>
Home Address		
Mobile Number		
Alternate Phone Number		
Email Address		
U.S. Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note if you receive VA benefits

I. FAMILY INFORMATION

Full Legal Name:			
Alias/Preferred Name:			
	Relationship	Birth Date (MM/DD/YYYY)	Marital Status
Address:			
Phone number:			
Additional Information			
Areas of Concern:			
Full Legal Name:			
Alias/Preferred Name:			
	Relationship	Birth Date (MM/DD/YYYY)	Marital Status
Address:			
Phone number:			
Additional Information			
Areas of Concern:			
Full Legal Name:			
Alias/Preferred Name:			
	Relationship	Birth Date (MM/DD/YYYY)	Marital Status
Address:			
Phone number:			
Additional Information			
Areas of Concern:			
Full Legal Name:			
Alias/Preferred Name:			
	Relationship	Birth Date (MM/DD/YYYY)	Marital Status
Address:			
Phone number:			
Additional Information			
Areas of Concern:			

If you need more space, please include this information on page 9

GUARDIANS

If you are unable to care for your minor children, who would you want to take care of them?

Guardian's Name		Guardian's Name	
	<i>First Name Middle Name Last Name</i>		<i>First Name Middle Name Last Name</i>
Address		Address	
Email Address		Email Address	
Phone Number		Phone Number	
Do you need help deciding? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PRIOR MARRIAGES

Your Name and Prior Spouse's Name	Date of Civil Marriage	Date of Civil Divorce	Divorce Finalized (YES/NO)	Date of Death (If applicable)

PETS

If applicable, please include a statement describing your wishes for their care.

Name:	Type of Pet:	Age:	Caretaker:
Name:	Type of Pet:	Age:	Caretaker:
Name:	Type of Pet:	Age:	Caretaker:
Name:	Type of Pet:	Age:	Caretaker:

ESTATE PLANNING

Do you have any of the following?

	YOU		YOUR SPOUSE/PARTNER	
Last Will & Testament	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Healthcare Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Financial Power of Attorney	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Trust: Revocable or Irrevocable	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

II. ASSET SUMMARY

REAL ESTATE

Name(s) on Deed:			
	Street Address:		
Purchase Price:	\$	Current Value:	\$
Mortgage Balance:	\$	Mortgage Rate:	%
Name(s) on Deed:			
Street Address:			
Purchase Price:	\$	Current Value:	\$
Mortgage Balance:	\$	Mortgage Rate:	%
Name(s) on Deed:			
Street Address:			
Purchase Price:	\$	Current Value:	\$
Mortgage Balance:	\$	Mortgage Rate:	%
Name(s) on Deed:			
Street Address:			
Purchase Price:	\$	Current Value:	\$
Mortgage Balance:	\$	Mortgage Rate:	%

** If you need additional space in any section, please indicate and include on page 9*

RETIREMENT PLAN

Owner/Participant	Type i.e. IRA, Roth, 401k	Institution	Value	Beneficiary Designation		
			\$			
			\$			
			\$			
			\$			
			\$			

INVESTMENT ACCOUNTS

Owner/Participant	Institution	Value	Beneficiary Designation		
		\$			
		\$			
		\$			

LIFE INSURANCE

Type i.e. Term, Whole, Universal	Company Owned (y/n)	Owner	Institution	Death Benefit	Cash Value	Beneficiary Designation
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

BANK ACCOUNTS

Type i.e. Checking, Saving, CD	Name(s) on Account	Institution	Value	Beneficiary Designation
			\$	
			\$	
			\$	
			\$	
			\$	

OTHER ASSETS

Kindly provide details regarding additional significant assets, which may include digital assets, cryptocurrency accounts (including those in cold storage), motor vehicles, vintage cars, boats, artwork, jewelry, coin collections, or any other valuable collections. Specify the approximate fair market value of each asset, along with information on the owner and the location of the asset.

Please list any other benefits or inheritance that you currently or expect to receive in the next 3 years.

Please describe the contents, registered owners, and location(s) of any safe deposit boxes.
Please state the approximate value of the contents.

Please describe any substantial assets that are listed on schedules of your homeowner's insurance policies.
 Also, please list substantial assets NOT on your homeowner's policy.

DEBTS AND GIFTS

Outstanding financial liabilities, debts or obligations beyond mortgages mentioned earlier:

Itemize gifts exceeding \$10,000 in value that you personally made.
 Specify the date(s) of each gift and provide the name(s) of the beneficiary/beneficiaries.

Name:	
Gift:	
Value:	
Date:	
Gift Tax Return:	
Name:	
Gift:	
Value:	
Date:	
Gift Tax Return:	
Name:	
Gift:	
Value:	
Date:	
Gift Tax Return:	
Name:	
Gift:	
Value:	
Date:	
Gift Tax Return:	

YOUR TEAM

Kindly list the professionals you collaborate with for your comprehensive estate plan:

Financial Advisor	
Name:	
Company / Firm:	
Address:	
Phone Number:	
Email:	
Accountant or Tax Preparer	
Name:	
Company / Firm:	
Address:	
Phone Number:	
Email:	
Life Insurance Agent	
Name:	
Company / Firm:	
Address:	
Phone Number:	
Email:	
Other	
Name:	
Company / Firm:	
Address:	
Phone Number:	
Email:	

FINAL QUESTIONS

Do you have any other concerns that of which I should be aware of?
Please indicate if you prefer to discuss in person.

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What do you hope to get out of our consultation? What is important to you?

Additional Space for Family Information:

Additional Space for Asset Information: