



CONFIDENTIAL CLIENT QUESTIONNAIRE

The questions below are designed so that Sallen Law, LLC can determine how we can best help and serve you. All information is private. Please provide the following information about yourself and your spouse / partner. (Note: Please note if you are **not** legally married.)

	You	Your Spouse/Partner
Are you a U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Legal Name		
Any Aliases		
Birth Date	/ /	/ /
Date of your wedding		
State where legally married		
Pre/Post Nuptial Agreement?		
Home Address		
Home Phone		
Cell Phone		
Email		

I. FAMILY INFORMATION

Full Legal Name <i>and any alias(es)</i>	Relationship <i>Please note if related on one side only</i>	Birth Date	Marital Status	Additional Information <i>(e.g., adopted; special needs; estranged)</i>

GUARDIANS

If you have minor children, who would you want to raise them?

1. Name, Address, Phone, Email
2. Name, Address, Phone, Email

PRIOR MARRIAGES

Name of Prior Spouse	Date of Marriage	Date of Divorce	Date of Death

PETS

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

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PREVIOUS DOCUMENTATION

Do you have any of the following?

	You	Your Spouse/Partner
Last Will & Testament		
Living Will		
Health Care Directive		
Financial Power of Attorney		
Trust: Revocable or Irrevocable (Include Name of Trust and Date)		

DOCUMENTATION FOR ESTATE PLAN ANALYSIS

Please bring the following with you when you come for your appointment

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Living Wills, Durable Powers of Attorney for Health Care, General Durable Powers of Attorney for Finances, and any other estate planning documentation which may currently be in effect.
2. Copies of deeds for all real estate holdings wherever situated.
3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.
4. Current personal balance sheet, if available.
5. Copies of life insurance policies and current statements regarding the same.
6. Copies of all beneficiary designation forms for life insurance policies, 401K, retirement plans, etc.

II. ASSET SUMMARY

Please use the current values

REAL ESTATE

Street Address <i>List primary home first</i>	Name(s) on Deed	Fair Market Value	Mortgage Balance	Mortgage Rate
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

STOCKS, BONDS, AND OTHER SECURITIES

Please use the current values

Description of Security	Number of Shares	Name(s) in which Security is held	Fair Market Value	Basis
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	

LIFE INSURANCE POLICIES

Company	Insured	Beneficiaries	Whole / Term	Death Benefit	Cash Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					

RETIREMENT PLANS

Under “**Type and Company or Location**,” please describe the type of retirement plan, such as pension plan, IRA, 401(k), profit sharing plan, etc. Also, please indicate the name of the Company sponsoring the plan or the name of the bank or brokerage acting as Custodian of your IRA.

Owner/Participant	Type and Company or Location	Benefit or Value	Beneficiaries

SAVINGS AND CHECKING ACCOUNTS

Savings or Checking	Name(s) on Account	Value	Beneficiaries
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

OTHER ASSETS

Please describe any other substantial assets, such as any motor vehicles, vintage cars, boats, artwork, jewelry, coin or other collections, monies owed to you, etc. State the approximate fair market value, and indicate the owner and the location of the asset.

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.

NOTES

DEBTS AND GIFTS

Significant debts or obligations other than mortgages listed above:

Gifts over \$10,000 in value made by you -- List date(s) and beneficiary/beneficiaries:

Gift tax returns filed? Y _____ N _____

Years filed:

FINAL QUESTIONS

Name and address of your accountant or tax preparer

Do you have any other concerns of which I should be aware?

What do you hope to get out of our consultation?