



CONFIDENTIAL CLIENT QUESTIONNAIRE

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

	You	Your Spouse
Full Legal Name: Please note any Aliases:		
Birth Date:		
Occupation:		
Date of Wedding, if applicable		
Home Address:		
Home Phone:		
Cell Phone:		
Email:		

I. FAMILY INFORMATION

Please list all of biological and adopted children and note if the individual is only related on one side. Please use the last column to indicate beneficiary specific information, such as special mental/physical needs, estranged or facing possible litigation/divorce.

Full Legal Name and any alias	Date of Birth	Where do they reside?	Marital Status	Is anything we should know

PRIOR MARRIAGES

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

GUARDIANS: If you have any minor children, who would you want to raise your children?

1. _____
Name

2. _____
Name

PETS

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

II. PREVIOUS DOCUMENTATION

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

1. Copies of Last Wills, Revocable Trust Agreements and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.
2. 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.
3. Copies of all beneficiary designation forms for life insurance policies, 401K, retirement plans, etc.
4. Copies of any pre or post nuptial agreement.

III. ASSET SUMMARY

REAL ESTATE

Please note if you intent on selling a property in the next 5 years

Street Address – list primary home first	Name on Deed	Fair Market Value	Mortgage Balance	Mortgage Rate

STOCKS, BONDS, INVESTMENTS AND OTHER SECURITIES

Owner	Type of Investment	Financial Institution	Value	Basis	Beneficiary Designation ¹

Name of Financial Advisor¹: _____ Phone Number: _____

LIFE INSURANCE POLICIES

Insured	Company	Beneficiary	Type: i.e. whole or Term	Death Benefit	Cash Value

¹ Sallen Law will not contact your Financial Advisor without obtaining your consent first.

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, 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 of Location	Benefit /Value	Expected tax rate at retirement	Beneficiary

SAVINGS AND CHECKING ACCOUNTS

Type	Name on Account	Value	Beneficiary

Other Assets- Please describe any other substantial assets, such as vehicles, vintage cars, boats, motorcycles, art, jewelry, coin collections or other collections, monies owed to you, etc.

State the approximate fair market value and indicate the owner and location.

Please describe the content, registered owners, and location of any safe deposit boxes. State the approximate value of the contents.

Are there any other concerns that I should be aware of?

What do you hope to get out of our consultation?

Miscellaneous

1. Are you and all of your beneficiaries' citizens of the United States? ____ Y ____ N
If not, who: _____
2. Do you expect to receive any large inheritances or assets in the next 5 years? ____ Y ____ N
3. Have you file a gift tax return ____ Y ____ N Years filed _____
4. List significant debts or obligations other than mortgages:
5. Who do you consider as an important part of your team, such as accountants, advisors or other attorneys?
Please list name, position and contact information.