

**All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.**

**This form is to be completed by single persons only. If you are married and have received this form in error, please contact our office at 901.937.2800 for the proper form.**

**Personal Information**

**Self**

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ You Want Your Name On Legal Documents to be  
(please print): \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_ US Citizen? ! Yes !  
No

Employer \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
\_\_\_\_\_

Are either of your parents still living? ! Yes ! No      Are either of your grandparents still living?  
! Yes ! No Are you a Veteran? ! Yes ! No      Are you the Surviving Spouse of a  
Veteran? ! Yes ! No If yes, please add Service Entry and Discharge Dates \_\_\_\_\_

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? ! Yes ! No

**Children (by Birth or Adoption)**

**Name**

**Birthdate**

Does any child have special educational, medical or physical needs, or receive governmental benefits? !  
Yes ! No

**Advisors**

Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_

Referred to Our Firm By \_\_\_\_\_

**Successors**

Who will serve as guardian for you and/or your minor children (if any)?

**Responses**

<b>Guardians</b>	First Choice	
	Second Choice	
	Third Choice	

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

**Responses**

<b>Power of Attorney</b>	First Choice	
	Second Choice	
	Third Choice	

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

**Responses**

<b>Medical</b>	First Choice	
	Second Choice	
	Third Choice	

Who would you choose to carry out the directions designated in your Last Will & Testament at the time of your death?

**Responses**

<b>Will Executors</b>	First Choice	
	Second Choice	
	Third Choice	
	Fourth Choice	

### Assets Information

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset. To identify the Owner of an asset, use "JTO" for joint ownership with non-spouse; "C" for Client as sole owner; or "T" if owned by a revocable trust that you have created.

**Bank and Savings Accounts.** To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. *Do not include IRAs or 401(k)s here.*

		Financial Institution	Owner	Market Value	Type of Account
<b>B a n k  a n d  S a</b>	1.				
	2.				
	3.				
	4.				
	5.				

**Stocks, Bonds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

		Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
<b>S t o c k s  a n d  B o n d s</b>	1.				
	2.				
	3.				
	4.				
	5.				

**Retirement Accounts.** To identify type of account, use "P" for pension; "PS" for profit sharing; IRA, Roth IRA, SEP, or 401(k).

		Custodial Institution	Owner	Market Value	Type of Plan
<b>R e t i r e m e n t  A c c o u n t s</b>	1.				
	2.				
	3.				
	4.				
	5.				

**Real Estate.**

		Owner	Market Value	Debt
<b>R e a l  E s t a t e</b>	1. Personal Residence			
	2.			
	3.			
	4.			

5.			
----	--	--	--

**Personal Property.**

	Description	Owner	Market Value	Debt
<b>Personal Property</b>	1. Autos			
	2. Household Contents			
	3.			
	4.			
	5.			

**Life Insurance Policies and Annuities.** List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

	Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
<b>Life Insurance</b>	1.					
	2.					
	3.					
	4.					
	5.					

**Other Property.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

	Description	Owner	Market Value
<b>Other Property</b>	1.		
	2.		
	3.		
	4.		
	5.		

**Additional Documentation**

**General Document Request.** In some instances, it is necessary for us to review other documents before I can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- ! Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- ! Copies of all deeds to real estate owned by you.
- ! Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- ! Prenuptial Agreement (if applicable).
- ! Long-term care policies (if any).
- ! Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

**To be Completed by Client**

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that I frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
<b>Tax Concerns</b>				
Risk of the IRS “inheriting” half the estate when I die. ....	!	!	!	
! Risk of capital gains taxes paid on the sale of property .....	!	!	!	
! Risk of unnecessary income taxes being paid on investment assets .....	!	!	!	
!				
<b>Family Concerns</b>				
Risk of persons other than those we select will gain custody of any minor children. ...	!	!	!	!
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse .....	!	!	!	!
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money .....	!	!	!	!
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir .....	!	!	!	!
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild .....	!	!	!	!
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits such as Medicaid .....	!	!	!	!
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to receive .....	!	!	!	!
Risk of estate passing unequally due to nature of assets owned, such as where a business comprises most of the value of the estate .....	!	!	!	!
Risk that heirs will not fully appreciate the values and virtues used to create the inheritance .....	!	!	!	!
Risk that parents, who may need financial assistance, are not provided for .....	!	!	!	!
<b>Disability Concerns</b>				
Risk of loss of control over assets in event of disability .....	!	!	!	!
Risk of legal guardianship in event of disability .....	!	!	!	!
Risk of unwanted efforts made to save your life if you feel that it’s best to cease such efforts and die peaceably and without pain .....	!	!	!	!

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
Risk that health care personnel will not disclose health care information to loved ones				
due to recent HIPAA privacy rules and lack of proper HIPAA releases.....	!	!	!	!
Risk of an unnecessary guardianship over an incapacitated adult child in order to make health care decisions for that child .....	!	!	!	!
<b>Creditor Concerns</b>				
Risk of frivolous lawsuits .....	!	!	!	
! Risk of loss of assets to nursing home .....	!	!	!	
! Risk that a creditor of a joint tenant may seize the jointly-owned property to satisfy the debt of the other joint tenant .....	!	!	!	!
<b>Post-Death Concerns</b>				
Risk of unnecessary costs and delays associated with the estate passing through probate	!	!	!	!
Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and expenses .....	!	!	!	!
Risk that the person(s) charged with managing your affairs after you’ve passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes .....	!	!	!	!
Risk of private matters unnecessarily being made public .....	!	!	!	!
<b>Business Concerns</b>				
Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc.....	!	!	!	
! Risk of lawsuits by employees due to out-of-date or non-existent employee agreements	!	!	!	
! Risk of business failure due to the lack of a business succession plan .....	!	!	!	
! Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time.....	!	!	!	!
Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or underfunded .....	!	!	!	
! Risk of persons other than those we select will gain custody of any minor children. ...	!	!	!	
! Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse .....	!	!	!	!
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money .....	!	!	!	!
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir .....	!	!	!	!



Please list any charitable causes you have or that you support with either your time or financial resources:

**My favorite College/University is:** \_\_\_\_\_

**About Your Goals & Objectives**

What prompted you to schedule this appointment? Don't focus on the tools to be used but rather on the outcomes to be achieved.

<u>Goals</u>	<u>Consequence if Goal Isn't Accomplished</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**YOUR EXPECTATIONS OF US**

Meeting your expectations in the estate planning process is very important to our law firm, but in order to do that we need to know in advance what those expectations are. Please describe your expectations of us should you decide to hire us to prepare and implement your estate plan for you.