BRADLEY LAW FIRM, PLLC

NEW CLIENT QUESTIONNAIRE

### 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 married persons only. If you are single and have received this form in error, please contact our office at 901.937.2800 for the proper form.**

**Personal Information**

**Husband**

Full Legal Name Social Security #\_\_\_\_\_

Name you prefer on Legal Documents 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 If yes, please add Service Entry and Discharge Dates

### Wife

Full Legal Name Social Security # \_\_\_\_\_\_\_\_\_\_

Name on Legal Documents 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 If yes, please add Service Entry and Discharge Dates

 Date of Marriage Existing Prenuptial Agreement?  Yes  No

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 Child of:**

  Husband  Wife  Joint

  Husband  Wife  Joint

  Husband  Wife  Joint

  Husband  Wife  Joint

  Husband  Wife  Joint

  Husband  Wife  Joint

Does any child have special educational, medical or physical needs, or receive governmental benefits?  Yes  No If so, please print “S” by the child’s name above.

### Advisors

Accountant Phone

Financial Advisor Phone

Insurance Agent Phone

Referred to Our Firm By

### Successors- First being your Spouse, then followed by-

Who will serve as guardian for you and your minor children (if needed)?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Husband’s Responses** | **Wife’s Responses** |
| **Guardians** | Second Choice |  |  |
| Third Choice |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Husband’s Responses** | **Wife’s Responses** |
| **Power of Attorney Agents** | Second Choice |  |  |
| Third Choice |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Husband’s Responses** | **Wife’s Responses** |
| **Medical Agents** | 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?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Husband’s Responses** | **Wife’s Responses** |
| **Will Executors** | Second Choice |  |  |
| Third 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 “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife 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** |
| **Bank and Savings Accounts** | 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** |
| **Stocks and Bonds** | 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** |
| **Retirement Accounts** | 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Real Estate.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Owner** | **Market Value** | **Debt** |
| **Real Estate** | 1. Personal Residence |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Personal Property.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description** | **Owner** | **Market Value** | **Debt** |
| **Personal Property** | 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/Account Number Type Owner Insured Cash Value Death Benefit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Life Insurance/ Annuities** | 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** |
| **Other Property** | 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

# ADDITIONAL IMPORTANT ISSUES

Are either of you currently receiving, or are entitled to receive, any money or other types of assets from a trust set up by someone else for your benefit?  Yes  No

Do either of you expect to receive an inheritance in the future from parents, relatives, or friends?  Yes  No

If you answered the previous question “Yes”, please estimate the approximate total value of the inheritance you expect to

receive. Husband: $ Wife: $

### 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.
* Pre-marital or Post-marital Agreement (if applicable).
* Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist such as one of you paying child support, paying for medical insurance for minor children, or requiring you to carry life insurance on your life for the benefit of your child(ren).

### To be Completed by Husband

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.

**Tax Concerns**

1. *Estate Taxes.* I’ve heard that estate taxes can be as high as 50% of the value of my assets*.* I’d like to know how to reduce or eliminate an estate

### Level of Concern (if any)

**None Low Medium High**

tax liability I might have.......................................................................................    

1. *Capital Gains Taxes.* We have an asset that we’re thinking about selling and I’d like to know how we might reduce or eliminate any capital gains

taxes that we might owe. ......................................................................................    

1. *Income Taxes.* We have significant income from investment assets and I’d like to know if there is any way to reduce or eliminate the amount of

income taxes we pay.............................................................................................    

1. *Interest Expense.* We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could

reduce the amount of interest we pay. ..................................................................    

**Family Concerns**

|  |  |
| --- | --- |
| 5. *Custodian of Minor Children.* I’m concerned that, if I and my wife wereto die, our children will be placed in the custody of someone other than |  |
| whom we select. ................................................................................................... |  |  |  |  |
| 6. *Beneficiaries’ Creditors.* I’m concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their |  |  |  |  |
| creditors, lawsuits, or divorcing parents. .............................................................. |  |  |  |  |
| 7. *Fiscal Immaturity.* I’m concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their |  |  |  |  |
| mismanagement of the money.............................................................................. |  |  |  |  |
| 8. *Children-In-Law.* I’m concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to |  |  |  |  |
| our children........................................................................................................... |  |  |  |  |
| 9. *Mismanagement.* I’m concerned that the person(s) in charge of managing my children’s or grandchildren’s inheritance might squander or mismanage |  |  |  |  |
| the funds. .............................................................................................................. |  |  |  |  |
| 10. *Grandchildren’s Education.* I’m concerned that my children might not |  |  |  |  |
| provide for my grandchildren’s education which is very important to me........... |  |  |  |  |
| 11. *Making Beneficiary Ineligible for Governmental Benefits.* I have an individual whom I’d like to benefit in my estate planning who is currently receiving |  |  |  |  |
| governmental benefits but who might lose eligibility if they inherit assets. ........ |  |  |  |  |

1. *Spousal Control of My Assets if I Pass First.* I would like to know that if I were to die first, my assets are available to my wife but that upon my wife’s death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my wife’s next husband or to any other

### Level of Concern (if any)

**None Low Medium High**

individual who might influence my wife..............................................................    

1. *Family Disputes.* I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they’ve received less than they

should have received. ...........................................................................................    

1. *Hard-to-Divide Assets.* My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I’m

concerned that disputes will arise relating to how the assets might be divided....    

1. *Values & Virtues.* I’m concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the

necessary steps to prevent that from happening. ..................................................    

1. *Planning for Parents.* I’m concerned that my parents or my wife’s parents will

need financial assistance if we were to die prematurely.......................................    

**Disability Concerns**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17. *Guardianship.* I’m concerned that if I were to become disabled, I would need a guardianship so that someone would have the legal ability to make healthcare and financial decisions for me .............................................................................. |  |  |  |  |
| 18. *HIPAA.* My current planning does not reflect the HIPAA privacy rules and I’m |  |  |  |  |
| concerned that if something happened to me, health care personnel might not |  |  |  |  |
| disclose information about me to my loved ones ................................................. |  |  |  |  |
| 19. *Disability of Single, Adult Children.* I’m concerned that if a single, adult child |  |  |  |  |
| of mine became disabled, that I would not have the legal ability to make |  |  |  |  |
| decisions for my child or be informed about my child’s health situation due to |  |  |  |  |
| HIPAA privacy rules ............................................................................................ |  |  |  |  |

**Creditor Concerns**

1. *Frivolous Lawsuits.* I’m concerned about my assets being taken through

frivolous lawsuits..................................................................................................    

1. *Nursing Home.* I’m concerned about my assets being lost to the nursing

home .....................................................................................................................    

1. *Creditors of Jointly Owned Property.* I have property owned as joint tenants with someone other than my wife and I’m concerned that a creditor of that

other person could take the entire property ..........................................................    

**Post-Death Concerns**

1. *Probate.* I’m concerned about the unnecessary delays and costs that my

estate will incur if my assets pass via a probate proceeding.................................    

1. *Fire Sale.* I’m concerned about my assets having to be sold in a “fire sale”

to pay estate taxes or to pay debts that I owe .......................................................    

1. *Liability of Executor.* I’m concerned that the person I’ve named as my Executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for

### Level of Concern (if any)

**None Low Medium High**

serving as Executor...............................................................................................    

1. *Privacy.* I’m concerned about my affairs being made public and would prefer

to keep my affairs private .....................................................................................    

**Business Concerns**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 27. *Validity of Corporate Shield.* I own a corporation or limited liability company and I’m concerned that my personal assets may still be exposed to liabilities of the company because I’ve not held company meetings annually, keptminutes from those meetings, elected officers, etc............................................... |  |  |  |  |
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maintain our current standard of living during retirement....................................    

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a disability ............................................................................................................    

BRADLEY LAW FIRM, PLLC

NEW CLIENT INTERVIEW FORM

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

My favorite College/Universityis:

# 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.

Goals Consequence if Goal Isn’t Accomplished

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.