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 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**

|  |  |  |
| --- | --- | --- |
| **Guardians** | 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**

|  |  |  |
| --- | --- | --- |
| **Power of Attorney Agents** | 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**

|  |  |  |
| --- | --- | --- |
| **Medical Agents** | 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**

|  |  |  |
| --- | --- | --- |
| **Will Executors** | 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** |
| **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** | **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 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.

**Tax Concerns**

**Level of Concern (if any)**

**None Low Medium High**

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 ………………….    

**Family Concerns**

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 businesscomprises 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 ………… |  |  |  |  |
| **Disability Concerns** |  |  |  |  |
| 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 ……………………………………… |  |  |  |  |

Risk that health care personnel will not disclose health care information to loved ones

**Level of Concern (if any)**

**None Low Medium High**

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 ………………………………………………..    

**Creditor Concerns**

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 ……………………………………………………...    

**Post-Death Concerns**

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 ……………………………    

**Business Concerns**

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 ………………………………………………...    

## BRADLEY LAW FIRM, PLLC

A T T O R N E Y A T L AW

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/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.

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.