



PLANNING QUESTIONNAIRE

The information requested in this questionnaire helps us provide the best possible information during your conference. The information that you disclose is confidential.

PERSONAL INFORMATION

The person(s) for whom you are seeking legal advice

Marital Status: Married Single Separated Divorced Widowed

Not 1st marriage Blended

Individual #1

Full Name _____ Phone No. _____

Residence or current placement: Home Nursing facility With relative Hospital

Address (street/city/state/zip) _____

Email Address _____

Veteran? Yes No Service Branch _____ US Citizen? Yes No

Age _____ Memory issues? Yes No Health issues? Yes No

Individual #2 Living Deceased – If so, date of death _____

Full Name _____ Phone No. _____

Residence or current placement: Home Nursing facility With relative Hospital

Address (street/city/state/zip) _____

Email Address _____

Veteran? Yes No Service Branch _____ US Citizen? Yes No

Age _____ Memory issues? Yes No Health issues? Yes No

CHILDREN (IF APPLICABLE)

Number of children _____ Number of stepchildren _____

Are any of your children blind or disabled? Yes No

MONTHLY INCOME

	Individual 1	Individual 2
Approximate total MONTHLY income (all sources)	\$	\$
Social Security benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retirement/Pension benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
VA benefit (including survivor benefits)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annuity income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rental income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dividend income	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other – (do not include interest income)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ASSETS (Please insert the APPROXIMATE value.)

ASSETS	Total Value	Individual 1	Individual 2
Banking account(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence (assessed tax value)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other real estate (tax value)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automobile(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mutual funds	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stocks	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonds	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annuities	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cash value – whole life insurance	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IRA	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
401K or other retirement plan(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nursing home patient account	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prepaid funeral contract	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prepaid burial plot(s)	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ESTATE PLANNING DOCUMENTS (Do you currently have the following?)

	Individual 1	Individual 2
Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Durable Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Living Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Care Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trust(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Long term care insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>