

PLANNING QUESTIONNAIRE
(Domestic Partners)

Please complete the following questionnaire to the best of your ability. This information is most helpful to me so that I may properly plan for you and it will be held in the strictest confidence. We will review this information at our meeting. The client is the person for whom planning is being implemented.

Home Telephone: _____ Business/Cellular Telephone: _____

E-Mail Address: _____ Fax Number: _____

Preferred Method of Communication: _____ Email _____ Telephone (Check one.)

PART A: PERSONAL INFORMATION

CONTACT PERSON [the person who will accompany client(s) to meeting, if any]

Name: _____

Address: _____

Relationship to Client: _____

Telephone Number: _____

Email Address: _____

PARTNER ONE:

Full Name: (To be used on any legal documents prepared by our office) _____

Address: _____

Social Security No.: _____ U. S. Citizen? yes _____ no _____

Birth Date: _____ Age: _____ Are you a veteran or the widow(er) of a
veteran? yes _____ no _____

What do you want to accomplish through planning? _____

Occupation: (past or present) _____

Currently living: ___ at home ___ assisted living facility ___ nursing home ___ hospital

If currently living at home, who, if anyone, lives with you? _____

Nursing Home/Assisted Living Facility/Hospital:

Name _____

Date of Admission: _____

Monthly Cost: _____

Monthly Prescription Cost: _____

The Nursing Home is paid through: _____ (month/year)

Health Issues:

Physical Health: _____

Mental Health: _____

Any problems: ___ walking ___ dressing ___ eating ___ bathing ___ continence

___ memory ___ aggression

1. Do you expect to receive an inheritance or large gift? ___ If yes, please explain. _____
2. Have you ever filed a federal gift tax return? yes ___ no ___
3. Have you made any gifts over \$5,000 in the last 5 years? yes ___ no ___
4. Have you had any prior marriages? yes ___ no ___ If so, how many? ___
6. If previously married, please list date (s) of divorce or date (s) of death: _____
7. Was there a written property settlement agreement? yes ___ no ___

PARTNER TWO:

Full Name: (to be used on any legal documents prepared by our office) _____

Address: _____

Social Security No.: _____ U. S. Citizen? yes____ no_____

Birth Date: _____ Age: _____ Veteran? yes____ no_____

Occupation: (past or present) _____

Currently Living: ___at home ___assisted living facility ___nursing home ___ hospital

Nursing Home/Assisted Living Facility/Hospital:

 Name _____

 Date of Admission: _____

 Monthly Cost: _____

 Monthly Prescription Cost: _____

The nursing home is paid through: _____ (month/year)

Health Issues:

 Physical Health: _____

 Mental Health: _____

Any problems: ___ walking ___ dressing ___ eating ___ bathing ___ continence
 ___ memory ___ aggression

1. Do you expect to receive an inheritance or large gift? ___ If yes, please explain. _____
2. Have you ever filed a Federal Gift Tax Return? yes____ no_____
3. Have you made any gifts over \$5,000 in the last 5 years? yes____ no_____
4. Have you had any prior marriages? yes____ no____ If so, how many? _____
6. If previously divorced, please list date(s) of divorce or date(s) of death: _____
7. Was there a written property settlement agreement? yes ___ no ___

How long have you lived together? _____

PART B: CHILDREN

CHILDREN'S NAMES	ADDRESS & TELEPHONE #	DATE OF BIRTH	# OF CHILDREN	# OF CHILDREN UNDER 18	MARRIED? DIVORCED? SEPARATED

Do any of your children/grandchildren have special needs? yes _____ no _____

If so, please describe: _____

Are any of your children/grandchildren receiving SSI or other form of government entitlement? yes _____ no _____

If so, which entitlement are they receiving? _____

Do you have any predeceased children? yes _____ no _____

If so, please indicate whether they had surviving children?

Do any of your children/grandchildren have any problems with drug or alcohol addiction?
yes _____ no _____

If so, please explain: _____

Are any of your children financially irresponsible? yes ___ no _____

Do any of your children have an estate of more than \$1 million? yes ___ no _____

Do any of your children/grandchildren live with you? yes ___ no _____

PART D: FINANCIAL INFORMATION

Financial Advisor: Name and Telephone Number: _____

Accountant: Name and Telephone Number: _____

Average Monthly Expenses: (Estimate)

Rent or Mortgage: _____ Real Estate Taxes: _____
 Homeowner's Insurance: _____ Food: _____
 Caretaker Expense: _____ Car Expenses: _____
 Medical Expenses Including Premiums: _____
 Utilities: _____ Entertainment: _____
 Other: _____
 Other: _____

PART E: MONTHLY INCOME:

PARTNER ONE

PARTNER TWO

Net Salary or Wages		
Social Security Benefits		
Retirement Benefits		
Interest		
Dividends		

VA/Disability Benefits		
Rental Income		
Annuity Income		
Other		

If there is a pension, please list the gross monthly pension amount and the name of the company or governmental entity paying the pension.

Gross Amount: \$ _____

Name of Company or Governmental Agency: _____

Is there a Death Benefit? yes _____ no _____

PART F: PERSONAL PROPERTY/ASSETS

PLEASE PROVIDE:

- DESCRIPTION OF ASSET
- NAME OF INSTITUTION
- VALUE FOR EACH ITEM
- TITLE ON ACCOUNT
- BENEFICIARY (IF APPLICABLE):

ASSETS	PARTNER ONE	PARTNER TWO	JOINT
AUTOMOBILES:			
BUSINESS INTERESTS:			

CHECKING ACCOUNTS:			
SAVINGS ACCOUNTS: and/or CERTIFICATES OF DEPOSIT:			
STOCKS			
MUTUAL FUNDS:			

RETIREMENT ACCOUNTS: IRA; 401(K); 403(B); KEOGH; SEP			
ANNUITIES:			
OTHER REAL ESTATE:			
LIFE INSURANCE:			

Do you have a safe deposit box? yes _____ no _____

If so, where is it located?

Under whose name(s)? _____

ADDRESS OF ANY REAL PROPERTY OTHER THAN PRIMARY RESIDENCE:

Street Address: _____

City: _____

State, Zip Code: _____

BURIAL:

Is it your wish to be buried or cremated? buried _____ cremated _____

Do you wish to include a directive in your

legal documents? yes _____ no _____

Do you own a burial plot? yes _____ no _____

Burial Plot: Location: _____

Do you have an Irrevocable Burial Fund Contract? yes ___ no _____

(If so, please provide a copy)

Do you have a burial account? yes ___ no _____

PART G: LIABILITIES

(Debts owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

<u>Description</u>	<u>Name of Debtor</u>	<u>Amount</u>	<u>When Due</u>
Home Mortgage	_____	_____	_____
Other Mortgage (s)	_____	_____	_____

Secured Real Property Loans _____

Description _____ Name of Debtor _____ Amount _____ When Due _____

Notes and accts. payable by you _____

Loans on Insurance Policies _____

Unsecured Promissory Notes _____

General Obligations _____

Other (Property Tax, Insurance, Bills) _____

TOTAL: _____

PART H: GIFTS YOU HAVE MADE

<u>Donor</u>	<u>Donee</u>	<u>Date Given</u>	<u>Return filed?</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART I: OTHER

Include here any other information that you think is important to your legal planning.

PART J: MISCELLANEOUS

Do you have any of the following documents?	PARTNER ONE:	PARTNER TWO:
Living Will? Location _____	yes____ no____	yes____ no____
Health Care Proxy? Location _____	yes____ no____	yes____ no____
Power of Attorney? Location _____	yes____ no____	yes____ no____
Last Will & Testament? Date _____ Location _____	yes____ no____	yes____ no____
Trusts? Location: _____	yes____ no____	yes____ no____
Do you have any pets?	yes____ no____	yes____ no____
Would you like to plan for them?	yes____ no____	yes____ no____

PART K: IMPORTANT POINTS TO THINK ABOUT

(There are important decisions to make and to think about before your appointment. Who do you want to serve as your representative to handle the following matters? Please provide complete addresses and telephone numbers if not provided elsewhere in this questionnaire?)

Executor: (The person who carries out the terms of your will): You *may* have more than one person serving at a time.

Name and Address: _____

Alternate #1: _____

Alternate # 2: _____

Agent for Health Care Proxy: (The person whom you would like to appoint to make health care decisions for you if you are unable to do so due to incapacity.) You may only name one person to act a time. You may also name alternates.

Name, Address & Telephone: _____

Alternate #1: _____

Alternate # 2: _____

