

DATE: _____

PART I GENERAL INFORMATION FOR HUSBAND

Formal Name _____
First Middle Last

Alias(s) _____

Preferred Name to be Called _____

Date of Birth _____ Place of Birth (State or Country, if not U.S.) _____

Social Security No. _____

Home Phone _____ Cell No. _____

Preferred No. to Contact _____ Home _____ Cell _____ Work _____

Preferred Email Address _____

Home Address _____
Street City, State, Zip
County _____ Citizenship (Country) _____
Current State of Domicile _____ How Long (Number of Years) _____

Billing Address _____

Seasonal Address from _____ to _____

Employer _____

Occupation _____

Business Address _____

Business Phone _____ Fax No. _____

Email Address(es) _____

Date of Marriage _____ Place of Marriage _____

Prior Residences (states) During Marriage _____

GENERAL INFORMATION FOR WIFE

Formal Name _____
First _____ Middle _____ Last _____

Alias(s) _____

Preferred Name to be Called _____
Place of Birth (State or Country, if not U.S.) _____

Date of Birth _____

Social Security No. _____

Home Phone _____ Cell No. _____

Preferred No. to Contact _____ Home _____ Cell _____ Work _____

Preferred Email Address _____

Home Address _____
Street _____ City, State, Zip _____
County _____ Citizenship (Country) _____
Current State of Domicile _____ How Long (Number of Years) _____

Billing Address _____

Seasonal Address from _____ to _____

Employer _____

Occupation _____

Business Address _____

Business Phone _____ Fax No. _____

Email Address(es) _____

Date of Marriage _____ Place of Marriage _____

Prior Residences (states) During Marriage _____

CHILDREN

1.

2.

Name
(First, M.I., Last)

Date of Birth

Place of Birth

Age

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

3.

4.

Name
(First, M.I., Last)

Date of Birth

Place of Birth

Age

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

5.

6.

Name
(First, M.I., Last)

Date of Birth

Place of Birth

Age

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

CHILDREN (continued)

7.

8.

Name
(First, M.I., Last)

Date of Birth

Place of Birth

Age

Social Security Number

Home Address

Phone Number

Occupation

Name of Spouse

Names and Ages of Children

Special Needs of this Child

Note if Adopted, Divorced
or Separated

PARENTS

HUSBAND

WIFE

Name(s)

Mother _____

Mother _____

Father _____

Father _____

Address(es)

Phone Number(s)

Health
(Excellent, Average, Poor)

M_____ F_____

M_____ F_____

Age (if Deceased, Please
Indicate Date of Death)

M_____ F_____

M_____ F_____

Estimated Size of Estate

M_____ F_____

M_____ F_____

BROTHERS AND SISTERS

HUSBAND

WIFE

1.

1.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

BROTHERS AND SISTERS (continued)

HUSBAND

WIFE

2.

2.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

3.

3.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

4.

4.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

BROTHERS AND SISTERS (continued)

HUSBAND

WIFE

5.

5.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

6.

6.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

7.

7.

Name (First, M.I., Last)

Age or Date of Death

Name of Spouse

Address

City, ST, Zip

Phone Number

HUSBAND

Are any persons other than minor children dependent on you? If so, describe relationship and degree of dependency.

WIFE

Are any persons other than minor children dependent on you? If so, describe relationship and degree of dependency.

FORMER SPOUSES (IF ANY)

HUSBAND

1. Name of Former Spouse(s)_____
2. If the marriage(s) ended by divorce or dissolution, please provide the date(s) of divorce or dissolution.

3. If marriage(s) ended because of death, please provide the date(s) of death.

WIFE

1. Name of Former Spouse(s)_____
2. If the marriage(s) ended by divorce or dissolution, please provide the date(s) of divorce or dissolution.

3. If marriage(s) ended because of death, please provide the date(s) of death.

PART II
GIFTS AND INHERITANCES

1. Describe the date and amount of any large gifts that have been made to you or your spouse (in excess of \$10,000).

2. Describe any inheritance that you or your spouse has received from any person.

3. Describe any gifts or inheritances that you or your spouse anticipates receiving from any person.

4. Describe any large gifts that you or your spouse has made to any person in any one year (in excess of \$10,000).

5. Describe any large gifts that you or your spouse expects to make to any person in any one year (in excess of \$14,000).

ESTIMATED ASSETS & LIABILITIES

ASSETS	Husband's Name (or Husband's Trust)	Wife's Name (or Wife's Trust)	Joint Names (or Joint Trust)
Residences:	\$ _____	\$ _____	\$ _____
Other Real Estate:			
Ohio	_____	_____	_____
Non-Ohio	_____	_____	_____
Cash & Equivalents:			
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
CDs & Money Market	_____	_____	_____
Marketable Securities:			
Stocks/Mutual Funds	_____	_____	_____
Taxable Bonds	_____	_____	_____
Tax-Exempt Bonds	_____	_____	_____
Life Insurance (Page 14):	_____	_____	_____
Business Interests (Page 16):	_____	_____	_____
Retirement Plans:			
Corporate Plans (401(k), 403(b), etc.)	_____	_____	_____
IRA's:	_____	_____	_____
Qualified Annuities (Page 15):	_____	_____	_____
Non-Qualified Annuities (Page 15):	_____	_____	_____
Personal Property:			
Collections of Value	_____	_____	_____
Other: (Describe)			
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	\$ _____	\$ _____	\$ _____

LIABILITIES

Husband's Name

Wife's Name

Joint Names

Residences:

Primary Mortgage

\$ _____

Second Mortgage

Other Real Estate Mortgages:

Personal Loans:

Income Taxes:

Other Debts:

TOTAL LIABILITIES:

\$ _____ \$ _____ \$ _____

NET WORTH:

(Assets Minus Liabilities)

\$ _____ \$ _____ \$ _____

LIFE INSURANCE INFORMATION

1.	Company	Type	\$ Face Value
		Insured	Owner
			\$ Cash Value
			Beneficiary
2.	Company	Type	\$ Face Value
		Insured	Owner
			\$ Cash Value
			Beneficiary
3.	Company	Type	\$ Face Value
		Insured	Owner
			\$ Cash Value
			Beneficiary
4.	Company	Type	\$ Face Value
		Insured	Owner
			\$ Cash Value
			Beneficiary
5.	Company	Type	\$ Face Value
		Insured	Owner
			\$ Cash Value
			Beneficiary

Does Husband have long-term care insurance in place? _____ YES _____ NO

Does Wife have long-term care insurance in place? _____ YES _____ NO

Does Husband have long-term disability insurance in place? _____ YES _____ NO

Does Wife have long-term disability insurance in place? _____ YES _____ NO

ANNUITIES

QUALIFIED ANNUITIES

1.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

2.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

3.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

NON-QUALIFIED ANNUITIES

1.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

2.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

3.

Issuing Company

Contract No.

First Payment Date

Schedule of Payments
and Amounts

Payee

Beneficiary (in case of
Payee's Death)

BUSINESS INTERESTS

Name of Business #1: _____ Phone: _____

Address: _____

Nature of Business: _____

Kind of Entity:
(Check One)

_____ Sole Proprietorship _____ Partnership _____ Limited Liability Company

_____ Corporation _____ *S Corporation

_____ Other (Explain): _____

*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by husband: _____% By wife: _____%

Children involved in business: _____

Percentage owned by child (each): _____

Tax basis or book value: _____

Your estimate of present value of entire business: _____

BUSINESS INTERESTS (continued)

Name of Business #2: _____ Phone: _____

Address: _____

Nature of Business: _____

Kind of Entity:
(Check One) _____ Sole Proprietorship _____ Partnership _____ Limited Liability Company
_____ Corporation _____ *S Corporation
_____ Other (Explain): _____

*It is important for us to know if your business is an S Corporation because only special types of trusts can be shareholders of S corporation stock.

Percentage of interest owned by husband: _____% By wife: _____%

Children involved in business: _____

Percentage owned by child (each): _____

Tax basis or book value: _____

Your estimate of present value of entire business: _____

PART III DISPOSITIVE OBJECTIVES

1. Please list as completely as possible, any specific property you wish to give to a particular person at your death:

Item	Beneficiary
a.	_____
b.	_____
c.	_____
d.	_____

2. Are there any members of your family with special needs and/or problems?

3. Are there any special charitable provisions you wish to make?

4. Whom do you wish to name as Guardian of your minor children?

First Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Second Choice:

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

5. Whom do you wish to name to administer your Estate after your death (as Executor, Trustee, etc.)?

Husband's First Choice

Wife's First Choice

Name: _____

Address: _____

Relationship: _____

Husband's Second Choice

Wife's Second Choice

Name: _____

Address: _____

Relationship: _____

6. Whom do you wish to name to handle financial matters for you while you are living but need assistance?

Husband's First Choice

Wife's First Choice

Name: _____

Address: _____

Relationship: _____

Husband's Second Choice

Wife's Second Choice

Name: _____

Address: _____

Relationship: _____

7. Whom do you wish to name to make health care decisions for you when you cannot make them for yourself?

Husband's First Choice

Wife's First Choice

Name: _____

Address: _____

Phone: _____

Relationship: _____

Husband's Second Choice

Wife's Second Choice

Name: _____

Address: _____

Phone: _____

Relationship: _____

ADVISORS

Please list the names, addresses, and phone numbers of other persons who serve as advisors to either of you.

Husband

Wife

Other Lawyers

Law Firm

Address

Phone

Investment Advisor

Company

Address

Phone

Life Insurance Agent

Company

Address

Phone

Accountant

Company

Address

Phone

Husband

Wife

Real Estate Advisors

Company

Address

Phone

Physician

Address

Phone

Dentist

Address

Phone

Preferred Hospital

Minister, priest, rabbi, or
other religious counselor

Address

Phone

Please attach copies of the following documents, if applicable:

1. Current Wills, Codicils, Powers of Attorney for Health Care, Powers of Attorney for financial matters, or Living Wills.
2. Current Trust Agreements and Amendments (if applicable).
3. Any Powers of Attorney under which someone has granted you authority to act as his or her agent
4. Pre/Post Nuptial Agreements (to the extent they remain applicable).
5. Divorce Decrees, Settlement Agreements, or Custody Agreements (if obligation/terms remain outstanding).
6. Copies of any gift tax returns filed.
7. Buy/Sell Agreements, corporate regulations/bylaws, Operating Agreements, or Close Corporation Agreements.
8. Copies of deeds or recent property tax invoices to real estate.

Any additional comments, thoughts or questions?

CONSENT TO JOINT REPRESENTATION

EACH OF YOU HAS THE RIGHT TO OBTAIN INDEPENDENT LEGAL COUNSEL TO REPRESENT YOUR INDIVIDUAL INTERESTS IN YOUR RESPECTIVE ESTATE PLANNING MATTERS. When attorneys engage in a "joint representation" of a married couple, there is no confidentiality between the retained attorney and either spouse. This means that any conversation regarding your estate planning that either one of you has with me or any member of my law firm will not be deemed confidential with regard to the other spouse. As to all other persons, your conversations with me or any member of my law firm will remain confidential unless you authorize the release of such conversation. In the event that a dispute should arise between the two of you, one of the consequences of "joint representation" is that neither my law firm nor I will be able to represent either one of you in the resolution of that dispute unless you both agreed to some other result. At the time of the execution of this letter, I am aware of no actual dispute between the two of you which would make it impossible to "jointly represent" both of you in the estate planning process. Your signature on this questionnaire evidences the fact that you understand that you will be advised jointly and not individually regarding your estate planning.

We understand and anticipate that in making recommendations to us and drafting documents for us, you will be relying on the information in this Confidential Client Questionnaire. We have completed the Questionnaire ourselves or have provided the information for this purpose.

Spouse Signature: _____

Date: _____

Spouse Signature: _____

Date: _____