

ESTATE PLANNING QUESTIONNAIRE (SINGLE)

Date _____

File Number _____

Home Phone No. _____

Business Phone No. _____

E-mail address _____

Fax No. _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to our initial appointment.

I. BACKGROUND

A. PERSONAL DATA

Full Name _____
(print full legal name)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Social Security No. _____

U.S. Citizen? ___ Yes ___ No Annual Income _____

If widowed, please list date of death of spouse _____

B. REFERRAL

By whom were you referred to this office?

Name _____

Street Address _____

City _____ State _____ Zip _____

II. LAST WILL AND TESTAMENT

A. DISPOSITIVE INTENTIONS

1. CHILDREN

Child's Name	Address (including zip code)	Date of Birth

Do you want to donate your eyes or organs? Yes No

Whom do you want to make your medical decisions?

First Choice _____
(Name) (Address)

Second Choice _____
(Name) (Address)

Do you want the person making your medical decisions to consult with any other person prior to acting?
 Yes No

If yes, with whom? _____

What are the name and address of your primary care physician?

Full Name of Physician _____

Street Address _____

City _____ State _____ Zip _____

V. MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes No

If yes, please explain _____

Have you ever made gifts to any one person in excess of \$13,000 in any one calendar year?

Yes No

Have you ever filed a Federal Gift Tax Return? Yes No

Have you visited our Website? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

What is the location of your important papers?

VI. FINANCIAL SUMMARY

	<u>ASSETS</u>	<u>LIABILITIES</u>
Bank Accounts [attach copies of statements]	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____
Certificates of Deposit (CDS) [attach copies of statements]	\$ _____	\$ _____
Stocks - (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____
Stocks - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Bonds - (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____
Bonds - (Held by Broker) [attach copies of brokerage statements]	\$ _____	\$ _____
Mutual Funds [attach copies of statements]	\$ _____	\$ _____
Note and Mortgage Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreements and/or other documentation]	\$ _____	\$ _____
Future Inheritance, etc.	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____
Non-IRA Tax Qualified Retirement Plans [attach copies of statements]	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____
Other Assets [attach copies of documentation pertaining to such assets]	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

Personal Residence:

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____, Lot # _____ (Can be obtained from Tax Bill)

VII. CERTIFICATION

The undersigned hereby represents to the Law Offices of Douglas A. Fendrick, LLC., that the information contained in this intake form is accurate and complete. The undersigned is aware that the law firm will rely on this information and further understands that the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:
