

Returning Client Questionnaire

Please reflect all names as you would like them to appear on formal documents: Date: _____

You: _____

Spouse/Partner (if applicable): _____

Address: _____

Billing Address (if different from above): _____

Phone Numbers: _____ County of Residence: _____

Email(s): _____

Would you like to receive our electronic newsletters?

- Elder Law Newsletter
- Estate Planning Newsletter
- Special Needs Newsletter

Please describe any changes in your family:

(For example: births, deaths, marriages, divorces, new disability or substantial change in net worth.)

ASSETS

What is the estimated value of your estate? Self: _____

Spouse/Partner: _____

Combined Value: _____

Real Estate:

Property Location	Ownership (jointly held?)	Mortgage Balance	Purchase Price	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Accounts:

Financial Institutions	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Accounts: please list any IRAs, 401(k)s, 403(b)s, or other deferred compensation arrangements.

Retirement Account / Plan	Owner	Beneficiary	Contingent Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Investment Accounts: (Non-Retirement)

Financial Institutions	Account Type	Ownership (jointly held?)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Securities: (Non-Retirement): please list any savings bonds, stock certificates, or other securities that you own and that have not already been included in the accounts listed in this form:

Company / Issuer	Quantity	Ownership (joint / payable on death)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance/Annuities:

Company	Owner / Insured	Beneficiary	Contingent Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Interests: please list any interest that you have in any closely-held business entity.

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	% of Ownership	Basis	Operating Agreements	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal Property: please list your cars, boats, recreational vehicles, and any other valuable collections, etc.

Item	Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____