

// JABBOUR LAW

Attorneys & Consultants

INITIAL QUESTIONNAIRE

V3.0.2022

CONFIDENTIAL

(PLEASE COMPLETE PRIOR TO INITIAL CONSULTATION)

The purpose of this Initial Questionnaire is to record information that will be used to prepare your Estate Plan, including, as necessary, a Will, Trust, Durable Power of Attorney, and Healthcare Power of Attorney. Portions of it will be helpful in the administration of the Estate or Trust and, in some cases, is required for the preparation of tax returns. Your time spent in accurately completing this Questionnaire will certainly save considerable time, effort and confusion later. All information is essential.

Copy and attach additional pages as necessary.

Please attach the following if easily accessible:

	<u>Attached</u>	<u>N/A</u>
1. Existing Wills, Trusts, and Powers of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
2. Deeds to Property or Timeshares	<input type="checkbox"/>	<input type="checkbox"/>

YOUR INFORMATION

Full Legal Name: _____

Full Address: _____

County: _____ Birthdate: _____ US Citizen? Yes No

Cell Phone: _____ Alternate Phone: _____ E-mail Address: _____

Marital Status: Single Married Divorced Widowed

If Divorced, name of previous spouse: _____

Pets: Yes No

Guns: Yes No

SPOUSE'S INFORMATION (if applicable)

Full Legal Name: _____

Full Address: _____

County: _____ Birthdate: _____ US Citizen? Yes No

Cell Phone: _____ Alternate Phone: _____ E-mail Address: _____

Marital Status: Married Divorced Widowed

If Divorced, name of previous spouse: _____

CHILDREN'S INFORMATION (if applicable)

Full Legal Name: _____ Gender? Male Female

Whose child is this? Joint (child of current marriage) Yours Your Spouse's

Full Address: _____

Birthdate: _____ Phone Number: _____

Special Needs or Disabled? Yes No

Marital Status: Single Married Divorced Widowed

Children? Yes No

Full Legal Name: _____ Gender? Male Female

Whose child is this? Joint (child of current marriage) Yours Your Spouse's

Full Address: _____

Birthdate: _____ Phone Number: _____

Special Needs or Disabled? Yes No

Marital Status: Single Married Divorced Widowed

Children? Yes No

Full Legal Name: _____ Gender? Male Female

Whose child is this? Joint (child of current marriage) Yours Your Spouse's

Full Address: _____

Birthdate: _____ Phone Number: _____

Special Needs or Disabled? Yes No

Marital Status: Single Married Divorced Widowed

Children? Yes No

Full Legal Name: _____ Gender? Male Female

Whose child is this? Joint (child of current marriage) Yours Your Spouse's

Full Address: _____

Birthdate: _____ Phone Number: _____

Special Needs or Disabled? Yes No

Marital Status: Single Married Divorced Widowed

Children? Yes No

ADDITIONAL PERSONS' INFORMATION

(If going to be included in your Estate Plan and **NOT** a child or spouse)

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

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Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

Full Legal Name: _____

Full Address: _____

Relationship to you: _____ Phone Number: _____

ADVISORS (if applicable)

Financial Advisors / Wealth Managers:

Name: _____ Company: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Satisfied with their service? Yes No

Name: _____ Company: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Satisfied with their service? Yes No

CPA / Accountant:

Name: _____ Company: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Satisfied with their service? Yes No

EXISTING ESTATE PLANNING DOCUMENTS:

Will? Yes No Date Created: _____

Trust? Yes No Date Created: _____

Financial Power of Attorney? Yes No Date Created: _____

Health Care Power of Attorney? Yes No Date Created: _____

Living Will / Advance Directive? Yes No Date Created: _____

REAL ESTATE / OTHER PROPERTY / VACATION OR INVESTMENT:

Real Estate Type: Primary Residence Vacation Rental / Investment Co-op Selling/Refinancing

Full Address: _____

Owners: _____

Estimated Value: _____ Approximate Year it was Last Deeded: _____

Parcel/Property/Tax I.D. #: _____

Real Estate Type: Primary Residence Vacation Rental / Investment Co-op Selling/Refinancing

Full Address: _____

Owners: _____

Estimated Value: _____ Approximate Year it was Last Deeded: _____

Parcel/Property/Tax I.D. #: _____

OTHER INFORMATION:

Please list any other information or concerns you feel should be discussed regarding your Estate Planning:

FINANCIAL INFORMATION:

***** It is very important you indicate in each category ownership and dollar amount separately,
as well as total value.*****

MONTHLY INCOME:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investment Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Total Income	\$	\$	\$	\$

ASSETS:

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	DB \$	DB \$	DB \$	DB \$
	CV \$	CV \$	CV \$	CV \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: Savings Bonds you hold Electronic Paper	0-25 26+	0-25 26+	0-25 26+	0-25 26+
Annuities: \$ = original amount CV = current value	\$	\$	\$	\$
	CV	CV	CV	CV
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation <input type="checkbox"/> S-Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Other things you think we should know:
