

# *Kelly M. Davis & Associates*

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ATTORNEYS & COUNSELORS AT LAW

## INITIAL CLIENT QUESTIONNAIRE

### Client's Information

Full name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Residence: \_\_\_\_\_

Previous Marriages: \_\_\_\_\_  
\_\_\_\_\_

- If yes, list terminating event(s) and date(s):

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**Preliminary Statement of Estate Planning Objectives**

In your own words, please state what your present thinking is about what you would have wanted to happen to your assets, particularly any special gifts of particular assets, charitable wishes, etc. and any desires with respect to your remains, should you had passed away last week:

Do you have any children or other dependants? If so, please state each child's information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_
  
- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_
  
- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_

Other dependants (not listed above)?

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date of Birth: \_\_\_\_\_

Note: Please include deceased children, but indicate (D) after name. Please also indicate adopted children by indicating (A) after name.

Do you have a checking account, savings account, securities account or similar type of account that holds cash? If yes, please list the following information for each:

**Cash:**

<b>On Hand and In Named Bank</b>	<b>Type of Account, include CD's, IRA's and other funds managed by bank</b>	<b>Names on Account</b>	<b>Estimated Normal Balance</b>

**Tangible Personal Property**

Do you own any tangible personal property, e.g. autos, household furnishings, stamp collections, books, objects of art and other personal belongings? Include all autos and all substantial items of household furnishings and personal belongings (estimate collective value) owned by you that you deem important enough to single out for special consideration. If so, please list the following information for each:

<b>List of Particular Items or Classes of Property and Location Thereof</b>	<b>Exact Name(s) or Owner(s) and Types of Ownership Interest</b>	<b>Cost at date of acquisition, if known:</b>	<b>Estimated Present Value:</b>

**Intangible Personal Property**

Do you own any intangible personal, e.g., contractual rights, minority stock interests, mutual funds, bonds, favorable law suits, notes, leases, mineral rights, patents, copyrights, mortgages receivable? If yes, please describe below listing the value of the estimated numbers of shares, interests or dollar amounts.

<b>List Particular items or classes of property</b>	<b>Exact Name(s) of owner(s) and types of ownership interest</b>	<b>Cost at date of acquisition, if known</b>	<b>Estimated Present value</b>

**Real Estate**

Do you own any interest in real estate, including oil and gas wells, mines, farms, etc.? If so, please list the following:

<b>Property Description (e.g. residence, unimproved acreage, industrial or business property, types of ownership interests, name(s) of owner(s), etc.</b>	<b>Location (county, state and country, if foreign)</b>	<b>Cost or Value at Date of Acquisition</b>	<b>Title Owner(s)</b>	<b>Estimated Current Market Value</b>

## **Business and Employment Interests**

Do own any business interests, either in the form of a sole proprietorship or a corporation, partnership or limited liability company that you and/or you family and/or other general partners control? If so, list any relevant securities, contracts, employment agreements, options, proxies, voting trusts, restrictions, plans, litigation, liens, rights, obligations, etc. that are necessary for an understanding of these economic interests.

### **Types of Interest:**

**Securities, deferred**

**Individual Retirement Accounts and Annuities**

Do you own an interest in an individual retirement account or annuity? If so, please describe below:

<b>Name</b>	<b>Type</b>	<b>Custodian</b>	<b>Designated Beneficiary</b>	<b>Balance</b>

**Life Insurance**

Do you own a life insurance policy? Additionally, are there any insurance policies on either you or your spouse's life, e.g. policies owned by a lender to secure payment of a loan? If so, please describe below:

<b>Person whose life is insured</b>	<b>Insurance Company</b>	<b>Policy Owner(s)</b>	<b>Approx. Amount of Loan against the policy, if any</b>	<b>Beneficiary (principal &amp; contingent)</b>	<b>Face Value</b>

## **Trust Interests**

During your lifetime, have you ever established a trust, been a beneficiary of any trust, contributed anything to a trust or had the power to appoint or otherwise dispose of any interest in a trust? If so, please describe briefly.

Do you now receive or expect to receive any benefit from a trust or an estate, other than a trust established by anyone under a pension or a profit sharing plan? If so, please describe briefly:

## **Gifting**

During any calendar year prior to January 1, 1982, did you make a gift or gifts the total of which exceeded for that year \$3,000.00 per person or make any gifts to persons other than your spouse or your own children? Please describe, including gifts to any grandchildren.

During any calendar year after December 31, 1981, did you make a gift or gifts the total of which exceeded for that year \$10,000.00 per person or make any gifts to persons other than your spouse or your own children? Please describe, including gifts to any grandchildren.

Did you have any charitable gifts or bequests in mind or are you interested in discussing some of the major advantages of charitable gifting?

**Liabilities**

Do you have liabilities, either individually or jointly, that are not otherwise listed, that exceed \$1,000.00? Are there presently any judgments, court orders, divorce, alimony or support decrees or liens entered against either you or your spouse?

Have you ever given a personal guaranty, surety agreement or pledge of your assets to secure the obligations of persons other than yourself that is currently outstanding and not previously listed?

Are you a general partner in a partnership, a joint venturer in a joint venture, a trustee in a trust of any type or participant in any personal business transactions, which involve or could involve any personal liabilities for you that have not been listed previously? If yes to any of these questions, describe below:

Describe Type, Name of any co-obligor(s), when due, any litigation, any defenses, counterclaims, or contingencies, etc.	Type and approximate value of property which secures particular debts, if any	Name(s) of Creditor(s)	Estimated amounts

Who would you like named as Independent executor in your will?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Relationship to you: \_\_\_\_\_

Alternative Executor?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Relationship to you: \_\_\_\_\_

**Directive (Living Will)**

Would you be interested in a directive (sometimes referred to as a living will) which would state that "if at any time I should have an incurable or irreversible condition caused by injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent or will result within a relatively short time without application of life-sustaining procedures, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. However, my physician is hereby authorized to give such medication necessary to provide for my reasonable comfort until death."

**Organ Donation**

Would you be interested in being an organ donor? If so, do you object to the donation of your entire body?

**Guardianship**

If you should ever become unable to handle your own affairs, would you like to name a guardian to take care of you in your will?

If yes, who shall be named as Guardian?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Relationship to you: \_\_\_\_\_

Alternate Guardian?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
  
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Relationship to you: \_\_\_\_\_

**Medical Power of Attorney**

Would you like a Medical Power of Attorney? This gives the person you name as your agent the authority to make any and all health care decisions for you according to your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself.

If so, who shall be named as Agent?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
  
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Relationship to you: \_\_\_\_\_

Alternate Agent?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
  
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Relationship to you: \_\_\_\_\_

## Power of Attorney

Who would you like to appoint as your Durable Power of Attorney? This power of attorney becomes effective upon my disability or incapacity and basically controls your financial affairs. Usually you would pick the same person that would be name as your Guardian.

If yes, who shall be named as your Power of Attorney?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Relationship to you: \_\_\_\_\_

Alternate?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Relationship to you: \_\_\_\_\_

## Original Document Storage

If you have a specific place in which you plan to keep the originals of your estate planning documents, such as a safety deposit box, please describe and give the name and address of the location (if appropriate). \_\_\_\_\_

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## Trust

Would you be interested in setting up a trust as part of your estate plan for, perhaps, your children or grandchildren? A trust is a legal relationship where a person transfers property to another party (called the trustee) to hold and manage the property for the benefit of certain designated beneficiaries (usually children or grandchildren). A trust can be an effective tool in setting aside funds in a child's name for college without giving the child complete control of the funds immediately upon turning eighteen. A trust can be created to manage the inheritance of the children until they reach certain ages. Trusts can be amended or revoked at any time.

If Yes, who shall be named as your Trustee?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Relationship to you: \_\_\_\_\_

Alternate?

- Full Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Relationship to you: \_\_\_\_\_

Would you like your trustee to be compensated? \_\_\_\_\_

If you have any specific concerns or items you would like to address in the trust, please detail in the space below.