



## CONFIDENTIAL CLIENT QUESTIONNAIRE

The questions below are designed so that Sallen Law, LLC can determine how we can help and best serve you. All information is private. Please provide the following information about yourself and your spouse. (Note: Please note if you are not legally married.)

	You	Your Spouse
<b>Are you a U.S. Citizen:</b>		
<b>Full Legal Name:</b>		
<b>Any Aliases:</b>		
<b>Birth Date:</b>		
<b>If Married, When was your wedding? Day/Month/Year</b>		
<b>State Legally Married in:</b>		
<b>Pre/Post Nuptial Agreement</b>		
<b>Home Address:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>Email:</b>		

### I. FAMILY INFORMATION

Full Legal Name and any alias	Relationship – note if only related on one side	Birth Date	Marital Status	Is anything we should know –i.e. adopted, special mental/physical needs or estranged

**GUARDIANS: If you have any minor children, who would you want to raise your children?**

1. \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

2. \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**PRIOR MARRIAGES**

<b>Name of Prior Spouse</b>	<b>Date of Marriage</b>	<b>Date of Divorce</b>	<b>Date of Death</b>

**PETS**

If applicable, please include a statement describing your wishes for their care.

**PREVIOUS DOCUMENTATION**

Do you have any of the following?

	<b>You</b>	<b>Your Spouse</b>
<b>Last Will &amp; Testament</b>		
<b>Living Will</b>		
<b>Health Care Directive</b>		
<b>Financial Power of Attorney</b>		
<b>Trust – Revocable or Irrevocable</b>		

**DOCUMENTATION FOR ESTATE PLAN ANALYSIS:  
Please bring the following with you when you come for your appointment**

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.
2. Copies of deeds for all real estate holdings wherever situated.
3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.
4. Current personal balance sheet, if available.
5. Copies of life insurance policies and current statements regarding the same.
6. Copies of all beneficiary designation forms for life insurance policies, 401K, retirement plans, etc.

**II. ASSET SUMMARY**

Please use the current value:

**REAL ESTATE**

Street Address – list primary home first	Name on Deed	Fair Market Value	Mortgage Balance	Mortgage Rate

**STOCKS, BONDS AND OTHER SECURITIES**

Description of Security	Number/amount of Shares	Name in which security is held	Fair Market Value	Basis

**LIFE INSURANCE POLICIES**

Name of Company	Name of Insured	Name of Beneficiary	Whole or Term	Death Benefit	Cash Value

**RETIREMENT PLANS**

(Under “Type and Company or Location,” please describe the type of retirement plan, such as pension plan, IRA, 401(k), profit sharing plan, etc. Also, indicate the name of the Company sponsoring the plan or the name of the bank or brokerage acting as custodian of your IRA.)

Owner/Participant	Type and Company of Location	Benefit or Value	Beneficiary

**SAVINGS AND CHECKING ACCOUNTS**

Type	Name on Account	Value	Beneficiary

Other Assets- Please describe any other substantial assets, such as vehicles, vintage cars, boats, motorcycles, art, jewelry, coin collections or other collections, monies owed to you, etc. State the approximate fair market value and indicate the owner and location.

Please describe the content, registered owners, and location of any safe deposit boxes. State the approximate value of the contents.

Please describe any substantial assets that are listed on schedules on your homeowner's insurance policies.

Are there any other concerns that I should be aware of?

What do you hope to get out of our consultation?

Miscellaneous

1. Expected inheritances

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2. List all gifts made by you over \$10,000 in value (date and beneficiary)

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Any gift tax return filed \_\_\_\_ Y \_\_\_\_ N Years filed \_\_\_\_\_

3. List significant debts or obligations other than mortgages listed above

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4. Name and address of your accountant or tax preparer

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