

# ESTATE PLANNING NEW CLIENT QUESTIONNAIRE

Houghton Jones, A.P.C.

All information disclosed on this questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

This form is to be completed by a single person only. If you are married and have received this form in error, please contact our office at (775) 882-1777 for the proper form.

Please return the completed worksheet to our office prior to your appointment via mail or fax.

## PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name on Legal Documents \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Email Address \_\_\_\_\_

US Citizen?  Yes  No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business E-mail \_\_\_\_\_ Business Fax \_\_\_\_\_

Are your parents still living?  Yes  No

Are your grandparents still living?  Yes  No

### Children (by Birth or Adoption)

Name	Birth date	Child of:
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Does any child have special educational, medical or physical needs, or receive governmental benefits?  Yes  No

### Advisors

### Phone Number

Accountant \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Referred to Our Firm by \_\_\_\_\_

**Successors**

Who will serve as guardian for your minor children (if any)?

Guardians	First Choice	
	Second Choice	

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

Financial Successor	First Choice	
	Second Choice	

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

Healthcare	First Choice	
	Second Choice	

**Disposition of Remains:**

- Burial or  Cremation

**Organ Donation:**

- Transplant  
 Research  
 Organ Donation

**Asset Information**

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JT” for joint ownership with someone; “S” for sole ownership; or “T” if owned by a revocable trust that you have created.

**Bank and Savings Accounts.** To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs or 401(k)s here.*

	Financial Institution	Owner	Market Value	Type of Account
Bank & Savings Accounts	1.			
	2.			
	3.			
	4.			
	5.			

**Stocks, Bonds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

	<b>Stock, Bond or Investment Acct</b>	<b>Owner</b>	<b>Market Value</b>	<b>Type of Plan</b>
Stocks and Bonds	1.			
	2.			
	3.			
	4.			
	5.			

**Retirement Accounts.** To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

	<b>Custodial Institution</b>	<b>Owner</b>	<b>Market Value</b>	<b>Type of Account</b>
Retirement Accounts	1.			
	2.			
	3.			
	4.			
	5.			

**Real Estate.** List real estate, such as Personal Residence. Please include city, state and zip code for each property.

	<b>Owner</b>	<b>Market Value</b>	<b>Debt</b>
Real Estate	1.		
	2.		
	3.		
	4.		
	5.		

**Personal Property.** List automobiles, household contents, etc.

	<b>Description</b>	<b>Owner</b>	<b>Market Value</b>	<b>Debt</b>
Personal Property	1.			
	2.			
	3.			
	4.			
	5.			

**Life Insurance Policies and Annuities.** List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

	<b>Issuing Company</b>	<b>Owner</b>	<b>Market Value</b>	<b>Type of Contract</b>
Life Insurance or Annuities	1.			
	2.			
	3.			
	4.			
	5.			

**Other Property.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

	<b>Description</b>	<b>Owner</b>	<b>Market Value</b>
Other Property	1.		
	2.		
	3.		
	4.		
	5.		

### **About Your Goals & Objectives**

What prompted you to schedule this appointment? Don't focus on the tools to be used but rather on the outcomes to be achieved.

<u>Goals</u>	<u>Consequence if Goal Isn't Accomplished</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

## **Additional Documentation**

**General Document Request.** In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Copies of all property tax statements related to real estate owned by you.
- Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- Prenuptial Agreement (if applicable).
- Long-term care policies (if any).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

## Planning Concerns & Anxieties

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	<b><u>Level of Concern (if any)</u></b>			
	<b>None</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Tax Concerns</b>				
Risk of the IRS “inheriting” half the estate when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Concerns</b>				
Risk of persons other than those we select will gain custody of any minor children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits such as Medicaid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Planning Concerns & Anxieties (continued)**

Risk of unnecessary litigation from heirs who receive less than they think they are entitled to.....

Risk of estate passing unequally due to nature of assets owned, such as where a business comprises most of the value of the estate.....

Risk that heirs will not fully appreciate the values and virtues used to create the inheritance.....

Risk that parents, who may need financial assistance, are not provided for.....

**Disability Concerns**

Risk of loss of control over assets in event of disability.....

Risk of legal guardianship in event of disability.....

Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain.....

Risk that health care personnel will not disclose health care information to loved ones due to recent HIPAA privacy rules and lack of proper HIPAA releases.....

Risk of an unnecessary guardianship over an incapacitated adult child in order to make health care decisions for that child.....

**Creditor Concerns**

Risk of frivolous lawsuits.....

Risk of loss of assets to nursing home.....

Risk that a creditor of a joint tenant may seize the jointly-owned property to satisfy the debt of the other joint tenant.....

**Post-Death Concerns**

Risk of unnecessary costs and delays associated with the estate passing through probate.....

Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses.....

Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes.....

Risk of private matters unnecessarily being made public.....

**Planning Concerns & Anxieties (continued)**

**Business Concerns**

Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of lawsuits by employees due to out-of-date or non-existent employee agreements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of business failure due to the lack of a business succession plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or under funded.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>