



CONFIDENTIAL LIFE CARE PLANNING QUESTIONNAIRE

Please answer the questions below in as much detail as possible. This will help facilitate the productive use of our time at our meeting together. Please return this confidential form prior to your meeting with me, if possible.

Please use N/A to indicate not applicable. If additional space is needed, please write on the back of page or attach additional pages.

SPOUSE #1

Full Name _____

Any other name(s) used currently? _____

Any other name(s) previously used? _____

Date of Birth: _____ Are you a United States Citizen? [] Yes [] No

Place of Birth: _____ If "NO", Country of Citizenship _____

Social Security Number: _____ Are you a Veteran? [] Yes [] No

Home Address: _____

[] Own [] Rent How long have you resided there? _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Fax Number: _____

E-mail Address: _____

Have you been married previously? [] Yes [] No If "Yes", please tells us:

Name of former spouse: _____ Date and location of Marriage: _____

If marriage ended by divorce, list date of final judgment: _____

If marriage ended by death, list date of death and location of death certificate: _____

Do you have any health concerns? If so, what are they? _____

SPOUSE #2

Full Name _____

Any other name(s) used currently)? _____

Any other name(s) previously used? _____

Date of Birth: _____ Are you a United States Citizen Yes No

Place of Birth: _____ If "NO", Country of Citizenship _____

Social Security Number: _____ Are you a Veteran? Yes No

Is the home address and contact info all the same as spouse? Yes No

If "NO", please provide us with any information that is different:

Home Address: _____

Own Rent How long have you resided there? _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Fax Number: _____

E-mail Address: _____

Have you been married previously? Yes No If "Yes", please tells us:

Name of former spouse: _____ Date and location of Marriage: _____

If marriage ended by divorce, list date of final judgment: _____

If marriage ended by death, list date of death and location of death certificate: _____

Do you have any health concerns? If so, what are they? _____

CHILDREN

Please list all of your living children and indicate if any are the children of only one spouse:

Name: _____

Child of [] both spouses or

[] one spouse, name _____

Date of Birth: _____

Address: _____

Phone #'s: _____

E-mail: _____

Spouse: _____

Children: _____

Name: _____

Child of [] both spouses or

[] one spouse, name _____

Date of Birth: _____

Address: _____

Phone #'s _____

E-mail: _____

Spouse: _____

Children: _____

Name: _____

Child of [] both spouses or

[] one spouse, name _____

Date of Birth: _____

Address: _____

Phone #'s: _____

E-mail: _____

Spouse: _____

Children: _____

Name: _____

Child of [] both spouses or

[] one spouse, name _____

Date of Birth: _____

Address: _____

Phone #'s _____

E-mail: _____

Spouse: _____

Children: _____

Do you plan on having any more children? Yes No

Do you have any dependents other than you minor children (that is, someone who depends on you, in whole or in part, for their support)? Yes No

If yes, who: _____

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, do any have any major disabilities? Yes No

If yes, who: _____

Have you decided who should be guardians of minor children? If so, please list below, in order of preference:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

DECEASED CHILDREN

List any deceased children including their full name, date of birth and date of death:

List any living issue (children) of your deceased child, including full name and date of birth:

OTHER BENEFICIARIES

Please list the name, relationship and contact information of anyone else that you may wish to include in your estate plan:

1. **Name:** _____

2. **Name:** _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

3. **Name:** _____

4. **Name:** _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people? [] Yes [] No

If yes, please give us their full names, relationships to you, and addresses. Please provide a brief explanation of why you're disinheriting.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

Explanation: _____

AGENTS

Have you decided who should be in charge of handling the administration of your Estate upon your incapacity or death? If so, please list below, in order of preference.

1. **Name:** _____

2. **Name:** _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

3. **Name:** _____

4. **Name:** _____

Address: _____

Address: _____

Phone #'s: _____

Phone #'s: _____

Relationship: _____

Relationship: _____

Example Checklist of Items to Bring to your Initial Meeting

Instructions: Please provide us with as much of this information prior to your initial meeting as possible; otherwise, please bring this information with you to the meeting. This is not an all-inclusive list of items that may be applicable to your case; the attorney working with you may request more documents later.

	ID card: (ex. California Driver's License, ID card issued by the Department of Motor Vehicles (DMV), U.S. citizenship or alien status documents (passport) and /or "green" card, School I.D. Card
	Birth Certificate (if possible) or information regarding date and place of birth
	Social Security Card or document containing Social Security Number
	Marriage License/Certificate(s); if applicable
	Death Certificate(s) or Divorce Decree(s); if applicable
	Employment information (if employed within the last 12 months) (ex. paystubs, W-2)
	Statements for interest or dividend income
	Social Security, Pension, or other income statements
	Financial Institution Statements (checking/savings accounts, IRA's, 401k's, investment accounts, etc.
	Life Insurance Statements
	Stocks and Bonds statements
	Deeds and Property Tax Statements for each piece of real estate
	Military Discharge Papers (DD-214), if applicable
	Any and all documents relating to military Service Connected disability, if any (cause & treatment)
	Estate Planning Documents, if there are any in place