

TODAY'S DATE: _____

GARNER LAW FIRM, P.C.
ATTORNEY AT LAW

GARNER LAW FIRM, P.C.

NEW CLIENT QUESTIONNAIRE – ESTATE PLANNING

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 **single** persons only. If you are married and have received this form in error, please contact our office at (817) 261-5222 so that we may provide you with the proper form.

PERSONAL INFORMATION

Full Legal Name: _____ Nickname: _____

Name you prefer on Legal Documents: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Preferred Contact: Home Phone / Cell Phone / Email

Date of Birth: _____ US Citizen? Yes No

Employer: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Are you a Veteran? Yes No Are you the Surviving Spouse of a Veteran? Yes No

If yes, please list dates of service for the Veteran: _____

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes No

ADVISORS:

Accountant: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Insurance Agent: _____ Phone: _____

Who referred you to our Firm? _____

CHILDREN (BY BIRTH OR LEGAL ADOPTION)

Name: _____ Date of Birth: _____ Sex: Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email address: _____
 Marital Status: Married Single Does this child have any children? Yes No

Name: _____ Date of Birth: _____ Sex: Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email address: _____
 Marital Status: Married Single Does this child have any children? Yes No

Name: _____ Date of Birth: _____ Sex: Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email address: _____
 Marital Status: Married Single Does this child have any children? Yes No

Name: _____ Date of Birth: _____ Sex: Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email address: _____
 Marital Status: Married Single Does this child have any children? Yes No

Name: _____ Date of Birth: _____ Sex: Male / Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email address: _____
 Marital Status: Married Single Does this child have any children? Yes No

NOTE: Does any child have special educational, medical or physical needs, or receive governmental benefits?
 Yes No If so, please print "S" by the child's name above.

Who will serve as Executor of your will?

Your Responses

Executors	First Choice	
	Second Choice	
	Third Choice	

Who will inherit your wealth upon your death?

Your Responses

Beneficiaries	First Choice	
	Second Choice	
	Third Choice	

Specific Notes concerning the distribution of wealth: _____

Who will serve as guardian of your minor children?

Your Responses

Guardians	First Choice	
	Second Choice	
	Third Choice	

If you were incapacitated, who would make your financial decisions?

Your Responses

Financial Successors	First Choice	
	Second Choice	
	Third Choice	

If you were incapacitated, who would make your medical decisions?

Your Responses

Medical Successors	First Choice	
	Address	
	Telephone	
	Second Choice	
	Address	
	Telephone	
	Third Choice	
	Address	
	Telephone	

Living Will Decisions

If you were suffering with a terminal condition from which you are expected to die within six months, do you wish to decline treatments and be allowed to pass away, or would you prefer to be kept alive in this terminal condition?

- Decline Treatment Be Kept Alive

If you were suffering with an irreversible condition where you were unable to care for yourself or make decisions for yourself, and you are expected to die without life sustaining treatment, do you wish to decline treatments and be allowed to pass away, or would you prefer to be kept alive in this terminal condition?

- Decline Treatment Be Kept Alive

HIPAA – Health Information Disclosure

Please list the names of persons that you want to have access to your medical information and records.

YOUR ASSET INFORMATION

	Income Sources	Payee	Gross Income/Amount	Net Income/Month
Sources of Income	1.			\$
	2.			\$
	3.			\$

	Financial Institution	Account Type	Owner	Account Balance
Bank and Savings Accounts	1.			\$
	2.			\$
	3.			\$

	Financial Institution	Account Type	Annuitant/Beneficiary	Account Value
Annuities	1.			\$
	2.			\$
	3.			\$

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.*

	Stock, Bond or Investment Acct	Owner	Account Type	Account Value
Stocks and Bonds	1.			\$
	2.			\$
	3.			\$

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

	Custodial Institution	Owner	Type of Plan	Account Value
Retirement Accounts	1.			\$
	2.			\$
	3.			\$
	4.			\$

		Owner	Balance Owed	Cash Value
Real Estate	1.			
	2.			
	3.			

	Insurance Company/Account Number	Type	Owner	Insured	Death Benefit	Cash Value
Life Insurance	1.					
	2.					
	3.					

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.

	Description	Owner	Market Value
Other Property	1.		
	2.		
	3.		

ADDITIONAL IMPORTANT ISSUES

Are you currently receiving, or are you entitled to receive, any money or other types of assets from a trust set up by someone? Yes No

If yes, please explain: _____

Do you expect to receive an inheritance in the future from parents, relatives, or friends? Yes No If yes, please estimate the value of the inheritance you expect. \$ _____

ADDITIONAL DOCUMENTATION TO BRING TO YOUR CONSULTATION

In some instances, it is necessary for us to review other documents before making planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing estate planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Copies of the most recent statement evidencing your ownership of bank accounts, investment account, retirement accounts, and annuities
- Copies of all deeds to real estate owned by you.
- Prenuptial Agreement (if applicable).
- Long-Term Care Policies (if applicable).

PLANNING CONCERNS AND ANXIETIES

To be Completed by You

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 I 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.

	None	Low	Medium	High
Tax Concerns				
1. <i>Estate Taxes.</i> I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Capital Gains Taxes.</i> I have an asset that I'm thinking about selling and I'd like to know how to reduce or eliminate any capital gains taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Income Taxes.</i> I have significant income from investment assets and I'd like to know if there is any way to reduce or eliminate the amount of income taxes I pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Interest Expense.</i> I pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if I can reduce the amount of interest I pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Concerns				
5. <i>Custodian of Minor Children.</i> I'm concerned that if I were to die, my children will be placed in the custody of someone other than whom I select.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Beneficiaries' Creditors.</i> I'm concerned that my children or other beneficiaries will lose any inheritance to creditors, lawsuits, or divorcing spouses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Fiscal Immaturity.</i> I'm concerned that my children or other beneficiaries will lose their inheritance due to their mismanagement of money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Children-In-Law.</i> I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance I might leave to my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <i>Mismanagement.</i> I'm concerned that the person(s) in charge of managing my children's or grandchildren's inheritance might squander or mismanage the funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <i>Grandchildren's Education.</i> I'm concerned that my children might not provide for my grandchildren's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

None Low Medium High

- 11. ***Making Beneficiary Ineligible for Governmental Benefits.*** I have an individual that I would like to benefit in my estate planning who is currently receiving governmental benefits but who might lose eligibility if they inherit assets.
- 12. ***Family Disputes.*** I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they've received less than they should have received.
- 13. ***Hard-to-Divide Assets.*** My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided.
- 14. ***Values & Virtues.*** I'm concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening.
- 15. ***Planning for Parents.*** I'm concerned that my parents will need financial assistance if we were to die prematurely.

Disability Concerns

- 16. ***Guardianship.*** I'm concerned that if I were to become disabled, I would need a guardianship so that someone would have the legal ability to make healthcare and financial decisions for me.
- 17. ***HIPAA.*** My current planning does not reflect the HIPAA privacy rules and I'm concerned that if something happened to me, health care personnel might not disclose information to my loved ones.
- 18. ***Disability of Single, Adult Children.*** I'm concerned that if a single, adult child of mine became disabled, that I would not have the legal ability to make decisions for my child or be informed about my child's health situation due to HIPAA privacy rules.

Creditor Concerns

- 19. ***Frivolous Lawsuits.*** I'm concerned about my assets being taken through frivolous lawsuits.
- 20. ***Nursing Home.*** I'm concerned about my assets being lost to the nursing home.

None Low Medium High

21. **Creditors of Jointly Owned Property.** I have property owned as joint tenants with someone, and I'm concerned that a creditor of that other person could take the entire property.

Post Death Concerns

22. **Probate.** I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding.

23. **Fire Sale.** I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe.

24. **Liability of Executor.** I'm concerned that the person I've named as my Executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for serving as Executor.

25. **Privacy.** I'm concerning about my affairs being made public and would prefer to keep my affairs private.

Business Concerns

26. **Validity of Corporate Shield.** I own a corporation of limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.

27. **Employee Lawsuits.** I'm concerned that my employees might sue because of an out-of-date or non-existent employee agreements.

28. **Business Succession Plan.** I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.

29. **Out-of-Date Buy-Sell Agreement.** I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have the funds to buy out my interest if I were to die.

Financial Concerns

30. **Standard of Living.** I'm concerned that I might not be able to maintain my current standard of living during retirement.

31. **Exhaustion of Assets During Disability.** I'm concerned my assets might be completely consumed to pay for my care in the event of a disability.

CHARITABLE CAUSES

Please list any charitable causes you have or that you support with either your time or financial resources:

Recent studies conducted for those in service professions like attorneys, accountants, clergy, etc. have indicated that you can tell a lot about an individual’s learning preferences based on their favorite type of cake. What is your favorite cake? Chocolate, white cake, red velvet, Italian cream, etc.

My favorite cake is: _____

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 you wish to achieve.

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

YOUR EXPECTATIONS OF US

Meeting your expectations in the estate planning process is very important to our Firm, but in order to do that we need to know in advance what those expectations are. Please describe your expectations of us should you decide to hire us to prepare and implement your estate plan for you.
