

CLIENT CONFIDENTIAL QUESTIONNAIRE

Please complete the enclosed questionnaire with as much information as possible and return it to Goldinov & McCauley, PLC at least two days prior to your initial private planning consultation. If you are unable to return the questionnaire prior to your scheduled meeting, be sure to bring it with you.

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ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL INFORMATION	Client 1 ("C1")	Client 2 ("C2")
1. Full legal name	_____	_____
2. Signature name	_____	_____
3. Age	_____	_____
4. Birth date	_____	_____
5. Social Security Number	_____	_____
6. Address	_____ _____	_____ _____
7. Phone number – Work	_____	_____
– Home	_____	_____
– Fax	_____	_____
– Email	_____	_____
8. Date of marriage	_____	
9. Place of marriage	_____	
10. U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Employer	_____	_____
Employer Address	_____	_____
Employer Phone	_____	_____
12. County of residence	_____	_____

*** IF YOU NEED ADDITIONAL SPACE FOR ANY OF YOUR ANSWERS, PLEASE ATTACH EXTRA PAGES AS NEEDED. PLEASE NUMBER ALL ADDITIONAL INFORMATION TO CORRESPOND WITH THE APPROPRIATE SECTION OF THE QUESTIONNAIRE.**

B. CHILDREN

1. Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Social Security Number: _____ Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Grandchildren: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Social Security Number: _____ Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Grandchildren: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Social Security Number: _____ Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Grandchildren: Yes No If yes, number _____

Full name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
Social Security Number: _____ Child of? Both C1 C2
Married: Yes No Spouse's name: _____
Grandchildren: Yes No If yes, number _____

If you have more children, please attach an additional page with the requested information for each child.

2. Do you have children of prior marriage(s) not listed above? Yes No
If so, please list the information requested above.
3. Do you have any children that have predeceased you? Yes No
If so, please list name(s) _____
4. Did that/those child(ren) have any children? Yes No
If so, please list name(s) _____

5. Are there any adopted children in the family? Yes No
 If so, please list name(s) _____
6. Are there any children who are living as family members and considered family members who have not been adopted? Yes No
 If so, please list name(s) _____
7. Are any of your children disabled in any way? Yes No
 If so, please list name(s) and identify disability: _____

C. PARENTS

1. Surviving parent's name _____
2. Address _____

3. Telephone number _____
4. Age _____

D. INHERITANCES

1. Have you received any significant gifts or inheritance? Yes No
2. Have you kept these assets segregated from other assets? Yes No

If yes, how have they been segregated?

3. Do you anticipate any future substantial gifts or inheritance? Yes No

If so, from whom and in what amount?

E. PRIOR MARRIAGES

1. To whom? _____
2. How and when ended? _____

F. **FINANCIAL INFORMATION**

BALANCE SHEET
(summary of information previously provided)

Assets:

Real Estate	_____
Cash and Cash Equivalents	_____
Securities	_____
Other Financial and Security Interests	_____
IRA's or Retirement Plans	_____
Life Insurance	_____
Annuities	_____
Motor Vehicles	_____
Personal Valuables	_____
Household Goods	_____
Farm Personal Property	_____
All Other Assets	_____
TOTAL ASSETS:	_____

Liabilities:

Real Estate	_____
Other Financial and Security Interests	_____
Life Insurance	_____
Motor Vehicles	_____
Personal Valuables	_____
Household Goods	_____
Farm Personal Property	_____
All Other Liabilities	_____
TOTAL LIABILITIES:	_____

G. **KEY ADVISORS**

1. Please list the names and addresses of your various advisors

CPA	Name: _____
	Address: _____
	Phone Number: _____
Financial Advisor	Name: _____
	Address: _____
	Phone Number: _____

H. MISCELLANEOUS QUESTIONS

1. Are all of the people listed in your questionnaire U.S. citizens? Yes No
2. Does any family member receive Social Security, disability or other governmental benefits? Yes No
3. Do you presently qualify for veteran disability exemptions? Yes No
4. Have you ever filed a federal gift tax return? Yes No
5. Do you have a prepaid funeral or cremation plan? Yes No
6. Do you have long term care insurance? Yes No
7. Have you or any of your family members been institutionalized? Yes No
8. Do you intend to leave a bequest to any charitable organizations? If so, please list their names and addresses. Yes No
9. Do you have any specific burial requests or directions? Yes No
10. Is C1 or C2 making payments pursuant to a divorce or property settlement agreement? (Please furnish copy) Yes No
11. Is C1 or C2 obligated to name a child as a beneficiary on any life insurance policy pursuant to a judgment of divorce? (Please furnish copy) Yes No
12. Has C1 or C2 ever been widowed (if a federal estate tax return or a state death tax return was filed, please furnish a copy) Yes No
13. Have you lived in a state other than Arizona while married to your current spouse? Yes No
14. Do C1, C2, or any of your children have a learning disability? Yes No
15. Do any of your children have any special educational, medical, or physical needs? Yes No
16. Do you provide primary or other major financial support to adult children? Yes No
17. Does C1 or C2 have any health concerns? Yes No

LIST OF DOCUMENTS NEEDED:

1. Prior will or trusts executed and currently in effect
2. Any health care documents executed including living wills, health care powers of attorney, durable powers of attorney, declaration to physicians, etc.
3. Any existing marital property agreements including prenuptial or postnuptial agreements

I/We the undersigned have provided this information to Goldinov & McCauley, PLC with the understanding that they will use it in designing, implementing, and funding my/our estate plan. The information is true and correct to the best of my/our knowledge. I/We will not hold Goldinov & McCauley, PLC liable for any omissions or errors I/we have made in completing this form. I/We hereby expressly direct Goldinov & McCauley, PLC to rely on the information I/we have provided in this document to create and maintain my/our estate plan. If my/our financial situation changes in the future it shall be my/our duty to notify Goldinov & McCauley, PLC of any change.

Client's signature (C1)

Date: _____

Client's signature (C2)

Date: _____