

**CLIENT QUESTIONNAIRE**

Today's Date: \_\_\_\_\_

Type of Case: \_\_\_\_\_

**1. CLIENT 1**

**CLIENT 2**

First Name: \_\_\_\_\_ . M.I. \_\_\_\_\_

\_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

\_\_\_\_\_

Other Names Used: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Home E-Mail: \_\_\_\_\_

\_\_\_\_\_

**We will e-mail you our quarterly newsletter. Please check here if you do NOT wish to receive our newsletter** \_\_\_\_\_

Family/Friends who may be interested in our newsletter? E-mail: \_\_\_\_\_

Home Fax: \_\_\_\_\_

\_\_\_\_\_

Health Status: \_\_\_\_\_

\_\_\_\_\_

United States citizen? YES \_\_\_ NO \_\_\_

YES \_\_\_ NO \_\_\_

Are you a United States Veteran? YES \_\_\_ NO \_\_\_

YES \_\_\_ NO \_\_\_

If married, date of marriage \_\_\_\_\_

\_\_\_\_\_

First marriage? YES \_\_\_ NO \_\_\_

YES \_\_\_ NO \_\_\_

If No, first marriage terminated by: \_\_\_ Death \_\_\_ Divorce

\_\_\_ Death \_\_\_ Divorce

**2. HOW DID YOU HEAR ABOUT US?**

\_\_\_ Personal Referral

\_\_\_ Professional Referral (i.e. attorney, accountant, financial advisor, etc.)

Please share who we have to thank for your referral \_\_\_\_\_

\_\_\_ Other

Please specify (i.e. Google, newspaper article, attorney presentation) \_\_\_\_\_

3. **EMPLOYMENT AND INCOME INFORMATION** – if retired, please list place of last employment

**CLIENT 1**

Working     Retired

**CLIENT 2**

Working     Retired

Occupation: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Bus. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bus. Phone: \_\_\_\_\_

\_\_\_\_\_

Bus. Fax: \_\_\_\_\_

\_\_\_\_\_

Work E-Mail: \_\_\_\_\_

\_\_\_\_\_

Employment Income  
(if working) : \_\_\_\_\_

\_\_\_\_\_

Pension Income: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. Retirement Benefits: \_\_\_\_\_

\_\_\_\_\_

Other Income: \_\_\_\_\_  
(i.e. Trust income, Disability, Rental income)

\_\_\_\_\_

Are you receiving:

Supplemental Security Income (SSI)?      YES \_\_\_\_ NO \_\_\_\_

YES \_\_\_\_ NO \_\_\_\_

Social Security Disability Insurance (SSDI)?      YES \_\_\_\_ NO \_\_\_\_

YES \_\_\_\_ NO \_\_\_\_

Health Insurance Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **FAMILY INFORMATION**

a. **Children**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Health: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child of:     This marriage     Prior marriage

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Health: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child of:  This marriage  Prior marriage

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Health: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child of:  This marriage  Prior marriage

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Health: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child of:  This marriage  Prior marriage

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Health: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child of:  This marriage  Prior marriage

Do you have a child who has died leaving children?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do any children or grandchildren above have special needs?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do any children or grandchildren above receive \_\_\_\_\_ Supplemental Security Income (SSI)

\_\_\_\_\_ MassHealth \_\_\_\_\_ Social Security Disability Insurance (SSDI)

**b. Partners/Significant Others/Parents/Siblings/Other Significant Relatives**

Name: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**5. OTHER ADVISORS**

Do you have any of the following advisors?		Name/Phone	May SSB speak with and share information with this advisor?
Accountant	YES ___ NO ___	_____	YES ___ NO ___
		_____	
Investment Advisor	YES ___ NO ___	_____	YES ___ NO ___
		_____	
Insurance agent	YES ___ NO ___	_____	YES ___ NO ___
		_____	
Business or other Attorney	YES ___ NO ___	_____	YES ___ NO ___
		_____	

**6. FINANCIAL INFORMATION**

**a. Real Estate** (primary residence, vaca. home, timeshare, vacant land - give address and indicate value and ownership)

Property Address	Client 1	Client 2	Joint
i) _____	\$ _____	\$ _____	\$ _____
Outstanding Mortgages/Lines of Credit	(\$ _____)	(\$ _____)	(\$ _____)
ii) _____	\$ _____	\$ _____	\$ _____
Outstanding Mortgages/Lines of Credit	(\$ _____)	(\$ _____)	(\$ _____)

**b. Cash**

i) Checking/Savings

- 1) Name(s) on Account \_\_\_\_\_  
 Institution Name \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 2) Name(s) on Account \_\_\_\_\_  
 Institution Name \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 3) Name(s) on Account \_\_\_\_\_  
 Institution Name \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_

ii) CD's

- 1) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 2) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 3) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_

c. **Investments (Non-retirement, see next page for IRA and 401k)**

i) Mutual Funds/Investment Accounts

- 1) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 2) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 3) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Balance \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_

ii) Stocks/Bonds

- 1) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 2) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_
- 3) Name(s) on Account \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
POD/TOD Beneficiary? Y / N If yes, who? \_\_\_\_\_

**d. IRA Account(s)**

- i) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_
- ii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_
- iii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

**e. Pension/401K/Profit Sharing/403B**

i) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

ii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

iii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

iv) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

**f. Annuities**

i) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  Qualified  Non-qualified  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

ii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_ Qualified \_\_\_\_\_ Non-qualified \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

iii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_ Qualified \_\_\_\_\_ Non-qualified \_\_\_\_\_  
Primary Beneficiary(ies) \_\_\_\_\_  
Contingent Beneficiary(ies) \_\_\_\_\_

**g. UTMA/UGMA/529 accounts**

i) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_

ii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_

iii) Owner(s) \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value \$ \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_



**h. Tangible Personal Property (Automobiles, collections, jewelry, and other personal items of value)**

- i) Description \_\_\_\_\_  
Value\$ \_\_\_\_\_
- ii) Description \_\_\_\_\_  
Value\$ \_\_\_\_\_
- iii) Description \_\_\_\_\_  
Value\$ \_\_\_\_\_
- iv) Description \_\_\_\_\_  
Value\$ \_\_\_\_\_
- v) Description \_\_\_\_\_  
Value\$ \_\_\_\_\_

**i. Other (specify)**

- i) Held in the name of \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value\$ \_\_\_\_\_
- ii) Held in the name of \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value\$ \_\_\_\_\_
- iii) Held in the name of \_\_\_\_\_  
Institution Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Value\$ \_\_\_\_\_

**7. LIABILITIES**

	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>
<b>a. Car Loan(s)</b>	\$ _____	\$ _____	\$ _____
<b>b. Credit Cards</b>	\$ _____	\$ _____	\$ _____
<b>c. Other</b>	\$ _____	\$ _____	\$ _____

**8. LIFE INSURANCE**

**a. Client 1:**

	Policy (1)	Policy (2)	Policy (3)
Owner:	_____	_____	_____
Insured:	_____	_____	_____
Beneficiary:	_____	_____	_____
Contingent Bene:	_____	_____	_____
Death Benefit/ Face Value:	\$ _____	\$ _____	\$ _____
Cash Value:	\$ _____	\$ _____	\$ _____
Type:	_____ Term _____ Whole Life	_____ Term _____ Whole Life	_____ Term _____ Whole Life
Company:	_____	_____	_____
Policy No.:	_____	_____	_____

**b. Client 2:**

	Policy (1)	Policy (2)	Policy (3)
Owner:	_____	_____	_____
Insured:	_____	_____	_____
Beneficiary:	_____	_____	_____
Contingent Bene:	_____	_____	_____
Death Benefit/ Face Value:	\$ _____	\$ _____	\$ _____
Cash Value:	\$ _____	\$ _____	\$ _____
Type:	_____ Term _____ Whole Life	_____ Term _____ Whole Life	_____ Term _____ Whole Life
Company:	_____	_____	_____
Policy No.:	_____	_____	_____

**9. BUSINESS INTERESTS**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Taxpayer ID No. \_\_\_\_\_

Date of Formation: \_\_\_\_\_

State of Formation: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sub-S Corp. \_\_\_\_\_ C Corp.

\_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Limited Liability Company (LLC)

\_\_\_\_\_ Limited Liability Partnership (LLP)

Description of Business: \_\_\_\_\_

\_\_\_\_\_

Name of Business Owner(s):	Age	% Of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a Buy-Sell Agreement? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have life insurance funding this agreement? YES \_\_\_\_\_ NO \_\_\_\_\_

Names of Key Personnel:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

Fiscal Period Ending? \_\_\_\_\_

Accountant's Name \_\_\_\_\_

Address: \_\_\_\_\_

Value of Business \$ \_\_\_\_\_

**10. OTHER INFORMATION**

**a. Existing Legal Documents**

Client 1

Client 2

Do you have a Will? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Health Care Proxy? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Living Will? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Revocable Trust? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a Power of Attorney? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any Realty Trusts? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If married, do you have:  
pre-marital agreement? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

post-nuptial agreement? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If divorced/single, do you have:  
divorce agreement? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide a copy  
continuing child support obligation? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

continuing alimony obligation? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

obligation to maintain life insurance? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

other obligations? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

**b. Safe Deposit Box/Storage Facility**

Do you have a safe deposit box? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Location: \_\_\_\_\_

Persons with access to box: \_\_\_\_\_

Do you have a storage facility? YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Location: \_\_\_\_\_

Persons with access: \_\_\_\_\_

	<u>Client 1</u>	<u>Client 2</u>
c. <u>Gifts and Inheritances</u>		
Do you expect any significant gifts or inheritances in the future?	YES ___ NO ___	YES ___ NO ___
If yes, from whom and approximate size: _____		
Are you currently the beneficiary of a Trust created by someone else?	YES ___ NO ___	YES ___ NO ___
Do you make or intend to make gifts to any person?	YES ___ NO ___	YES ___ NO ___
Have you ever filed a gift tax return?	YES ___ NO ___	YES ___ NO ___
d. <u>Long Term Care Insurance</u>		
Do you have long term care insurance?	YES ___ NO ___	YES ___ NO ___
If yes, please provide us with a copy of your policy.		
e. <u>Pets</u>		
Do you have any pets?	YES ___ NO ___	YES ___ NO ___
How many pets do you have? What type of pets do you have? _____		
Do you want to provide for your pets in your estate plan?	YES ___ NO ___	YES ___ NO ___
f. <u>Frequent Flyer Miles/Points</u>		
Do you have frequent flyer miles or reward points?	YES ___ NO ___	YES ___ NO ___
If yes, what airline/company? _____		
g. <u>Digital Assets</u>		
Do you have:		
On-line business accounts including on-line revenue streams?	YES ___ NO ___	YES ___ NO ___
Domain Name Hosting and Web Hosting?	YES ___ NO ___	YES ___ NO ___
On-line File Sharing and File Storage Accounts?	YES ___ NO ___	YES ___ NO ___
Financial and E-Commerce Websites?	YES ___ NO ___	YES ___ NO ___
Social Media and Network Websites?	YES ___ NO ___	YES ___ NO ___
Email Accounts?	YES ___ NO ___	YES ___ NO ___
Computers and Other Digital Devices?	YES ___ NO ___	YES ___ NO ___
h. <u>Unique Assets (i.e. antique cars, wine collection, etc.)</u>		
_____		
_____		
_____		
_____		
_____		
_____		

- i. Post-Death Instructions Client 1 Client 2
- Do you own a burial plot? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- Do you have specific burial/cremation/funeral instructions you would like to include in your estate plan? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- j. Copyright/Trademark/Patents Client 1 Client 2
- Do you own or hold any copyrights, trademarks or patents? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- If yes, please provide details: \_\_\_\_\_
- 
- k. Lawsuits/Judgements Client 1 Client 2
- Are you currently a party to a pending lawsuit? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- Do you anticipate being a party to a lawsuit in the near future? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- Is there an outstanding judgement against you? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- Do you have liability concerns? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_
- Do you anticipate filing for bankruptcy in the near future? YES \_\_\_ NO \_\_\_ YES \_\_\_ NO \_\_\_

**11. PLANNING GOALS**

Please rate the following as to how important they are to you:

H=high concern

S=some concern

L=low concern

N/A=no concern or not applicable

<b>Description of Concern or Goal</b>	<b>Level of Concern</b>
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	
Provide for and protect spouse or significant other.	
Provide for and protect children.	
Provide for and protect grandchildren.	
Disinherit a family member.	
Provide for charities.	
Plan for the transfer of a family business.	
Avoid or reduce estate taxes.	
Avoid probate/reduce administration costs at death.	
Avoid Will contests or other disputes at death.	
Avoid involvement of the probate court in case of incapacity.	
Protect assets from lawsuits or creditors.	
Preserve your privacy in case of incapacity or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	
Plan for a child or grandchild with disabilities or special needs, such as medical or learning disabilities.	
Protect children's inheritance from the possibility of failed marriage, other creditors.	
Protect children's inheritance in the event of a surviving spouse's remarriage.	
Provide instructions for end of life care.	
Provide burial/cremation/funeral instructions.	
Other concerns or goals (please list below):	