



Attorneys & Counselors at Law

801 C Sunset Drive, Suite 100, Johnson City, TN 37604 | 423.434.2999 • 608 Mabry Hood Road, Knoxville, TN 37932 | 865.684.1920 • 740 Pollard Road, Sevierville, TN 37764 | 865.932.3441

FAMILY QUESTIONNAIRE

Date Completed: _____

Husband

Responsible Attorney: _____

Contact Information

| | |
|--------------------------------------|--|
| Full Name _____ | Signature Name _____ |
| Street Address _____ | (How you usually sign legal documents) |
| City, State, Zip _____ | |
| County _____ | |
| Phone Number(s): () _____ () _____ | () _____ () _____ |
| Home Cell | Work Other |
| E-Mail Address(es): _____ | |

Other Information

| | |
|--|--------------------------------------|
| Occupation _____ | Employer _____ |
| Date of Birth _____ | Social Security Number _____ |
| Date Domicile Established in State _____ | Date of Marriage _____ |
| US Citizen? _____ | If no, Country of Citizenship: _____ |

Wife

Contact Information

| | |
|--------------------------------------|--|
| Full Name _____ | Signature Name _____ |
| Street Address _____ | (How you usually sign legal documents) |
| City, State, Zip _____ | |
| County _____ | |
| Phone Number(s): () _____ () _____ | () _____ () _____ |
| Home Cell | Work Other |
| E-Mail Address(es): _____ | |

Other Information

| | |
|--|--------------------------------------|
| Occupation _____ | Employer _____ |
| Date of Birth _____ | Social Security Number _____ |
| Date Domicile Established in State _____ | Date of Marriage _____ |
| US Citizen? _____ | If no, Country of Citizenship: _____ |

Children's Information

Joint Children

| Child's Full Name | Address | Date of Birth | Marital Status | # of Children |
|-------------------|---------|---------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Children's Information (continued)

Husband's Children from a Prior Relationship

| Child's Full Name | Date of Birth | Address | Marital Status | # of Children | Mother's Name |
|-------------------|---------------|---------|----------------|---------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Wife's Children from a Prior Relationship

| Child's Full Name | Date of Birth | Address | Marital Status | # of Children | Father's Name |
|-------------------|---------------|---------|----------------|---------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Were any children or grandchildren born out of wedlock?

Were any children or grandchildren adopted?

Other Advisors

| | | |
|-------------------------|-----------------------|---------------------|
| Accountant _____ | Insurance Agent _____ | Banker _____ |
| Financial Advisor _____ | Other Advisor _____ | Other Advisor _____ |

Miscellaneous Information - Please add additional pages if necessary.

Do you currently have Estate Planning documents in place? (If so, please bring them with you.)

Do you currently have a marital or premarital agreement in place? (If so, please bring it with you.)

Have you ever filed gift tax returns? (If so, please bring them with you.)

May we have copies of any of the following (please bring with you if relevant):

1) Recent personal and corporate tax return? 2) Incorporation or partnership documents (if you own a business)?

3) Personal financial statements? 4) Business financial statements?

Are all beneficiaries US Citizens?

Do any beneficiaries have special needs (mental or physical)?

Do you have serious health problems or other similar pressing concerns?

Do you have a specific deadline for completion of Estate Planning documents? (Travel plans; surgery; etc.)

Do you have a particular motivation for planning (e.g., guardianship, tax minimization, probate avoidance, family concerns)?

Are you financially responsible for the care of others (disregard minor or student children)?

Are you expecting a significant inheritance or are otherwise named as the beneficiary of a trust established by others?

Were you referred to us? By whom?

Please help us to understand your goals by listing them below and ranking their priority:

| Priority: | Goal: |
|-----------|-------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Examples:

- Financial Adequate Income, Safety, Growth, Business Succession, Asset Protection, Tax Reduction...
- Family Family Protection and Harmony, Increased Leisure, Support of Charity or Parents, Children's Education...
- After Death Pass Assets to Children/Grandchildren, Estate Tax Reduction, Asset Protection, Business Succession...



Attorneys & Counselors at Law

801C Sunset Drive, Suite 100, Johnson City, TN 37604 | 423.434.2999

740 Pollard Road, Sevierville, TN 37764 | 865.932.3441 • 608 Mabry Hood Road, Knoxville, TN 37932 | 865.684.1920

ASSET QUESTIONNAIRE

Client Name:

Date Completed:

Asset

Cash/Bank Accounts

| Institution/Company | How Titled (Joint/H/W) | Approximate Balance | Account # |
|---------------------|---------------------------|---------------------|-----------|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |
| 4 | | \$ | |
| 5 | | \$ | |
| 6 | | \$ | |

Certificates of Deposit

| | | | |
|---|--|----|--|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |

Money Market Accounts

| | | | |
|---|--|----|--|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |

Brokerage Accounts

| | | | |
|---|--|----|--|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | \$ | |

Stocks/Bonds/Mutual Funds

| Company | # Shares | How Titled | Approximate Balance | Account # |
|---------|----------|------------|---------------------|-----------|
| 1 _____ | _____ | _____ | \$ _____ | _____ |
| 2 _____ | _____ | _____ | \$ _____ | _____ |
| 3 _____ | _____ | _____ | \$ _____ | _____ |
| 4 _____ | _____ | _____ | \$ _____ | _____ |
| 5 _____ | _____ | _____ | \$ _____ | _____ |
| 6 _____ | _____ | _____ | \$ _____ | _____ |

Retirement Accounts

IRA/401(k)/Pension

| Institution | Type | Owner | Benefit | Beneficiary (-ies) | Account # |
|-------------|-------|-------|---------|--------------------|-----------|
| 1 _____ | _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ | _____ |
| 6 _____ | _____ | _____ | _____ | _____ | _____ |

Annuities

| Institution | Annuitant | Benefit | Beneficiary (-ies) | Policy # |
|-------------|-----------|---------|--------------------|----------|
| 1 _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ |

Life Insurance

| Institution | Type | Owner | Insured | Benefit | Beneficiary (-ies) | Policy # |
|-------------|-------|-------|---------|---------|--------------------|----------|
| 1 _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Real Estate (Please bring Deed(s) for real estate)

| Location | How Titled | Market Value | Mortgage | Equity |
|----------|------------|--------------|----------|----------|
| 1 _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| 2 _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| 3 _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| 4 _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| 5 _____ | _____ | \$ _____ | \$ _____ | \$ _____ |

Miscellaneous/Other Assets

Notes Receivable/Business Interests/Autos/Jewelry/etc.

(Please bring Buy-Sell agreement, if any, for Business Interests)

| Description | How Titled | Approximate Value |
|-------------|------------|-------------------|
| 1 _____ | _____ | \$ _____ |
| 2 _____ | _____ | \$ _____ |
| 3 _____ | _____ | \$ _____ |
| 4 _____ | _____ | \$ _____ |
| 5 _____ | _____ | \$ _____ |
| 6 _____ | _____ | \$ _____ |

Liabilities

Educational Loans/Consumer Debt/Life Insurance Loans/etc.

| Type | Creditor | Debtor (Joint/H/W) | Approximate Balance |
|---------|----------|-----------------------|---------------------|
| 1 _____ | _____ | _____ | \$ _____ |
| 2 _____ | _____ | _____ | \$ _____ |
| 3 _____ | _____ | _____ | \$ _____ |
| 4 _____ | _____ | _____ | \$ _____ |
| 5 _____ | _____ | _____ | \$ _____ |
| 6 _____ | _____ | _____ | \$ _____ |

BALANCE SHEET

Totals from Above Categories

Assets

| | |
|---------------------|----|
| Cash/Bank Accounts | \$ |
| CDs/Money Markets | \$ |
| Investments | \$ |
| Retirement Accounts | \$ |
| Life Insurance | \$ |
| Real Estate | \$ |
| Misc. Assets | \$ |

Liabilities

| | |
|-------------------|----|
| Mortgages | \$ |
| Other Liabilities | \$ |

TOTAL ASSETS \$

TOTAL LIABILITIES \$

NET ESTATE \$

(Assets minus Liabilities)

Do you have Long-Term Care Insurance?

Do you have any further questions or comments not covered above?