

SPEIDEL LAW FIRM
CONFIDENTIAL SINGLE PERSON
CLIENT QUESTIONNAIRE

Today's Date: _____

Personal Information

Full name: _____

Home address: _____

Second home address: _____

Home/cell telephone: _____

Email address: _____

Correspond by (select one): Email U.S. Mail

Birthdate: _____

Citizenship: _____

Employer: _____

Office telephone: _____

Safety Deposit Box Location: _____

Person with access: _____

Dates of Military Service: _____

Rank & Serial No.: _____

Do you desire
Asset Protection Planning: Yes
 No

Any Prior Marriages: Yes
 No

If yes, how ended: Death
 Divorce

Name of prior spouse (if any): _____

Fiduciary

Alternate/Successor

Executor: _____

Trustee: _____

Guardian: _____

Power of Attorney-Financial: _____

Power of Attorney-Health Care: _____

Living Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>City of Residence</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Note: If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.

Deceased Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Date of Death</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Grandchildren

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child of</u>	<u>City of Residence</u>	<u>Married?</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents other than children: _____

Life Insurance

Number of policies:

Total face amount:

Total loans outstanding:

Total present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Retirement Benefits

IRA:

Approximate balances(s):

Primary beneficiary(ies):

Contingent beneficiary(ies):

Employer Plans:

Name of Employer

Type (pension, profit sharing, ESOP, 401(k), etc.)

Approximate balance(s):

Primary beneficiary(ies):

Contingent beneficiary(ies):

ASSETS AND LIABILITIES

A. **Assets**

Cash (checking and savings accounts)	\$ _____
Short-term investments (treasury bills, certificates of deposit, etc.)	\$ _____
Publicly traded securities and bonds	\$ _____
Annuities	\$ _____
Closely held securities	\$ _____
Principal residence	\$ _____
Vacation home	\$ _____
Other real estate	\$ _____
Partnerships	\$ _____
Accounts receivable	\$ _____
Face amount of life insurance	\$ _____
Retirement benefits	\$ _____
Qualified plans	\$ _____
Non-qualified plans	\$ _____
Furnishings (including art and antiques)	\$ _____
Automobiles	\$ _____
Boats	\$ _____
Other (specify) _____	\$ _____
TOTAL ASSETS	\$ _____

B. **Liabilities**

Mortgage(s)	\$ _____
Credit Card Debt	\$ _____
Loans, notes, etc.	\$ _____
Other obligations	\$ _____
TOTAL LIABILITIES	\$ _____

ASSETS MINUS LIABILITIES = NET WORTH \$ _____