



CLIENT QUESTIONNAIRE

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

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

\_\_\_\_\_

\_\_\_\_\_

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

E-Mail \_\_\_\_\_

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

Prior Marriages: \_\_\_\_\_

**Children**

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Real Property Owned

Address: \_\_\_\_\_ APN #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ APN #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ APN #: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ APN #: \_\_\_\_\_  
\_\_\_\_\_

Checking/Savings Accounts

Institution: \_\_\_\_\_  Checking  Savings

Institution: \_\_\_\_\_  Checking  Savings

Institution: \_\_\_\_\_  Checking  Savings

Institution: \_\_\_\_\_  Checking  Savings

Institution: \_\_\_\_\_  Checking  Savings

Institution: \_\_\_\_\_  Checking  Savings

*Stocks/Bonds Owned*

Institution: \_\_\_\_\_ Manager: \_\_\_\_\_

Institution: \_\_\_\_\_ Manager: \_\_\_\_\_

Institution: \_\_\_\_\_ Manager: \_\_\_\_\_

Institution: \_\_\_\_\_ Manager: \_\_\_\_\_

Institution: \_\_\_\_\_ Manager: \_\_\_\_\_

*Life Insurance Policies*

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

IRAs/Retirement Accounts

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Miscellaneous Assets

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Additional Information and Notes