



CLIENT QUESTIONNAIRE

Spouse #1:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Date of Birth: _____

Prior Marriages: _____

Spouse #2:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Date of Birth: _____

Prior Marriages: _____

Date of Current Marriage: _____

Place of Current Marriage: _____

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

Additional Information and Notes