

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

VOGEL & DUBOIS
NEW CLIENT QUESTIONNAIRE

This form is important. Your accuracy and completeness in responding will help Vogel & Dubois to best represent you and your family. By completing this form, your appointment will be more efficient. If you are unsure of an answer, have questions regarding how to complete an answer, or just prefer not to complete this admittedly long form, we can review the information needed with you at your appointment.

Please fill in the requested information to the best of your ability and where applicable to your situation. If you run out of space in the area provided, please continue your responses on the notes area provided at the end of the questionnaire. Please bring this completed form and any documentation related to the requested information to your appointment.

A. BASIC INFORMATION

1. **Name:** _____ **Pronouns:** _____
Home Address: _____
Mailing Address: _____
Phone number(s) _____ (H) _____ (W/C)
Email(s) _____ US Citizen? _____ Yes _____ No
Date of Birth: _____ Social Security No. _____
Occupation _____ Employer _____
Former Occupation: _____ Employer _____

2. **Name:** _____ **Pronouns:** _____
Home Address: _____
Mailing Address: _____
Phone number(s) _____ (H) _____ (W/C)
Email(s) _____ US Citizen? _____ Yes _____ No
Date of Birth: _____ Social Security No. _____
Occupation _____ Employer _____
Former Occupation: _____ Employer _____

B. MARRIAGES*, OFFSPRING and DEPENDENTS

Date of Marriage	Name of Spouse	Name of Spouse	Date of Death	Date of Divorce	Date of Annulment or Separation

*For life relationships other than marriage, please provide important details: _____

Please check one: I/we do ___ or
do not ___ have children/dependents

Please list children, next of kin (parents, siblings
or other family), or important persons in your life:

1. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____
2. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____
3. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____
4. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____
5. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____
6. **Name** _____ Relationship to you: _____
Address: _____
E-mail: _____ Phone #: _____
Date/of/birth: _____ SS#: _____ Child's Spouse/Partner, if any _____
Relevant Information (i.e. – health problem, disability, estranged): _____

Children (grandchildren or niece/nephew names): _____

C. INCAPACITY AND ESTATE PLANNING

Do you have any of the following legal documents? Please list the date signed and who is involved with each document (owner, principal, agent, trustee and/or beneficiary):

1. Durable Financial Power of Attorney (or General Power of Attorney):

2. Power of Attorney for Healthcare (or Medical Power of Attorney):

3. Last Will and Testament

4. Trust(s) (please also list any property or assets held in trust and their value):

5. Funeral or Burial Plans:

If you have made funeral arrangements, please fill in the following:

Funeral Arrangements for: _____ Funeral Home: _____

Cost of Arrangements: _____ Paid in Full? ___ Yes ___ No

Cemetery: _____ Lot Cost: _____ Paid in Full? ___ Y ___ N

Grave Marker cost: _____ Paid in Full? ___ Y ___ N

Funeral Arrangements for: _____ Funeral Home: _____

Cost of Arrangements: _____ Paid in Full? ___ Yes ___ No

Cemetery: _____ Lot Cost: _____ Paid in Full? ___ Y ___ N

Grave Marker cost: _____ Paid in Full? ___ Y ___ N

D. HEALTH PLANNING

Do you have any of the following insurances? Please list who owns the policy, carrier, date purchased, plan type, account number, premium amount, frequency of payment, beneficiaries listed, and relevant terms:

1. Long Term Care Insurance: carrier: _____ premium: \$ _____ per ___ mo. ___ yr.

2. Medicare: Are you covered by Medicare? ___ Yes ___ No Part B? ___ Yes ___ No

Medicare Supplement Insurance (Medigap) carrier: _____ Mo. premium: \$ _____

Medicare Supplement Insurance (Medigap) carrier: _____ Mo. premium: \$ _____

Medicare RX Insurance carrier: _____ Mo. premium: \$ _____

Medicare RX Insurance carrier: _____ Mo. premium: \$ _____

3. Other Health Insurance carrier: _____ Mo. premium: \$ _____

Other Health Insurance carrier: _____ Mo. premium: \$ _____

E. PROPERTY AND FINANCES

Please describe your monthly income:

Person	Source	Amount	How Often	Where Deposited

Do you own any real estate in your own name or jointly with another? ___Y___N

If yes, please complete with requested information below. Please bring copies of deeds, current property tax statements, and mortgage statements to your appointment.

<i>Line 1-</i>	Property Owner(s)	Block/Lot#	Tax Amount	Fair Market Value	Mortgage Holder
<i>Line 2-</i>	Location/Address	Book/Page#	Payment Frequency	Assessed Value	Mortgage Amount

1. *Line 1-* _____

Line 2- _____

2. *Line 1-* _____

Line 2- _____

Please list all real estate you have owned in the past. Please include the date purchased, date sold, and the location of the property. If you are not sure of the purchase or sale dates, please approximate.

Location	Date Purchased	Date Sold
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own any motor vehicles or watercraft? ___Y___N : If so, please complete the following:

Vehicle	Name(s) of Owner	Best Estimate of Value	Debt
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have a safe deposit box? ___Y___N: If yes, please list its location, contents and who has access:

Do you have any life insurance policies*? Y N If so, please complete the following:

Company Name	Face Value	Policy Owner	Beneficiary	Cash Value	Loan(s) amt.

*Prior to your appointment you should contact the company to obtain a letter regarding policy cash value(s), if any. If you have no life insurance, please explain:

Do you own any securities, stocks, bonds, mutual funds, or an investment account in a brokerage house, not including retirement funds (please list retirement accounts in the next chart)? Y N If so, please complete the following:

Name of Security Or Brokerage	Owner(s)	Value	Initial Cost	How Obtained (purchase, gift, etc)	Date Received or Purchased

Are you the beneficiary of a third party trust? (a trust someone else established for you) Y N
 If so, please complete the following and obtain a copy of the trust for our review:

Name of Trust Trustee Type of Assets Value of Assets

Please list Retirement or Pension Accounts (such as IRAs or 401Ks) (list retirement income on pg 4):

Financial Institution And Type of Plan	Name(s) on Account	Listed Beneficiary(s)	Account #	Total Value

Please list all Bank Accounts (including Certificates of Deposit, Money Market Accounts, and checking accounts), **owned or opened by you or joint with another in the last three years.** (If you had an account but closed it in the past **three years**, we still need the bank, the owner and the account listed):

Financial Institution	Type of Account	Account #	Name(s) on Account	Balance	Date Opened and/or Closed

Do you own a business / are you listed as owner of a corporate entity? Please provide the name, type of business, type of corporation, date of founding or incorporation, any co-owners, managers, or other officers and to the best of your ability please estimate the value of the business if you were to sell it:

Do you own any other assets, life estates in real property, or anything else of value (i.e. antiques or coin collections)? Are you receiving payments from anyone under a promissory note or a mortgage?

F. LIABILITIES OR DEBTS

When was the last year you filed Federal and State Income Taxes? List any balances due:

Person: _____ Year Filed: _____ Amount Due Federal: _____ State: _____

Person: _____ Year Filed: _____ Amount Due Federal: _____ State: _____

Do you have any credit card balances?

Person: _____ Company: _____ Current Balance: _____

Person: _____ Company: _____ Current Balance: _____

Person: _____ Company: _____ Current Balance: _____

Person: _____ Company: _____ Current Balance: _____

Person: _____ Company: _____ Current Balance: _____

Do you have any other loans or liabilities?

Person: _____ Holder/Lender: _____ Current Balance: _____

Person: _____ Holder/Lender: _____ Current Balance: _____

If any of these apply to you, please answer and then list additional details at the end of this questionnaire:

Have you ever filed for **bankruptcy**? _____ Are you a party to a **lawsuit**? _____

Are you obligated to pay **alimony, child support** or separate maintenance? _____

Do you **pay rent** for use of property? _____ How much and how often do you pay this rent? _____

Are you a co-maker, endorser, or **guarantor on a debt**? _____

G. ADVISORS

	Name	Address	Phone #
Other Attorney(s)	_____	_____	_____
Accountant(s)	_____	_____	_____
Trust Officer(s) Or Banker(s)	_____	_____	_____
General Insurance Agent(s)	_____	_____	_____
Long Term Care Insurance Agent(s)	_____	_____	_____
Investment Advisor(s) Or Stockbroker	_____	_____	_____
Geriatric Care Manager	_____	_____	_____

	Name	Address	Phone #
Physician 1.	_____	_____	_____

Physician 2.	_____	_____	_____

Other: Medical Specialist	_____	_____	_____

G. OTHER QUESTIONS:

Are there charities or other unrelated beneficiary's whom you would like to consider in your planning?
If so, please provide the relevant names, address and information regarding your connection with the charity or beneficiary:

Have you EVER made gifts of cash or titled property to any one person in excess of \$10,000 (pre 2002), \$11,000 (2002-2005), \$12,000 (2006-2008), \$13,000 (2009-2012), \$14,000 (2013-2016), or \$15,000 (2017-current) in any one calendar year?: _____ Yes _____ No

If so, please list these gifts and indicate if a Federal Gift tax return was filed.

Date	Amount	To Whom?	Return Filed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By whom were you referred to Vogel & Dubois?:

_____	_____
Name	Firm

Address	

Address	

Phone	

