

Confidential Estate Planning Questionnaire

MORANA LAW OFFICE, LLC

Protecting Families. Planning for Life.

FOR OFFICE USE ONLY—Date: _____ Interviewer: _____

Instructions:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.
- Please bring a copy of the last income tax return you filed.
- **PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.**
The more you complete, the better your meeting will be!

Part One: Personal Information

Your Name _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? Y N Are you retired? Y N If not, when? _____

Cell Phone (_____) _____ - _____ Personal E-mail _____

Is Your Health? Good Fair Poor (Describe any current problems: _____)

Have you had any major surgeries in the past 10 years? Y N Describe: _____

Are you (or your spouse) receiving home care or assisted living care? Y N

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____) _____ - _____

Are you (or your spouse) a military veteran? Y N

Your Spouse's Name _____ Legal AKA (if any) _____

Date of Birth ___/___/___ U.S. Citizen? Y N Are you retired? Y N If not, when? _____

Cell Phone (_____) _____ - _____ Personal E-mail _____

Is Your Health? Good Fair Poor (Describe any current problems: _____)

Have you had any major surgeries in the past 10 years? Y N Describe: _____

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (_____) _____ - _____

Home Address _____

City _____ State _____ Zip _____

County of _____

Home Phone (_____) _____ - _____ Fax (_____) _____ - _____



Children and Family

| Full Name | Sex <small>(CIRCLE ONE)</small> | DOB | Parent <small>(CIRCLE ONE)</small> | No. of Children |
|--|------------------------------------|-------------|---------------------------------------|-----------------|
| 1. _____ | M F | ___/___/___ | Ours His Hers | _____ |
| Address _____ | | | | |
| Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ | | | | |
| E-mail _____ Marital status _____ | | | | |
| Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

| Full Name | Sex <small>(CIRCLE ONE)</small> | DOB | Parent <small>(CIRCLE ONE)</small> | No. of Children |
|--|------------------------------------|-------------|---------------------------------------|-----------------|
| 2. _____ | M F | ___/___/___ | Ours His Hers | _____ |
| Address _____ | | | | |
| Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ | | | | |
| E-mail _____ Marital status _____ | | | | |
| Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

| Full Name | Sex <small>(CIRCLE ONE)</small> | DOB | Parent <small>(CIRCLE ONE)</small> | No. of Children |
|--|------------------------------------|-------------|---------------------------------------|-----------------|
| 3. _____ | M F | ___/___/___ | Ours His Hers | _____ |
| Address _____ | | | | |
| Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ | | | | |
| E-mail _____ Marital status _____ | | | | |
| Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

| Full Name | Sex <small>(CIRCLE ONE)</small> | DOB | Parent <small>(CIRCLE ONE)</small> | No. of Children |
|--|------------------------------------|-------------|---------------------------------------|-----------------|
| 4. _____ | M F | ___/___/___ | Ours His Hers | _____ |
| Address _____ | | | | |
| Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____ | | | | |
| E-mail _____ Marital status _____ | | | | |
| Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

