

## HAWKINS LAW PC ESTATE PLANNING CLIENT QUESTIONNAIRE

We want to serve you effectively without wasting your time or burdening you with details. Your responses to this questionnaire will help us serve you as quickly and effectively as possible.

### 1. How did you hear about Hawkins Law PC?

Newspaper     Internet     Family/Friends     Banker     Financial Advisor     Accountant  
 Nursing Home     Other (please tell us) \_\_\_\_\_

### 2. General Information About You:

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Name (with middle name or initial as you sign legal documents): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Work  Mobile  Home

2<sup>nd</sup> Best Phone #: \_\_\_\_\_ Work  Mobile  Home

3<sup>rd</sup> Best Phone #: \_\_\_\_\_ Work  Mobile  Home

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

Prior Deceased Spouse? Yes  No  Deceased Spouse's Name: \_\_\_\_\_

Deceased Spouse's Date of Death: \_\_\_\_\_

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3. Financial Advisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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4. Tax Advisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### 5. Client's Children (complete all applicable blanks and checkboxes)

Full Name of Child: \_\_\_\_\_ Son  Daughter  Date of Birth: \_\_\_\_\_

Deceased  Date of death if deceased: \_\_\_\_\_ Disabled  If disabled, please describe the type and extent of the disability: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

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

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Full Name of Child: \_\_\_\_\_ Son  Daughter  Date of Birth: \_\_\_\_\_  
Deceased  Date of death if deceased: \_\_\_\_\_ Disabled  If disabled, please describe  
the type and extent of the disability: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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Full Name of Child: \_\_\_\_\_ Son  Daughter  Date of Birth: \_\_\_\_\_  
Deceased  Date of death if deceased: \_\_\_\_\_ Disabled  If disabled, please describe  
the type and extent of the disability: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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Full Name of Child: \_\_\_\_\_ Son  Daughter  Date of Birth: \_\_\_\_\_  
Deceased  Date of death if deceased: \_\_\_\_\_ Disabled  If disabled, please describe  
the type and extent of the disability: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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Full Name of Child: \_\_\_\_\_ Son  Daughter  Date of Birth: \_\_\_\_\_  
Deceased  Date of death if deceased: \_\_\_\_\_ Disabled  If disabled, please describe  
the type and extent of the disability: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

***\*Please make sure to list any children who are deceased. \*\*Please add additional pages if necessary***

**6. Other Important People in the Estate Plan (complete all applicable blanks and checkboxes)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

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

***\*Please make sure to list any children who are deceased. \*\*Please add additional pages if necessary***

**7. Please list the person or people you want to receive all or a portion of your estate when you die. This list may include your children, but you are not required to include your children. For beneficiaries other than children, please include each person's address, date of birth, and relationship to you. Also, tell us if a person is to receive a specific asset (such as personal belongings, money, or land) when you die. Add pages if needed.**

Names	Names

***\*Add additional pages if necessary***

**8. Who do you want to manage your legal or financial affairs if you become disabled or unable to act?**

First Choice	Second Choice	Third Choice

**9. List names in the table below of people you want to make health care decisions for you if you cannot make those decisions. If you prefer some people for this role, place a priority number in front of each person's name.**

Names	Names	Names

***\*Add additional pages if necessary***

**10. Information about your Income and Assets (Please provide all applicable checkboxes and blanks):**

<p>Work Income: \$ _____</p> <p>Social Security: \$ _____</p> <p>Pension: \$ _____</p> <p>Other Income: \$ _____</p> <p>If you have a vested employee pension, please name the employer: _____</p> <p>Currently Employed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Business Name: _____</p> <p>Business Type: _____</p> <p>Do you own your home? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Mortgage Loan Balance: \$ _____</p>	<p>If you own any coal, oil, gas or other mineral rights or interests, please check the applicable boxes and describe the rights or interests below, including any royalties that you receive:</p> <p><b>Coal</b> <input type="checkbox"/> <b>Description:</b></p> <p>_____</p> <p><b>Oil</b> <input type="checkbox"/> <b>Description:</b></p> <p>_____</p> <p><b>Gas</b> <input type="checkbox"/> <b>Description:</b></p> <p>_____</p>
<p>Describe any other real estate that you own, other than your home, including co-ownership with someone else or in a trust:</p>	<p>_____</p>
<p>_____</p>	<p><b>Other</b> <input type="checkbox"/> <b>Description:</b></p> <p>_____</p>
<p>Do you have life insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, what is the insurance company's name?</p>	<p><b>Do you expect to receive an inheritance from anyone? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>
<p>Do you have long term care (i.e. nursing home) insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, what is the insurance company's name?</p>	<p><b>If so, please explain:</b></p> <p>_____</p>
<p>_____</p>	<p>_____</p>

**11. Please check the box below that best describes the approximate total value of your assets (the attorney just needs a general idea for the initial meeting):**

- Less than \$100,000   
 \$100,000 - \$500,000   
 \$500,000 to \$1,000,000   
 \$1,000,000 to \$2,000,000  
 \$2,000,000 to \$3,000,000   
 \$3,000,000 to \$4,000,000   
 \$4,000,000 to \$5,000,000   
 Over \$5,000,000

**12. Is there any person who may expect to benefit from your estate, and whom you plan to exclude from your estate? (i.e., Do you wish to “disinherit” anyone?) If so, who and why?**

Name:	Reason:

*\*Add additional pages if necessary*

**13. Have you ever sold, given, or traded a portion of the real estate that you still own? If so, briefly describe the portion you have conveyed or traded.**

Asset:	Transferee:	Approximate Date

*\*Add additional pages if necessary*

**14. In the last five years, have you given any of your assets to your children or anyone else, including money (cash or checks), vehicles, real estate, or personal property? This includes putting someone’s name on a deed or vehicle title.**

Asset:	Transferee:	Approximate Date

*\*Add additional pages if necessary*

**15. Please use this space to elaborate on any answer you have given above, or to add any information or questions you would like to discuss with the attorney.**

*\*Add additional pages if necessary*