

# REHBERG LAW GROUP, PLLC

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## CHECK-UP QUESTIONNAIRE

Updated July 20, 2016

### Instructions:

- Please fill out this questionnaire as completely as possible. Although we may already have this information, please help us keep our information current.
- The information that you provide is **confidential** and will not be shared without your permission.
- Please fill in the **full legal names** of all people listed in the questionnaire (even if the person will not be specifically mentioned). Please do not use nicknames unless specifically requested.
- This is a generic questionnaire so if questions do not apply, simply write in N/A.
- If you need more room, please write on the back or on a separate piece of paper.
- Who filled out the Questionnaire? \_\_\_\_\_

Your documents will be based on the information you provide. To that end, please read and sign the following statement:

I understand that my Estate Plan will be based on the information provided herein. I further understand that my responses to the questionnaire are protected by the attorney-client privilege and will be held in utmost confidence. With these understandings, I affirm that the information provided herein is full, complete and accurate to the best of my present knowledge.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

### How Can We Best Serve You?

Have you met with a Rehberg Law Group, PLLC attorney before?  Yes  No

If yes, who did you meet with and when? \_\_\_\_\_

How did you hear about our firm?  Professional Referral  Newspaper  Mailing  Internet

Radio  Friend or Family Referral  Other \_\_\_\_\_

If referred, who referred you? \_\_\_\_\_

Your Email addresses? \_\_\_\_\_

**PART I: PERSONAL INFORMATION**

*If possible, please use full legal names (first, full middle and last) when asked for names.*

Client 1: Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, what is your nationality? \_\_\_\_\_

Client 2: Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, what is your nationality? \_\_\_\_\_

**Contact Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County:  King  Snohomish  Pierce  Other \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Fax: \_\_\_\_\_

C1 Cell: \_\_\_\_\_ C2 Cell: \_\_\_\_\_

C1 Email: \_\_\_\_\_ C2 Email: \_\_\_\_\_

Is this a:  personal email or  work email Is this a:  personal email or  work email

**Employment**

Client 1: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired?  Yes  No Occupation now or prior to retirement: \_\_\_\_\_

Client 2: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired?  Yes  No Occupation now or prior to retirement: \_\_\_\_\_

**Marital Status**

Married  Single  Divorced  Widowed  Life Partnership

If Married: Date of Marriage: \_\_\_\_\_ State where Married: \_\_\_\_\_

Prior Marriages: (include name of former spouse and date marriage ended.)

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

**PART II: IMMEDIATE FAMILY INFORMATION** (please use full names including the full middle name)

Information about your Children:

Oldest child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST  
 SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_  
 First names of children: \_\_\_\_\_

*If you still need more room, please use the back of this page.*

**PART III: EXTENDED FAMILY INFORMATION** (please use full names including the full middle name)

Information about your Parents and Siblings:

	<b>Client 1's Family:</b>	<b>Client 2's Family:</b>
Father:	_____	_____
Mother:	_____	_____
Siblings:	_____	_____
	_____	_____
	_____	_____
	_____	_____

*If any family member is deceased, please write "dec" after his or her name.*

Do you have a family member with special educational, medical or financial needs?  Yes  No

Are you related to any current clients of ours?  Yes  No If yes, whom? \_\_\_\_\_

Are there any other family members or situations that you think we should be aware of?

**PART IV: GENERAL UPDATE INFORMATION**

Please explain the specific items you would like to discuss at your meeting.

I have acquired new real estate since our last meeting.	Yes	No
If you have a Living Trust, have you acquired assets that are not titled in your trust?	Yes	No
It has been over five years since our last meeting.	Yes	No
My financial condition has changed substantially since our last meeting.	Yes	No
Please explain:		

I have had changes to my family since our last meeting.	Yes	No
Please explain:		

**PART V: ADVISOR INFORMATION:**

**Financial Planner**

**Accountant**

Name:	_____	_____
Firm:	_____	_____
Address:	_____	_____
City, Zip:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

**Insurance Agent**

**Attorney**

Name:	_____	_____
Firm:	_____	_____
Address:	_____	_____
City, Zip:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

- |  |     |    |
|--|-----|----|
| May we contact your primary financial advisor to discuss your estate planning?   | Yes | No |
| May we send copies of your executed documents that we have prepared to your primary financial advisor? If Yes, please initial approval _____ / _____ | Yes | No |
| May we contact your accountant to discuss your planning?   | Yes | No |
| May we contact your insurance agent to discuss your estate planning?   | Yes | No |
| In the event you do not have a financial advisor, would you like a referral to a financial advisor?  | Yes | No |
| In the event you do not have an accountant, would you like a referral to an accountant?  | Yes | No |
| If you have not looked into long term care insurance with your advisors, would you like a referral to someone who could help you in this area?       | Yes | No |

## PART VI: FINANCIAL INFORMATION

Why do we need to know about your finances? Detailed information about your assets (the accounts, titling and beneficiary designations) is critical to planning your estate because it helps us to help you with the following: (1) estate and gift tax planning; (2) determining if assets are properly titled; and (3) determining how your assets (including real property in every state) will pass when you die.

**If you have a written financial plan from your advisor, please bring that to the meeting.**

**OR**

**Please complete the following or bring in copies or originals of your account statements.**

*Use current Fair Market Value for each asset.*

<b>Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
1. Cash and Checking Accounts (# _____)				
2. Savings Accounts (# _____)				
3. Money-Market Funds (# _____)				
4. Brokerage Accounts (including Mutual Funds, excluding IRA)				
5. Stocks not in brokerage accounts (# _____)				
6. Bonds not in brokerage accounts (# _____)				
7. Certificates of Deposit (# _____)				
8. Life insurance (Cash/Surrender Value) (# _____)				
9. Other: _____				
<b>10. Total Liquid Assets</b> (add lines 1-9)				
<b>Non-Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
11. Home(s) (# _____)				
12. Rental/Recreational Property (# _____)				
13. Value of Business(es) (# _____)				
14. Death benefit of life insurance				
15. Other: _____				
<b>16. Total Non-Liquid Assets</b> (add lines 11-15)				
<b>Retirement Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
17. IRA's (# _____)				
18. Profit Sharing/pension/401(k) plans (# _____)				
19. Other: _____				
20. Other: _____				
<b>21. Total Retirement</b> (add lines 17-20)				
<b>Personal</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
22. Cars				
23. Boats/Recreational Vehicles				
24. Furniture & Household Goods & Misc. Items				
25. Jewelry & Collectibles				
<b>26. Total personal</b> (add lines 22-25)				
<b>27. Total Assets</b> (Add lines 10, 16, 21 & 26)				

<b>Debts</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
28. Credit Card Debt				
29. Consumer Debt				
30. Business Debt				
31. Home Mortgage				
32. Rental-Property Mortgage				
33. Other Debt: _____				
34. <b>Total Debt</b> (Add lines 28-33)				
<b>Net Worth</b>				
<b>Total Net Worth</b> (Subtract line 34 from line 27)				

<b>Income Summary</b> <i>Please list ALL sources and amounts of monthly income</i>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			
4.			

<b>Expected Inheritances (Best Estimates)</b>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			

- Do you own real estate outside the state of Washington? Where? \_\_\_\_\_ Yes No
- Have you or your spouse given more than \$14,000 to one person in a single year? Yes No
- Have you ever filed federal gift tax returns? *If yes, please bring along copies of the returns.* Yes No
- Are you or your spouse a shareholder of any corporation classified as an "S" Corp.? Yes No
- Are you a beneficiary of a trust made by someone else? Yes No
- Do you have stock options? Yes No
- Are you involved in litigation or any other adversary proceedings? Yes No
- Do you expect to inherit in the next six months? Yes No
- Do you have any copyrights, patents or trademarks that you own? Yes No
- Do you have a marital property agreement of any kind? Yes No
- Do you have interests in partnerships? Yes No
- Do you own your own business? Yes No