

CUSTOM WILL PROGRAM

CLIENT QUESTIONNAIRE

Intermountain Legal Group

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CLIENT QUESTIONNAIRE

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Telephone(____) _____

Employer _____ Position _____ Business Telephone (____) _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

Best Time to Contact _____ Day of Week _____

Client # 2

Full Legal Name _____

Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Telephone(____) _____

Employer _____ Position _____ Business Telephone (____) _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

Best Time to Contact _____ Day of Week _____

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____

Gender _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single

Spouse's Name: _____

Grandchildren's Names	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____

Gender _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single

Spouse's Name: _____

Grandchildren's Names	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____

Gender _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single

Spouse's Name: _____

Grandchildren's Names	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____

Gender _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Parent: Husband Wife Joint

Special Needs: Medical Educational Financial

Married Divorced Widowed Single

Spouse's Name: _____

Grandchildren's Names	Parents	Age	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have any adopted children?		
Do any of your children have special education, medical, or physical needs?		
Have either you or your spouse been divorced?		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies.)		
Have you or your spouse completed previous wills, trusts, or estate planning? (Please furnish copies.)		
Do you or your spouse own any real property outside the state in which you currently reside?		
Have you or your spouse lived in any of the following states during your marriage? (Circle those that apply) CA, WA, NV, AZ, NM, TX, ID, LA, WI		
Are you and your spouse both US citizens?		

CLIENT FINANCIAL STATEMENT

ASSETS	CLIENT #1	CLIENT # 2
	<i>AMOUNT</i>	
Cash Accounts		
Investment & Stock Accounts		
Personal Effects		
Retirements & Pension Plans		
Life Insurance Policies (death benefit amount)		
Annuities		
Bonds		
Monies Owed to You		
Business Interests		
Anticipated Inheritance, Gift, or Judgment		
Real Property		
Other Assets		
TOTAL ASSETS		

LIABILITIES	CLIENT #1	CLIENT # 2
	<i>AMOUNT</i>	
Loans		
Real Estate Mortgages		
Credit Card Debt		
Other Obligations		
TOTAL LIABILITIES		

NET ESTATE

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