



WINBURN, MANO SCHRADER & SHRAM, PLLC

An Association of Professional Law Organizations

New Client Questionnaire

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.

This form is to be completed by married persons only. If you are married and have received this form in error, please contact our office at 501.975.6266 for the proper form.

Personal Information

Husband

Full Legal Name _____ Nickname _____
Name on Legal Documents _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birthdate _____ Email Address _____
Mother's Maiden Name _____ Are you a US Citizen? Yes No
Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No
Have you ever served as part of the US Armed Forces? Yes No Are you an Organ Donor? Yes No

Employer _____ Position _____
Address _____ City _____ State _____ Zip _____
Business Phone _____ Business Fax _____

Wife

Full Legal Name _____ Nickname _____
Name on Legal Documents _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Birthdate _____ Email Address _____
Mother's Maiden Name _____ Are you a US Citizen? Yes No
Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No
Have you ever served as part of the US Armed Forces? Yes No Are you an Organ Donor? Yes No

Employer _____ Position _____
Address _____ City _____ State _____ Zip _____
Business Phone _____ Business Fax _____

Date of Marriage _____ Prenuptial Agreement? _____

While you were married, have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes No

Eldercare Planning

Complete this Section ONLY if you are visiting our firm to discuss long-term care or "Eldercare" planning.

If currently in healthcare facility, name of facility: _____ Date of Admission _____

Address _____ City _____ State _____ Zip _____

Level of Care: _____ Funding Source: ___ Medicare ___ Private Pay

If you entered this facility from another healthcare facility, date of admission to *initial* facility: _____

Diagnosis: _____. Cost of care: Facility: _____ per day/month

Medication _____ per day/month; Other expenses: _____ per day/month

Children (by Birth or Adoption)

Full Legal Name	Date of Birth	Phone No.	Child of:
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint <input type="checkbox"/> Adopted

Does any child have special educational, medical or physical needs, or receive governmental benefits? Yes No

Advisors (Name and Firm)

Accountant _____ Phone _____

Financial Advisor _____ Phone _____

Insurance Agent _____ Phone _____

Husband's Primary Care Physician _____ Phone _____

Wife's Primary Care Physician _____ Phone _____

Referred to Our Firm By _____

Successors

Who will serve as guardian for your minor children (if any)?

		Husband's Responses	Wife's Responses
Guardians	First Choice		
	Second Choice		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Husband's Responses	Wife's Responses
Financial Successor	First Choice		
	Second Choice		
	Third Choice		

If you were (both) incapacitated for any period of time, who would you choose to make health care decisions for you?

Husband's Responses

Healthcare Successor	First Choice	Name:		Home:		
		Cell:	Office:		Relationship:	
	Second Choice	Name:		Home:		
		Cell:	Office:		Relationship:	
	Third Choice	Name:		Home:		
		Cell:	Office:		Relationship:	

Wife's Responses

Healthcare Successor	First Choice	Name:		Home:		
		Cell:	Office:		Relationship:	
	Second Choice	Name:		Home:		
		Cell:	Office:		Relationship:	
	Third Choice	Name:		Home:		
		Cell:	Office:		Relationship:	

Assets Information

The values listed are for discussion purposes only. A more accurate list will be obtained at a later dated. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTS" for joint ownership with spouse; "JTO" for joint ownership with non-spouse; "H" for Husband as sole owner; "W" for Wife as sole owner; or "T" if owned by a revocable trust that you have created.

Cash and Cash Equivalents. To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. **Do not include IRAs or 401(k)s here.**

	Financial Institution	Owner	Market Value	Type of Account
Cash and Cash Equivalents	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Publicly Traded Securities, Brokerage Accounts and Security Accounts. List any and all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. **Do not include IRAs or 401(k)s.**

	Name and Type of Acct	Owner	Market Value
Stocks and Bonds	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$

Retirement Accounts. To identify type of account, use "P" for pension; "PS" for profit sharing; IRA, Roth IRA, SEP, 401(k) or 403(b).

	Name and Type of Acct	Owner	Beneficiary	Market Value
Retirement Accounts	1.			\$
	2.			\$
	3.			\$
	4.			\$

Real Estate.

		Owner	Market Value	Debt
Real Estate	1. Personal Residence		\$	\$
	2.		\$	\$
	3.		\$	\$
	4.		\$	\$
	5.		\$	\$

Personal Property.

	Description	Owner	Market Value	Debt
Personal Property	1. Autos		\$	\$
	2. Household Contents		\$	\$
	3.		\$	\$
	4.		\$	\$
	5.		\$	\$

Insurance Policies. List the issuing company. To identify type of contract, use "T" for term insurance, "CV" for insurance policies having a cash value, "B" for burial policies.

	Insurance Company	Type	Owner	Insured	Beneficiary	Cash Value	Death Benefit
Insurance	1.					\$	\$
	2.					\$	\$
	3.					\$	\$
	4.					\$	\$
	5.					\$	\$

Please indicate if you have an "umbrella" insurance policy? Yes No. If yes, please list coverage amount. \$ _____

Please indicate if you have disability insurance? Yes No. If yes, please list coverage amount. \$ _____

Please indicate if you have a long-term care insurance policy? Yes No. If yes, please indicate benefit amount and period. \$ _____/month for _____ months.

Annuities. List all annuities. Cost bases refers to the total investment in this account by the owner.

	Company	Owner	Annuitant	Beneficiary	Cost Basis	Current Value
Annuity	1.				\$	\$
	2.				\$	\$
	3.				\$	\$

Closely Held Business Interest. List all closely held business interest that you have. To identify type of business, use "LLC" for Limited Liability Company, "P" for Partnership, "S" for S Corporation, and "C" for C Corporation.

	Name of Business	Owner	Type	Percentage of Ownership	Market Value
Closely Held Business Interest	1.				\$
	2.				\$
	3.				\$
	4.				\$
	5.				\$

Income. List your income and the sources of that income, to the best of your knowledge.

	Description	Husband	Wife
Source	1. W-2 Wages / Salaries	\$	\$
	2. Commissions/Bonuses	\$	\$
	3. Interest/Dividends	\$	\$
	4. Rental Income	\$	\$
	5. Retirement Income	\$	\$
	6. Social Security	\$	\$
	7. Annuities	\$	\$

Do you currently receive or anticipate receiving any subsidy payments for farming or agriculture businesses? Yes No

If yes, please describe. _____

Additional Documentation

General Document Request. Please provide copies of any existing planning documents (wills, trusts, powers of attorney, etc.), and copies of any Divorce or Property Settlement Agreement which continued obligations exist. **Please do not send originals, as we cannot guarantee their safety through the U.S. Postal Service.**



Planning Risks & Anxieties - To be Completed by Husband

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
Tax Concerns				
1. <i>Estate Taxes.</i> I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Capital Gains Taxes.</i> We have an asset that we're thinking about selling and I'd like to know how we might reduce or eliminate any capital gains taxes that we might owe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Income Taxes.</i> We have significant income from investment assets and I'd like to know if there is any way to reduce or eliminate the amount of income taxes we pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Interest Expense.</i> We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Concerns				
5. <i>Custodian of Minor Children.</i> I'm concerned that, if I and my wife were to die, our children will be placed in the custody of someone other than whom we select.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Beneficiaries' Creditors.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or divorcing spouses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Fiscal Immaturity.</i> I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Children-In-Law.</i> I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <i>Mismanagement.</i> I'm concerned that the person(s) in charge of managing my children's or grandchildren's inheritance might squander or mismanage the funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <i>Grandchildren's Education.</i> I'm concerned that my children might not provide for my grandchildren's education which is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <i>Making Beneficiary Ineligible for Governmental Benefits.</i> I have an individual whom I'd like to benefit in my estate planning who is currently receiving governmental benefits but who might lose eligibility if they inherit additional assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Level of Concern (if any)

None Low Medium High

- 12. *Spousal Control of My Assets if I Pass First.* I would like to know that if I were to die first, my assets are available to my wife but that upon my wife’s death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my wife’s next husband or to any other individual who might influence my wife.
- 13. *Family Disputes.* I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they’ve received less than they should have received.
- 14. *Hard-to-Divide Assets.* My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I’m concerned that disputes will arise relating to how the assets might be divided.
- 15. *Values & Virtues.* I’m concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening.
- 16. *Planning for Parents.* I’m concerned that my parents or my wife’s parents will need financial assistance if we were to die prematurely.
- 17. *Planning for Pets.* I’m concerned about the care of our pet(s) after we’re gone.

Disability Concerns

- 18. *Guardianship.* I’m concerned that if I were to become disabled, a guardianship would be required so that someone would have the legal ability to make health care and financial decisions for me
- 19. *HIPAA.* My current planning does not reflect the HIPAA privacy rules and I’m concerned that if something happened to me, health care personnel might not disclose information about me to my loved ones
- 20. *Disability of Single, Adult Children.* I’m concerned that if a single, adult child of mine became disabled, that I would not have the legal ability to make decisions for my child or be informed about my child’s health situation due to HIPAA privacy rules

Creditor Concerns

- 21. *Frivolous Lawsuits.* I’m concerned about my assets being taken through frivolous lawsuits.....
- 22. *Nursing Home.* I’m concerned about my assets being lost to the nursing home
- 23. *Creditors of Jointly Owned Property.* I have property owned as joint tenants with someone other than my wife and I’m concerned that a creditor of that other person could take the entire property

Post-Death Concerns

- 24. *Probate.* I’m concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding
- 25. *Fire Sale.* I’m concerned about my assets having to be sold in a “fire sale” to pay estate taxes or to pay debts that I owe.....



	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
26. <i>Liability of Executor.</i> I'm concerned that the person I've named as my executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for serving as executor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. <i>Privacy.</i> I'm concerned about my affairs being made public and would prefer to keep my affairs private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Concerns				
28. <i>Validity of Corporate Shield.</i> I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, please provide a copy of any existing corporate documents.				
29. <i>Employee Lawsuits.</i> I'm concerned that my employees might sue because of an out-of-date or non-existent employee agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, please provide a copy of any employment agreements.				
30. <i>Business Succession Plan.</i> I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. <i>Out-of-Date Buy-Sell Agreement.</i> I have a buy-sell agreement with the other owners of the company in which I'm involved but I'm concerned that it's out of date or I'm concerned that the company won't have the funds to buy out my interest if I were to die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, please provide a copy of any existing buy-sell agreement.				
32. <i>Key-Man Risk.</i> Other than myself, I have a key employee(s) in my business and I'm concerned about the security of my business if this person(s) were to die unexpectedly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Concerns				
33. <i>Standard of Living.</i> I'm concerned that I or my wife might not be able to maintain our current standard of living during retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. <i>Exhaustion of Assets During Disability.</i> I'm concerned my assets might be completely consumed to pay for my care or my wife's care in the event of a disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Planning Risks & Anxieties - To be Completed by Wife

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	<u>Level of Concern (if any)</u>			
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2. <i>Capital Gains Taxes.</i> We have an asset that we're thinking about selling and I'd like to know how we might reduce or eliminate any capital gains taxes that we might owe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. <i>Interest Expense.</i> We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Level of Concern (if any)

None Low Medium High

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Level of Concern (if any)

None Low Medium High

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31. *Out-of-Date Buy-Sell Agreement.* I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have to funds to buy out my interest if I were to die

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