**Confidential Client Questionnaire**

**Instructions: This questionnarire should be answered as completely as possible and will be helpful at our initial formal meeting. If these items need further discussion, we will discuss then.**

**Charron Law Firm**

**313 N. Rock Hill Road**

**Webster Groves, MO 63119 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**John Joseph Charron**

**314 963 8939**

**John.charron@charronlaw.com**

**Client Estate Planning Data**

|  |  |  |
| --- | --- | --- |
|  | **Husband** | **Wife** |
| Name |  |  |
| Residence Address |  |  |
| County |  |  |
| City, State, Zip Code |  |  |
| Residence Telephone |  |  |
| Occupation |  |  |
| Employer/Business Name |  |  |
| Business Address |  |  |
| City, State, Zip Code |  |  |
| Business Telephone |  |  |
| Birth Date |  |  |
| Social Security Number |  |  |
| Place of Birth |  |  |
| Marriage: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prenuptial/Postnuptial agreement? \_\_\_\_\_Yes \_\_\_\_\_ No(If yes, please supply copy.) |
| Husband previously married? \_\_\_ Yes \_\_\_ No If so, how many times? \_\_\_Wife previously married? \_\_\_ Yes \_\_\_ No If so, how many times? \_\_\_For each prior marriage of either spouse, indicate:* name of prior spouse
* date of marriage
* date of termination
* reason for termination (divorce, death)
* Is prior spouse living? \_\_\_ Yes \_\_\_ No

Please supply copy of any divorce decrees. |

List children, including adopted and deceased children, in order of birth:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **Address** | **Social Security Number** | **Birth Date** | **Born of a Prior Marriage?** | **Name of Child’s Spouse** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

Do you or does anyone in your family have any special considerations or problems, such as health, marital, financial dependency, etc.? If so, please detail.

Provide information as to any grandchildren and other relatives or friends to be considered in estate plans. Also, are there any relatives or individuals whom you would like to specifically *exclude* from any gifts? If so, whom? (Please provide all details.)

**Relevant Documents**

 1. Do either of you presently have a Will? \_\_\_\_ Yes \_\_\_\_ No

 2. A Trust? \_\_\_\_ Yes \_\_\_\_ No

 3. Have either of you executed a Power of Attorney? \_\_\_\_ Yes \_\_\_\_ No

 4. Where are the originals of these documents located?

 5. Are you the beneficiary of any trust or similar inheritance? \_\_\_\_\_ Yes \_\_\_\_ No

 \_\_\_\_\_\_\_\_

If this office did not prepare the documents, please provide copies.

**General Information**

 6. Name and address of accountant:

 7. Name and address of banker:

1. Name and address of life insurance agent:

 9. Name and address of investment broker:

 10. Name and address of physician(s) : Husband:

 Wife:

11. Is either spouse a veteran? If so, what is spouse’s service number and does spouse have any service disability? Husband:

 Wife:

12.Does either spouse have a pension? If so, who are the beneficiaries? Husband:

 Wife:

13. Do you have a safe deposit box? \_\_\_\_ Yes \_\_\_\_ No

If so, at which bank(s)?

Name(s) on lease?

Deputies, if any?

**Gifts of Property**

14.Have you made gifts to anyone of property, including cash, by direct gift, by creating a joint tenancy, or by creating a trust? \_\_\_\_ Yes \_\_\_\_ No

If yes, did the amount of gifts to any one person in any calendar year:

* 1. Total $3,000 or more for any year 1977 through 1981? \_\_\_\_ Yes \_\_\_\_ No
	2. Total $10,000 or more for any year after 1981? \_\_\_\_ Yes \_\_\_\_ No
	3. Involve a life insurance policy of any value? \_\_\_\_ Yes \_\_\_\_ No
	4. Get reported on a gift tax return? \_\_\_\_ Yes \_\_\_\_ No

If yes to any question, please give details and attach copies of any gift tax return(s).

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**Nearest Living Relatives**

15. Give names, relationship, address of parents, brothers, sisters, etc.

Husband:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wife:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Property**

16. During your marriage, did you ever reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI)? \_\_\_\_ Yes \_\_\_\_ No

If yes, give detail concerning when (dates) and list any property acquired while living there that you still own:

**Property**

All property owned by you and your spouse, or in which either or both of you have an interest, must be considered. The following pages provide for information on various types of property. Please provide as much information as possible, particularly the values. List the value under the appropriate column based on ownership. For example, if the residence has a value of $50,000 and is jointly titled, put the $50,000 value in the “Joint” column, nothing in the “Husband” or “Wife” column; or, if each of you own stock in your name, put the values in each applicable column. If there is not enough space, add pages or use the back of pages.

**I. Real Estate**

List all kinds—vacant land, houses, commercial, etc.

**Value**

|  | **Husband** | **Wife** | **Joint**  |
| --- | --- | --- | --- |
| 1. Address: | $ | $ | $ |
|   Mortgage(s): | ($ ) | ($ ) | ($ ) |
| 2. Address: | $ | $ | $ |
|  Mortgage(s): | ($ ) | ($ ) | ($ ) |
| 3. Address: | $ | $ | $ |
|  Mortgage(s): | ($ ) | ($ ) | ($ ) |
| 4.Address:  | $ | $ | $ |
|  Mortgage(s): | ($ ) | ($ ) | ($ ) |

**II. Motor Vehicles**

Include all automobiles, boats, trailers, aircraft, recreational vehicles, campers, motorcycles, etc. If any of these are T.O.D. (Transferable Upon Death). If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Value**

|  | **Husband** | **Wife** | **Joint**  |
| --- | --- | --- | --- |
| 1. Year, make, and model: | $ | $ | $ |
|    Loan(s): | ($ ) | ($ ) | ($ ) |
| 2. Year, make, and model: | $ | $ | $ |
|  Loan(s): | ($ ) | ($ ) | ($ ) |
| 3. Year, make, and model: | $ | $ | $ |
|   Loan(s): | ($ ) | ($ ) | ($ ) |

**III. Bank Accounts**

Include all types of “cash” accounts, such as checking and savings accounts, certificates of deposit, credit union, etc.

**Value**

|  | **Husband****Put an (x)** | **Wife****Put an (x)** | **Joint** **Put an (x)** |
| --- | --- | --- | --- |
| 1. Checking Accounts:Bank:Account#Bank:Account# | $ $  | $ $  | $ $  |
| 2. Savings, CDs, Credit Unions:Bank:Account#Bank:Account# | $ $  | $ $  | $ $  |
| 3. Others: | $ $  | $ $  | $ $  |

**IV. Securities**

Include all stock (both public and closely held), bonds, promissory notes, mortgages, money market funds, and other similar property in which you have any interest.

**Value**

|  |

| **Husband****Put an (x)** | **Wife****Put an (x)** | **Joint** **Put an (x)** |
| --- | --- | --- |

 |

| **Husband****Put an (x)** | **Wife****Put an (x)** | **Joint** **Put an (x)** |
| --- | --- | --- |

 |

| **Husband****Put an (x)** | **Wife****Put an (x)** | **Joint** **Put an (x)** |
| --- | --- | --- |

 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Securities on Listed Exchanges: | $  | $  | $  |
| 2. Closely Held Stocks: Name of Company: | $ $ $  | $ $ $  | $ $ $  |
| 3. Money Market Accounts: | $ $  | $ $  | $ $  |
| 4. Others: | $ $ $  | $ $ $  | $ $ $  |

**V.** **Retirement, Pension, Profit-Sharing, Individual Retirement Accounts, (IRA – Include tax favored savings plan of any sort, i.e., education/college/trade school, etc.)**

For value, give the amount actually in the plan.

**Value**

| **Name of Company****and of Plan** | **Husband** | **Wife** | **Beneficiary** |
| --- | --- | --- | --- |
| 1. | $ | $ |  |
| 2. | $  | $  |  |
| 3. IRA Accounts: | $ $  | $ $  |   |

**VI.** **Life Insurance**

Include all policies even if there is no value, including insurance through your employer. Place face amount (amount payable at death) in column of owner. Include Disability Insurance and Social Security Benefits.

| **Face Value** | **Husband** | **Wife** |
| --- | --- | --- |
| 1. Company:

 Agent name and address: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Policy: Insured: Beneficiaries:   | $ | $ |
| 1. Company:

 Agent name and address: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Policy: Insured: Beneficiaries:   | $  | $ |
| 1. Company:

 Agent name and address: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Policy: Insured: Beneficiaries:   | $  | $ |
|  |  |  |
|  |  |  |

**VII. Business Interests**

Include any interest in sole proprietorships, partnerships, joint ventures, or other noncorporate businesses. Provide formation documents in corporation or in partnership agreements, including incorporation, partnership agreements, or other governing documents.

| **Value** | **Husband** | **Wife** | **Joint****1** |
| --- | --- | --- | --- |
| 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_ Ownership Interest:\_\_\_\_\_\_\_\_\_\_\_ | $  | $ | $ |
| 2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Business:\_\_\_\_\_\_\_\_\_\_\_ Ownership Interest:\_\_\_\_\_\_\_\_\_\_\_ | $  | $ | $ |
| 3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Business:\_\_\_\_\_\_\_\_\_\_\_ Ownership Interest:\_\_\_\_\_\_\_\_\_\_\_ | $ | $ | $ |

**VIII. Household and Personal Goods and Other Assets**

Include all furniture, household goods, personal effects, and similar items as one amount. List any antiques, gun collections, coin or stamp collections, etc. separately if of significant value. List any other asset that has a significant value.

**Value**

|  | **Husband** | **Wife** | **Joint**  |
| --- | --- | --- | --- |
|  Household Goods  | $  | $  | $  |
| Furniture | $ | $ | $ |
|  Antiques | $ | $ | $ |
| Guns | $ | $ | $ |
|  Tools | $ | $ | $ |

**IX. Heirlooms, Jewelry, Furs, Tools, Guns or other special items.** Most people have certain items of their property they want to leave to certain individuals. Items of personal property (jewelry, china, guns, etc.) can be handled by a list separate from the will or trust. What items, if any, do you want to give to specific persons under your will or trust?

List here the items you wish to distribute in kind and to whom (attach additional page if necessary):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**X. Digital Assets**

Include all electronic devices and online accounts (e.g., social media accounts with pictures “Facebook”, “Snap Chat” ”Twitter” etc.).

| **Device or Account** | **Username** | **Password** | **Special Notes** |
| --- | --- | --- | --- |
|  |  |  |  |
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**XI. Other Assets** **and Short Term Debts**

List bank accounts, investment accounts, credit cards, utilities, student loans, mortgages, and whom you want to be responsible as to how these debts will be repaid?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your Estate Plans**

The most important part of our work is ensuring that your plans and desires are carried out. Your thoughts and plans, both generally and specifically, are of utmost importance.

In general terms, who should receive your property and on what terms (outright, in trust, other)? We suggest that additional family heirlooms such as photos and CD’s be on backup from your computer system. List the name, address and phone number and email contact (if any).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have minor children, who would you prefer to act as guardian if both parents are deceased? List the name, address and phone number and email contact (if any).

Who should serve as Personal Representative (and backup(s)) of your estate? List the name, address and phone number and email contact (if any).

Who should serve as Trustee (and backup(s)) for any trusts? List the name, address and phone number and email contact (if any).

If any of these items are subject to a debt, is the debt to be paid by the recipient or your estate? List the name, address and phone number and email contact (if any).

If any estate or inheritance taxes are due, should those be paid by the persons receiving your property or by your estate? List the name, address and phone number and email contact (if any).

Do you have any money or personal items you want given to others (individuals or charities)? List the asset, name, address and phone number and email contact (if any).

## Burial instructions (cremation, specific funeral arrangements):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Anatomical gifts to take effect at death (gift of your body for education, research, or advancement of medical science, transplants, etc.):

Other thoughts and considerations (attach additional page if necessary):

Source: mobar 2019 cle

Rev and edit jjc 2019.2022 jjc/dsw
5/14/2023 rev anchek for webpage