

**BRADLEY L. GREENE, ESQ.**  
**ESTATE PLANNING QUESTIONNAIRE**

*QUESTIONS? CALL 216-575-5200*

All information contained in this questionnaire is confidential and will not be shared with others without your consent. Completing this questionnaire helps us give you competent legal advice. Please fill out the questionnaire as completely as possible. If you do not know the answer to a particular question because you can't get the information needed, just write your best estimate but indicate that the answer is an approximation.

**PART I – PERSONAL INFORMATION**  
**THIS IS INFORMATION REGARDING THE CLIENT(S)**

Client 1	Client 2
First Name:	First Name:
Last Name:	Last Name:
Address:	Address: (if different):
Address:	Address:
City, State, Zip	City State Zip
Phone: Home	Phone: Home
Phone: Work	Phone: Work
Phone: Cell	Phone: Cell
Email:	Email:
Date of Birth	Date of Birth
Social Security Number:	Social Security Number:
Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a trust? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a trust Beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a trust Beneficiary? Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please bring copies of the following with you to your appointment if available: Any trusts, wills, real estate deeds, powers of attorney, recent financial statements, recent investment account statements and tax returns.*

**Children's Information:**

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

**Grandchildren or other important relative information:**

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

NAME:		PHONE(H)
ADDRESS:		PHONE(W)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		

Do either of you have any children by a previous marriage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any of your children in poor health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any of your children blind?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any of your children disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do any of your children plan on continuing their education?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any of your children on SSI or other entitlement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do any children live with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered "yes" to any of the above, please describe who your "yes" answer relates to and list any pertinent dates and other information:

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**ADVISORS**

<b>LIFE INSURANCE:</b>		PHONE
ADDRESS:		FAX
CITY:	STATE:	ZIP
EMAIL:		
COMPANY:		
<b>ACCOUNTANT:</b>		PHONE
ADDRESS:		FAX
CITY:	STATE:	ZIP
EMAIL:		
COMPANY:		
<b>BROKERAGE/FINANCIAL:</b>		PHONE
ADDRESS:		FAX:
CITY:	STATE:	ZIP
EMAIL:		
COMPANY:		

**Please describe briefly any special goals and/or concerns for yourselves and your family members, any special considerations you would like us to know, including but not limited to health concerns or ability to handle finances.**

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***PART II – SUMMARY OF INCOME, ASSETS, AND LIABILITIES***

**INCOME**

	<i>CLIENT 1</i>	<i>CLIENT 2</i>
<i>SALARY</i>		
<i>OTHER:</i>	<hr/>	<hr/>
<i>OTHER:</i>	<hr/>	<hr/>
<i>OTHER:</i>	<hr/>	<hr/>
<i>TOTAL</i>	<hr/>	<hr/>





**REAL ESTATE:****Primary Residence:**

Address:		
City State Zip:		
Year Purchased:	Purchase Price:	
Current Value:	Owned By:	

Address:		Rental?
City State Zip:		
Year Purchased:	Purchase Price:	
Current Value:	Owned By:	

Address:		Rental?
City State Zip:		
Year Purchased:	Purchase Price:	
Current Value:	Owned By:	

Address:		Rental?
City State Zip:		
Year Purchased:	Purchase Price:	
Current Value:	Owned By:	

Please indicate whether anyone owes you money and how much (include family members):

<b><i>PERSON/ENTITY</i></b>	<b><i>AMOUNT</i></b>
<b><i>PERSON/ENTITY</i></b>	<b><i>AMOUNT</i></b>
<b><i>PERSON/ENTITY</i></b>	<b><i>AMOUNT</i></b>

**Do you have Long-term care insurance? Yes \_\_\_ No \_\_\_**

**If yes, Please state the policy terms (length and amount of coverage):**

**Disability insurance? Yes \_\_\_ No \_\_\_**

**If yes, Please state the policy terms (length and amount of coverage):**



**BUSINESS OR PROFESSIONAL PRACTICE****Type and name of Business:****(e.g. S or C Corporation, Partnership, Sole Proprietorship, LLC.)****Owner:****Is there a buy/sell agreement in place?****Long term, do you wish to sell or pass it on to family members?****Life insurance:**

**It is very important to know the cash value and the death benefit of your life insurance policy, as that is the value Medicaid counts. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly. If you cannot do this, I will be glad to assist you.**

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

Company:	Face Value:
Owner:	Cash Value:
Beneficiary:	

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**Debts:**

**Mortgage 1:**

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**Mortgage 2:**

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**Equity line:**

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**Personal Loans:**

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**Credit cards:**

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**Other**

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**Other**

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**Motor Vehicle(s):**

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**Please note any other issues or concerns you would like to address with us:**

**RETURN TO:**

**email:** [bg@bradleygreene.com](mailto:bg@bradleygreene.com) or

**Fax:** 216-464-9049

**Mail:** Bradley L. Greene, Esq.  
25550 Chagrin Blvd., #103  
Beachwood, Ohio 44122

**QUESTIONS?**

**Phone:** (w) 216-575-5200

(c) 216-346-7002