BRADLEY L. GREENE, ESQ.
ESTATE PLANNING QUESTIONNAIRE

QUESTIONS? CALL (216)346-7002

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 ☐ No ☐	Are you a US Citizen? Yes ☐ No ☐
Do you have a trust? Yes ☐ No ☐	Do you have a trust? Yes ☐ No ☐
Are you a trust Beneficiary? Yes ☐ No ☐	Are you a trust Beneficiary? Yes ☐ No ☐

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:	D.O.B	PHONE(H)
ADDRESS:		PHONE(C)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		
SPOUSE:		

NAME:	D.O.B	PHONE(H)
ADDRESS:		PHONE(C)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		
SPOUSE:		

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ADDRESS:		PHONE(C)
CITY:	STATE:	ZIP
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NAMES OF CHILDREN:		
SPOUSE:		

NAME:	D.O.B	PHONE(H)
ADDRESS:		PHONE(C)
CITY:	STATE:	ZIP
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NAMES OF CHILDREN:		
SPOUSE:		

NAME:	D.O.B	PHONE(H)
ADDRESS:		PHONE(C)
CITY:	STATE:	ZIP
EMAIL:		
NAMES OF CHILDREN:		
SPOUSE:		

Grandchildren or other important relative information:

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

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

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

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

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

Do either of you have any children by a previous marriage?	Yes	☐	No	☐
Are any of your children in poor health?	Yes	☐	No	☐
Are any of your children blind?	Yes	☐	No	☐
Are any of your children disabled?	Yes	☐	No	☐
Do any of your children plan on continuing their education?	Yes	☐	No	☐
Are any of your children on SSI or other entitlement?	Yes	☐	No	☐
Do any children live with you?	Yes	☐	No	☐

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:

____

____

____

____

____

ADVISORS

LIFE INSURANCE:		PHONE
ADDRESS:		FAX
CITY:	STATE:	ZIP
EMAIL:		
COMPANY:		
ACCOUNTANT:		PHONE
ADDRESS:		FAX
CITY:	STATE:	ZIP
EMAIL:		
COMPANY:		
BROKERAGE/FINANCIAL:		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.

PART II – SUMMARY OF INCOME, ASSETS, AND LIABILITIES

INCOME

	CLIENT 1	*CLIENT 2*
SALARY		
OTHER:		
OTHER:		
OTHER:		
TOTAL		

Assets:

Type of Account:		Institution:	Value and ownership of Asset Client 1	 Client 2	 Joint
EXAMPLE	Checking Account	XYZ Bank	$325.23		
	IRA Account	ABC Bank		$5,245.34	
	Brokerage Account	Brokerage House 1			$25,200.23
	200 shares Stock	Blue Chip, "A" shares			$18,251.30
	Brokerage Account	Brokerage House 2			$54,231

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):

PERSON/ENTITY ______________________ ***AMOUNT*** ______________

PERSON/ENTITY ______________________ ***AMOUNT*** ______________

PERSON/ENTITY ***AMOUNT***

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:	

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Owner:	Cash Value:
Beneficiary:	

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

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

Debts:

Mortgage 1:

Mortgage 2:

Equity line:

Personal Loans:

Credit cards:

Other

Other

Motor Vehicle(s):

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

RETURN TO: **email:** **bg@bradleygreene.com** **or**
Fax: **(216) 381-3865**
Mail: **Bradley L. Greene, Esq.**
5001 Mayfield Rd. Suite 201
Lyndhurst, OH 44124

QUESTIONS? **Phone:** **(w) (216)575-5200**
(c) (216) 346-7002