

LAW OFFICE OF
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CLIENT INFORMATION QUESTIONNAIRE
(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

Who is completing this form? _____ Relationship to client: _____ Date: _____
How to contact you? Mobile Phone _____ Work phone _____ E-mail _____

HOW DID YOU LEARN ABOUT ME?: Referral? From? _____
Attended a course or seminar I taught? Which one? _____
Yellow Pages? Which one? _____ Other? Please specify? _____

INFORMATION ABOUT CLIENT #1:

CLIENT'S #1 LEGAL NAME: _____

NICKNAME: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ PLACE OF BIRTH _____

HOME STREET ADDRESS: _____ APT #: _____

CITY & STATE: _____ ZIP CODE: _____ HOME PHONE #: _____

MOBILE PHONE #: _____ PLEASE CIRCLE PREFERRED E-MAIL ADDRESS.

PERSONAL E-MAIL _____ WORK E-MAIL _____

OCCUPATION: _____ RETIRED? YES NO SELF-EMPLOYED? YES NO

BUSINESS/EMPLOYER NAME & ADDRESS _____

BUSINESS PHONE # _____ FAX # _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Widowed _____ Remarried _____

If married, Date, County and State of marriage _____

Name of current spouse: _____

Name of Prior Spouse(s) and approximate dates of marriage:

Were you ever in the Military? If yes, date and place of discharge _____

INFORMATION ABOUT CLIENT #2:

LEGAL NAME: _____

NICKNAME: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ PLACE OF BIRTH _____

MOBILE PHONE #: _____ PLEASE CIRCLE PREFERED E-MAIL ADDRESS.

PERSONAL E-MAIL _____ WORK E-MAIL _____

OCCUPATION: _____ RETIRED? YES NO SELF-EMPLOYED? YES NO

BUSINESS/EMPLOYER NAME & ADDRESS _____

BUSINESS PHONE # _____ FAX # _____

MARITAL STATUS: Single ____ Married ____ Divorced ____ Widowed ____ Remarried ____

If married, Date, County and State of marriage _____

Name of current spouse: _____

Name of Prior Spouse(s) and approximate dates of marriage:

Were you ever in the Military? If yes, date and place of discharge _____

FAMILY INFORMATION

CLIENT #1 CHILDREN'S NAMES AND DATES OF BIRTH:

Any of such children adopted? If yes, specify. _____

Any of such children have "special needs"? If yes, specify. _____

Are any children from a relationship other than with your current spouse? Yes ____ No ____

If yes, please explain: _____

Are any of your children deceased? Yes No Name: _____

Do you maintain a relationship with any stepchildren from a prior marriage? Explain: _____

Are you a primary caregiver for anyone other than your own minor children? Specify: _____

Names and dates of birth of Grandchildren (specify their parents' names as well):

Are your parents living? Yes No If yes, name of living parent(s): _____

Name your brothers/sisters (specify if they have children and if anyone is deceased):

CLIENT #2 CHILDREN'S NAMES AND DATES OF BIRTH: (WRITE "SAME" IF ALL CHILDREN WERE BORN OF CLIENT #1 AND CLIENT #2): _____

Any of such children adopted? If yes, specify. _____

Any of such children have "special needs"? If yes, specify. _____

Are any children from a relationship other than with your current spouse? Yes ____ No ____
If yes, please explain: _____

Are any of your children deceased? Yes No Name: _____

Do you maintain a relationship with any stepchildren from a prior marriage? Explain: _____

Are you a primary caregiver for anyone other than your own minor children? Specify: _____

Names and dates of birth of Grandchildren (please specify their parents' names as well):

Are your parents living? Yes No If yes, name of living parent(s): _____

Name your brothers/sisters (specify if they have children and if anyone is deceased):

GENERAL INFORMATION

ESTATE PLANNING BACKGROUND: Circle which documents you have.

Client #1: 1) Will 2) Trust 3) General Power of Attorney 4) Health Care Power of Attorney 5) Living Will

If you have a Will, is it over 5 years old? Yes No
Have you created any trusts? Yes No If yes, attach a copy.
Do you have a Pre-Nuptial Agreement? Yes No If yes, attach a copy.
Have you met with an accountant, attorney, financial planner or other professional to review your estate planning? Yes No
Do you want to specifically disinherit anyone? Yes No

If so, who? _____ why? _____

ESTATE PLANNING BACKGROUND: Circle which documents you have

Client #2: 1) Will 2) Trust 3) General Power of Attorney 4) Health Care Power of Attorney 5) Living Will

If you have a Will, is it over 5 years old? Yes No
Have you created any trusts? Yes No If yes, attach a copy.
Do you have a Pre-Nuptial Agreement? Yes No If yes, attach a copy.
Have you met with an accountant, attorney, financial planner or other professional to review your estate planning? Yes No
Do you want to specifically disinherit anyone? Yes No

If so, who? _____ why? _____

INCOME

CLIENT #1: Please estimate your annual income: \$ _____

Withdrawals each year from retirement account or annuity: _____

Non-Retirement Investment Income: _____ per month

Social Security _____/month Salary/wages \$ _____/year

Pension: _____/month Net rental income \$ _____/month

Other Income: _____

CLIENT #2: Please estimate your annual income: \$ _____

Withdrawals each year from retirement account or annuity: _____

Non-Retirement Investment Income: _____ per month

Social Security _____/month Salary/wages \$ _____/year

Pension: _____/month Net rental income \$ _____/month

Other Income: _____

ASSETS

1. Do you own a home or any other real estate?

Property Address	Owner(s)	Market Value	Amount owed on Mortgage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you own any other titled property such as a car or boat?

Type of Property	Owner(s)	Current Value	Amount owed on loan
_____	_____	_____	_____
_____	_____	_____	_____

3. RETIREMENT ASSETS: List IRA, SEP, KEOGH, 401K, Simple IRA, and other retirement savings:

CLIENT #1

Institution	Type of account?	Owner	Approximate Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLIENT #2

Institution	Type of account?	Owner	Approximate Value	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. NON-RETIREMENT ASSETS: List stocks, bonds, mutual funds, or other kind of investment, not mentioned above:

CLIENT #1

Institution	Type of account	Owner	Approximate Value	Beneficiary

CLIENT #2

Institution	Type of account	Owner	Approximate Value	Beneficiary

5. Do you have any checking accounts, savings accounts, and/or CDs not mentioned above?

CLIENT #1:

Bank	Savings/Checking/CD	Account Owner(s)	Approximate Value

CLIENT #2:

Bank	Savings/Checking/CD	Account Owner(s)	Approximate Value

6. **CLIENT #1:** Are you expecting to receive property or money from: Inheritance ____ Gift ____ Judgment ____
Other ____ If so, when and approximately how much? _____

CLIENT #2: Are you expecting to receive property or money from: Inheritance ____ Gift ____ Judgment ____
Other ____ If so, when and approximately how much? _____

7. Do you have life insurance?

CLIENT #1:

Name of Company	Owner(s)	1 st Beneficiary	2 nd Beneficiary	How much?

CLIENT #2:

Name of Company	Owner(s)	1 st Beneficiary	2 nd Beneficiary	How much?

8. Do you have long term health care (LTC) coverage? If yes, provide declarations page or summary

CLIENT #1: YES NO Provider: _____
CLIENT #2: YES NO Provider: _____

9. Do you have any other items of significant value (i.e. coin collections, antiques, jewelry, etc.)

Description	Owner	Approximate Value

10. Do you own an interest in a business? YES NO If yes, complete page 10 titled "Business Supplement"

11. Do you have any debts other than your mortgage(s)? If so, please list them below (specify Client #1, Client #2 or joint):

Who you do owe?	Amount owed?

12. Accountant's Name: _____ Phone #: _____
Firm Name: _____ Fax #: _____
e-mail address: _____

DURABLE GENERAL POWER OF ATTORNEY

CLIENT #1:

Who do you want to appoint to be your agent? You can appoint one or more persons to act for you, each with the power to act separately.

Can they act at any time? YES NO Or only when you are disabled or very sick? YES NO

Name	Relationship	Home Address

CLIENT #2

Who do you want to appoint to be your agent? You can appoint one or more persons to act for you, each with the power to act separately.

Can they act at any time? YES NO Or only when you are disabled or very sick? YES NO

Name	Relationship	Home Address

DURABLE HEALTH CARE POWER OF ATTORNEY AND HEALTH CARE TREATMENT INSTRUCTIONS (INCLUDING "LIVING WILL")

Executing a Durable Health Care Power of Attorney allows you to designate who can get medical information on your behalf, who can make health care decisions when you are not capable of doing so yourself, and who can make the decision (if you give them the right) to withhold treatment if you are in an end-stage terminal condition. Are you considering executing a Durable Health Care Power of Attorney? Who would you appoint as your health care agent to follow your directive?

CLIENT #1:

1st choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

2nd choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

3rd choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

Your Doctor's names(s)	Address	phone #
_____	_____	_____
_____	_____	_____

Do you want to make an anatomical gift of all or part of your body (organ donation)? NO ____ YES ____
If yes, Do you allow both transplants and research YES NO If no, Transplants only ____ Research only ____

CLIENT #2 – Same as CLIENT #1? YES NO If not, specify changes:

1st choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

2nd choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

3rd choice: _____ relationship: _____
home address: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail address: _____

Your Doctor's names(s)	Address	phone #
_____	_____	_____
_____	_____	_____

Do you want to make an anatomical gift of all or part of your body (organ donation)? NO ____ YES ____ If
yes, Do you allow both transplants and research YES NO If no, Transplants only ____ Research only ____

APPOINTMENTS FOR YOUR WILL OR TRUST:

CLIENT #1:

The following questions ask whom you would like to serve as your Executor, Trustee, and Guardian (if necessary).

An **EXECUTOR** is the person or corporation named in your Will to administer the settlement of your estate. This appointment involves significant responsibility. You can specify that 2 people must act together.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

The **TRUSTEE** is the person/bank who would manage the assets held in trust when and if necessary. This appointment also involves significant responsibility.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

A **GUARDIAN** is the person who would raise your minor or disabled children in the event your spouse predeceases you.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

CLIENT #2:

The following questions ask whom you would like to serve as your Executor, Trustee, and Guardian (if necessary). If the same individuals in the same order as Client #1, mark "SAME" on the lines below.

An **EXECUTOR** is the person or corporation named in your Will to administer the settlement of your estate. This appointment involves significant responsibility. You can specify that 2 people must act together.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

The **TRUSTEE** is the person/bank who would manage the assets held in trust when and if necessary. This appointment also involves significant responsibility.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

A **GUARDIAN** is the person who would raise your minor or disabled children in the event your spouse predeceases you.

1st choice: _____ relationship: _____
2nd choice: _____ relationship: _____
3rd choice: _____ relationship: _____

DISPOSITIVE PROVISIONS. WHO ARE YOUR BENEFICIARIES?

CLIENT #1: Do you want to make a memorandum to your Executor listing specific personal items (such as jewelry or antiques) to be given to a family member or other individual?

Name of Person	Description of Gift

Do you want to make a specific bequest (gift) in your Will to any family members or friends?
If so, please list below. Specify dollar amount or a specific asset (such as business or real estate).

Name	Relationship	Amount

Do you want to make a gift to a charity, foundation, religious, or fraternal organization? If so, please list the organization and the dollar amount or specific asset.

Name of Organization	Amount	Address and Tax ID# (if known)

WHO DO YOU WANT TO RECEIVE THE REMAINDER (also called the “residue”) OF YOUR PROPERTY/ASSETS?

	_____ % relationship: _____
	_____ % relationship: _____
	_____ % relationship: _____

CLIENT #2: Do you want to make a memorandum to your Executor listing specific personal items (such as jewelry or antiques) to be given to a family member or other individual?

Name of Person	Description of Gift

Do you want to make a specific bequest (gift) in your Will to any family members or friends?
If so, please list below. Specify dollar amount or a specific asset (such as business or real estate).

Name	Relationship	Amount

Do you want to make a gift to a charity, foundation, religious, or fraternal organization? If so, please list the organization and the dollar amount or specific asset.

Name of Organization	Amount	Address and Tax ID# (if known)

WHO DO YOU WANT TO RECEIVE THE REMAINDER (also called the “residue”) OF YOUR PROPERTY/ASSETS?

	_____ % relationship: _____
	_____ % relationship: _____
	_____ % relationship: _____

BUSINESS SUPPLEMENT TO CLIENT INFORMATION QUESTIONNAIRE

IF YOU OR YOUR SPOUSE ARE SELF-EMPLOYED, OR IF YOU ARE A BUSINESS CLIENT, PLEASE COMPLETE THE FOLLOWING:

Type of business: _____

Year started: _____

How is the business organized? CIRCLE APPLICABLE TERMS

Sole Proprietorship?

Corporation?

Taxed as C Corp? Taxed as S Corp?

Partnership? General or Limited?

Limited Liability Company? Taxed as (CIRCLE ONE):

Disregarded entity

Partnership

C Corporation

S Corporation

Business Name: _____

Fictitious or trade name: _____

Principal business location: _____

Registered Office (for Secretary of State filings): _____

Do you have a federal tax ID number? Yes No
If so, what is it? _____

Names and ownership interests of owner(s) of the business:

Estimate value of business: \$ _____	Personal Guarantees? YES NO
Debts: \$ _____	Non-owner employees? YES NO
Annual gross income: \$ _____	

Any affiliated companies? If yes, please specify. _____

Accountant's Name: _____ Phone #: _____

Firm Name: _____ Fax #: _____

Address: _____

E-mail: _____