

## SHORT CONFIDENTIAL QUESTIONNAIRE

Name:
Marital status: Never Married Divorced Widowed Married/Remarried Date:
Address: City, State & Zip:
Home Phone: Cell Phone: E-mail Address:
DOB:
Employer: Occupation:
Expected Retirement Age:
Children's Names & Ages:
Spouse's Information:
Name: Cell Phone: E-mail Address:
DOB:
Employer: Occupation:
Expected Retirement Age:
Asset Values: Total of Cash/Savings: Total of Taxable Investments:
Total of IRAs & SEP IRAs: Total of 401k & 403b Plans:
Total of All Other Retirement Plans: Primary Home:
Other Real Estate: Business Value: Personal Assets:
Face Value of Life Insurance: On who?
Debt Values: Mortgage on Primary Home: All Other Debt:
Total Annual Living Expenses (including taxes):
Estate Planning Completed: Will(s) Durable Powers of Attorney Health Care Directives Trust
NOTES:

Please answer all items the best that you can. All information will be kept confidential. Please read our Privacy Policy.