

CONFIDENTIAL QUESTIONNAIRE
FOR
ESTATE PLANNING

Law Office of Jeffrey M. Janeiro, P.L.
3400 Tamiami Trail N., Ste. 203
Naples, FL 34103
Telephone (239) 513-2324/Fax (239) 513-9580

Family Information

Yourself

Full Name: _____
Date of Birth: _____
Social Security #: _____
U.S. Citizen: _____ Yes _____ No
Employer: _____
Occupation: _____

Address: _____
City, State, Zip: _____
Date of Marriage: _____

Your Spouse

Full Name: _____
Date of Birth: _____
Social Security #: _____
U.S. Citizen: _____ Yes _____ No
Employer: _____
Occupation: _____

Home Phone: _____
Work Phone: _____
E-mail Address: _____

Children

Child 1 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 3 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 5 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 2 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 4 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 6 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Grandchildren

GrandChild 1 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 2 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 3 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 4 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 5 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 6 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Should you or your spouse have any other “dependents”, who are dependent upon either of you, for all or part of their support, enter that information below:

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Parents

Your Father: _____
Age or Date of Death: _____
Health: _____
Address: _____

Your Mother: _____
Age or Date of Death: _____
Health: _____
Address: _____

Parents

Spouse' Father: _____
Age or Date of Death: _____
Health: _____
Address: _____

Spouse's Mother: _____
Age or Date of Death: _____
Health: _____
Address: _____

Siblings

You

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____

Your Spouse

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____

General Medical Information

Your Attending Physician: _____ Address: _____
Spouse's Attending Physician: _____ Address: _____
Specialists: _____

Professional Advisors

Accountant: _____ Phone #: _____
Financial Planner: _____ Phone #: _____
Stock Broker: _____ Phone #: _____
Insurance Agent: _____ Phone #: _____

Do you desire any of the above named people to be involved with your consultation? ___ Yes ___ No
If yes, who? _____

Financial Information

Your Employment Income: _____

Amount: _____

Spouse's Employment Income: _____

Amount: _____

Real Estate

Primary Residence Address: _____

Owner: _____

Mortgage: _____ Yes _____ No

If Yes, Balance Owed: _____

Fair Market Value: _____

Secondary Residence Address: _____

Owner: _____

Mortgage: _____ Yes _____ No

If Yes, Balance Owed: _____

Fair Market Value: _____

Other Real Property: _____

Personal Assets

Vehicle Type: _____

Owner: _____

Value: _____

Vehicle Type: _____

Owner: _____

Value: _____

Watercraft: _____

Owner: _____

Value: _____

Home Furnishings: _____

Owner: _____

Value: _____

Art Collection: _____

Owner: _____

Value: _____

Coin Collection: _____

Owner: _____

Value: _____

Other Collection: _____

Owner: _____

Value: _____

Jewelry: _____

Owner: _____

Value: _____

Misc.: _____

Owner: _____

Value: _____

Misc.: _____

Owner: _____

Value: _____

Business Assets

Type: _____

Owner: _____

Value: _____

Type: _____

Owner: _____

Value: _____

Type: _____

Owner: _____

Value: _____

Bank Accounts

Bank Name: _____

Owner: _____

Value: _____

Bank Name: _____

Owner: _____

Value: _____

Bank Name: _____

Owner: _____

Value: _____

Bank Name: _____

Owner: _____

Value: _____

CD's or Savings Bonds

Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____

Retirement Accounts

Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____

Investment Accounts

Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____

Stock Options

Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____

Life Insurance

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Children's Accounts

Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____

Other

Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____

Liabilities

Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____

Total Liabilities: \$ _____ **Total Assets:** _____

Any Additional Information You Wish to Share May Be Noted Below:
