

**CONFIDENTIAL QUESTIONNAIRE**

**FOR**

**ESTATE PLANNING**

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**Family Information**

Your Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

U.S. Citizen:        \_\_\_\_\_ Yes    \_\_\_\_\_ No

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

**Children**

**Child 1** 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 3** 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 5** 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 have any other “dependents”, who are dependent upon you, for all or part of their support, please 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: \_\_\_\_\_

**Siblings**

Full Name: \_\_\_\_\_  
Age or Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Age or Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Age or Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Age or 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:**

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