

LAW OFFICE  
OF  
**DANIEL B. CAPOBIANCO**  
CLIENT QUESTIONNAIRE

**All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent.**

**PERSONAL INFORMATION**

**Husband**

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name on Legal Documents \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_ US Citizen?  Yes  No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Are either of your parents still living?  Yes  No

Are either of your grandparents still living?  Yes  No

**Wife**

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name on Legal Documents \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_ US Citizen?  Yes  No

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Are either of your parents still living?  Yes  No

Are either of your grandparents still living?  Yes  No

Date of Marriage \_\_\_\_\_ Existing Prenuptial Agreement? \_\_\_\_\_

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?  Yes  No

**Children (by Birth or Adoption)**

Name	Birthdate	Child of:
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint
_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Joint

Does any child have special educational, medical or physical needs, or receive governmental benefits?  Yes  No

**Advisors**

Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_

Referred to Our Firm By \_\_\_\_\_

**Successors**

Who will serve as guardian for your minor children (if any)?

		Husband's Responses	Wife's Responses
<b>Guardians</b>	First Choice		
	Second Choice		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Husband's Responses	Wife's Responses
<b>Durable power of Attorney</b>	First Choice		
	Second Choice		

If you were (both) incapacitated for any period of time, who would you choose to make health care decisions for you?

		Husband's Responses	Wife's Responses
<b>Health Care Successor</b>	First Choice		
	Second Choice		

Upon your death, Who will administer your estate and probate your Will?

**Husband's Responses**

**Wife's Responses**

<b>Executor of your Estate</b>	First Choice		
	Second Choice		

Upon your death, Who will become the Trustee of your Revocable Trust?

**Husband's Responses**

**Wife's Responses**

<b>Successor Trustees</b>	First Choice		
	Second Choice		

Would you like your children and/or descendants to become trustees of their trusts at a certain age?  Yes  No

What age \_\_\_\_\_

Are there other persons, charities or organizations you would like mentioned in your trust?  Yes  No

---



---



---



---



---



---



---



---

**Assets Information**

The values listed are for discussion purposes only. A more accurate list will be obtained at a later dated. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

**Bank and Savings Accounts.** To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs or 401(k)s here.*

	Financial Institution	Owner	Market Value	Type of Account
<b>Bank and Savings Accounts</b>	1.			
	2.			
	3.			
	4.			
	5.			

**Stocks, Bonds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

	Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
<b>Stocks and Bonds</b>	1.			
	2.			
	3.			
	4.			
	5.			

**Retirement Accounts.** To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

	Custodial Institution	Owner	Market Value	Type of Plan
<b>Retirement Accounts</b>	1.			
	2.			
	3.			
	4.			
	5.			

**Real Estate.**

		<b>Owner</b>	<b>Market Value</b>	<b>Debt</b>
<b>Real Estate</b>	1. Personal Residence			
	2.			
	3.			
	4.			
	5.			

**Personal Property.**

	<b>Description</b>	<b>Owner</b>	<b>Market Value</b>	<b>Debt</b>
<b>Personal Property</b>	1. Autos			
	2. Household Contents			
	3.			
	4.			
	5.			

**Life Insurance Policies and Annuities.** List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

	<b>Insurance Company</b>	<b>Type</b>	<b>Owner</b>	<b>Insured</b>	<b>Cash Value</b>	<b>Death Benefit</b>
<b>Life Insurance/ Annuities</b>	1.					
	2.					
	3.					
	4.					
	5.					

**Other Property.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

	Description	Owner	Market Value
Other Property	1.		
	2.		
	3.		
	4.		
	5.		