THE ESTATE PLANNING & ELDER LAW PRACTICE OF
Mitch Cash
ATTORNEY AT LAW
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New Client Information Questionnaire

Client (Husband if married couple) Information

Name_____Also Known As_____

Birth Date:_____ SS#_____ Veteran? ☐ Yes ☐ No

Physical Address _____ City_____ State_____ Zip_____

Mailing Address _____ City_____ State_____ Zip_____

County of Residence _____ Home Phone_____

Cell Phone _____ Business Phone _____

Email Address _____

May we communicate with you and send you occasional newsletters or offers via email? ☐ Yes ☐ No

Employer _____ Position _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

If married, date of marriage _____

Prenuptial Agreement? ☐ Yes ☐ No

Are either of your parents still living? ☐ Yes ☐ No

Are either of your grandparents still living? ☐ Yes ☐ No

Spouse/Wife Information

Name_____ Also Known As_____

Birth Date:_____ SS#_____ Veteran? ☐ Yes ☐ No

Physical Address _____ City_____ State_____ Zip_____

Mailing Address _____ City_____ State_____ Zip_____

County of Residence _____Home Phone _____

Cell Phone _____ Business Phone _____

Email Address _____

May we communicate with you and send you occasional newsletters or offers via email? ☐ Yes

☐ No

Employer _____ Position _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

If married, date of marriage _____

Prenuptial Agreement? ☐ Yes ☐ No

Are either of your parents still living? ☐ Yes ☐ No

Are either of your grandparents still living? ☐ Yes ☐ No

Children

1. Legal Name _____ Also Known As _____

   Child of: ☐ Both Client and Spouse ☐ Husband only ☐ Wife only

   ☐ Adopted – if so, by whom _____

   Birth Date: _____ SS# _____

   Physical Address _____ City _____ State _____ Zip _____

   Mailing Address _____ City _____ State _____ Zip _____

   Home Phone _____ Cell Phone _____

   Email Address _____

   Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

   If married, spouse's name _____

   Children's Names and Ages: _____

   _____

2. Legal Name _____ Also Known As _____

   Child of: ☐ Both Client and Spouse ☐ Husband only ☐ Wife only

   ☐ Adopted – if so, by whom _____

   Birth Date: _____ SS# _____

   Physical Address _____ City _____ State _____ Zip _____

   Mailing Address _____ City _____ State _____ Zip _____

   Home Phone _____ Cell Phone _____

   Email Address _____

   Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

   If married, spouse's name _____

Children's Names and Ages: _____

_____

3. Legal Name _____ Also Known As_____

Child of: ☐ Both Client and Spouse ☐ Husband only ☐ Wife only

☐ Adopted – if so, by whom _____

Birth Date: _____ SS#_____

Physical Address _____ City_____ State_____ Zip_____

Mailing Address _____ City_____ State_____ Zip_____

Home Phone _____ Cell Phone _____

Email Address _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

If married, spouse's name _____

Children's Names and Ages: _____

_____

Continue on back if needed for additional children

Do any of the children named above have special educational, medical, or physical needs, or receive government benefits? ☐ Yes ☐ No

Does any child have any potential problems with drug or alcohol abuse? ☐ Yes ☐ No

Are you concerned with any child's ability to handle or manage money? ☐ Yes ☐ No

Are you concerned with your children's ability to get along with one another? ☐ Yes ☐ No

Are there problems or concerns relative to your relationship with your children (or spouse's children)? ☐ Yes ☐ No

Are there problems or concerns relative to your relationship with your children's (or spouse's children's) spouses? ☐ Yes ☐ No

People Who Advise You

	Name	Phone Number
Accountant		
Financial Advisor		
Life Insurance Agent		
Personal Physician		
Stockbroker		
Emergency Contact		
Banker		
Other Advisor		

Agents

1. Financial Power of Attorney:

	Husband's Choice	Wife's Choice
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

2. Health Care Power of Attorney:

	Husband's Choice	Wife's Choice
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

3. Guardian for Minor Children, if any:

	Husband's Choice	Wife's Choice
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

4. Administrator/Trustee of your estate if you were both deceased:

	Husband's Choice	Wife's Choice
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

Concerns

Tax Concerns	**Yes**	**No**
Risk of the IRS taking half of the estate when I die	☐	☐
Risk of capital gains taxes paid on the sale of property	☐	☐

Family Concerns

Risk of persons other than those we select will gain custody of any minor children	☐	☐
Risk of a child losing his or her inheritance to creditors, lawsuits or to a divorcing spouse	☐	☐
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild	☐	☐

Risk that an inheritance received by a child who has a disability would render them in eligible for governmental benefits	☐	☐
Risk that assets left to your spouse might not pass to your intended heirs as a result of your spouse remarrying after your death or divorce	☐	☐
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to	☐	☐
Disability Concerns		
Risk of legal guardianship in event of disability	☐	☐
Risk of unwanted efforts made to save your life if you feel that it is best to cease such efforts and die peacefully and without pain	☐	☐
Risk that healthcare personnel will not disclose health care information to loved ones due to lack of proper HIPAA releases	☐	☐
Risk of an unnecessary guardianship over an incapacitated adult child in order to make health care decisions for that child	☐	☐
Creditor Concerns		
Risk of lawsuits against you	☐	☐
Risk of loss of assets to nursing home	☐	☐
Post-Death Concerns		
Risk of unnecessary costs and delays associated with the estate passing through probate	☐	☐
Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and final expenses	☐	☐
Risk of private matters unnecessarily being made public	☐	☐

Asset Assessment

	Husband	Spouse	Joint Ownership
Cash Accounts (checking, savings, CD's, Money Market)			
Investment Accounts (i.e., brokerage accounts)			
Bonds (not held in an investment account)			
Stocks (not held in an investment account)			
Retirement Plans (401k's, IRAs, etc.)			
Pension Plans			
Life Insurance Policies (please provide Death Benefit and Cash Value)			
Annuities			
Personal Residence			
Other Real Estate			
Personal Effects (i.e., jewelry, household items, art, vehicles, boats, planes, RVs, etc.)			
Business Interest (i.e., corporate, partnership & LLC interests)			
Farm & Ranch Interests (other than real estate which should be shown above)			
Other Assets			
Total Each Column	$	$	$

Liabilities			
Real Estate Mortgages			
Other			
Total Liabilities	$	$	$

Net Estate (Total Assets minus Total Liabilities)	$	$	$

Request for Documentation

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
2. Copies of all deeds to real estate or time shares owned by you.
3. Copies of any pre- or post-nuptial agreements, if any.
4. Long-term care policies.

Affirmation: the undersigned hereby states and affirms that the information contained in this New Client Information Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that the Estate Planning and Elder Law Firm of Mitch Cash, Attorney at Law (the "Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a client of the Firm. If the undersigned becomes a client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of such inaccuracy or incompleteness.

Client: _____ Date: _____

Client: _____ Date: _____