



	Date:
Re: Estate Planning	
Dear,	
Thank you for calling our office for your Long-Ter	m Care and Estate Planning needs.
,	It is important for you to answer this questionnaire returned this questionnaire as least two days before
After our initial consultation and if you decide to Legal issues involved and make recommendations o	o retain us, our office will give you an analysis of the in the proper steps to achieve your goals.
If for any reason you are unable to keep your ap of documents, please call our office.	pointment or have questions regarding the check list
We hope to provide you with directions to help y maze. We know the way and will help your family fi	you through the Estate and Long-Term Care Planning nd it as well.
	Very truly yours,
	Robert H. Lugg, Esq.
Enclosure	



Estate Planning Questionnaire

1 Who will be attending your initial consultation?	
2. What are your 3 main goals for this consultation	n?
•	
•	
•	
3. How were you referred to Lugg & Lugg Law Offic	e?
4. CLIENTS' PERSONAL INFORMATION:	
SELF/CLIENT - Full Name	SPOUSE - Full Name
SELF/CLIENT - Date of Birth	SPOUSE - Date of Birth
SELF/CLIENT - Social Security Number	SPOUSE - Social Security Number
	SPOUSE - Date of Death (If applicable)
Do you have a pre-marital or post-marita *If yes, please attach document	l agreement? ☐ Yes ☐ No
SELF/CLIENT:	SPOUSE:
A U.S. Citizen? ☐ Yes ☐ No	A U.S. Citizen? ☐ Yes ☐ No
A Veteran? ☐ Yes ☐ No	A Veteran? ☐ Yes ☐ No
Number of Times Married:	Number of Times Married:
E-Mail:	E-Mail:
Employer:	Employer:
Work Phone:	Work Phone:
Medical Concerns:	Medical Concerns:
Street Address:	City: State:
Zip Code: County:	Phone:



5. CHILDREN'S INFORMATION

Does anyone in your family have a physic or developmental disability?	al, intellectual,	☐ Yes	□ No
Is anyone in your family receiving Supple (SSI) or Social Security Disability (SSD)	mental Income?	☐ Yes	□ No
Child's Full name:	SSN:		DOB:
Address:		Phone:	
Child's Full name:	SSN:		DOB:
Address:		Phone:	
Child's Full name:	SSN:		DOB:
Address:		Phone:	
Child's Full name:	SSN:		DOB:
Address:		Phone:	
6. CLIENTS' ADVISORS			

	NAME	PHONE NUMBER
FINANCIAL PLANNER		
ACCOUNTANT		
INSURANCE AGENT		
OTHER ADVISOR		



7. FINANCIAL DATA

-	Do you own any property subject to a	n oil or gas lease? □Yes □ No	
-	Have you ever filed a United States Gi	ft Tax Return (Form 709)? ☐Yes	□No
-	Have you given any assets in excess or etc.) to individuals or to a trust in the *If yes, please fill in the table below	, , ,	• • •
	ASSET GIFTED VALUE	DATE OF GIFT	GIVEN TO

PERSONAL PROPERTY	<u>VALUE/</u> <u>AMOUNT OWED</u>	JOINT	SELF/CLIENT	SPOUSE
Primary Residence (Assessed Value) Please obtain from Tax Bill: Parcel #: Acres: Building & Improvements:	\$	\$	\$	\$
Additional Real Estate #1 (Condos, Hunting Clubs, Rentals)	\$	\$	\$	\$
Automobile (most valuable)	\$	\$	\$	\$
Additional Automobiles	\$	\$	\$	\$
Personal Effects, Household Items, Collections	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL				



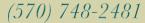
7. FINANCIAL DATA (Continued)

ACCOUNTS/ POLICIES	TOTAL NUMBER OF ACCOUNTS/POLICIES	<u>JOINT</u>	SELF/CLIENT	<u>SPOUSE</u>
Savings Accounts		\$	\$	\$
Checking Accounts		\$	\$	\$
Money Market Accounts		\$	\$	\$
Certificates of Deposit		\$	\$	\$
Mutual Funds		\$	\$	\$
Stocks		\$	\$	\$
Bonds		\$	\$	\$
Annuities		\$	\$	\$
IRAs		\$	\$	\$
401Ks		\$	\$	\$
Whole Life Insurance		\$	\$	\$
Term Life Insurance		\$	\$	\$
Group Life Insurance		\$	\$	\$
Other		\$	\$	\$
TOTAL				



OTHER ASSETS	<u>JOINT</u>	SELF/CLIENT	<u>SPOUSE</u>
Business Interests (LLC, FLP, S-Corp, Etc.)	\$	\$	\$
Burial Accounts	\$	\$	\$
Long Term Care Insurance	\$	\$	\$
Daily Benefit: \$			
Other	\$	\$	\$
TOTAL			

INCOME	SELF/CLIENT	SPOUSE
Social Security	\$	\$
Pension	\$	\$
Interest	\$	\$
Other:	\$	\$
Other:	\$	\$
TOTAL		





8. CERTIFICATION

Questionnaire Complete	d By:		
Date Completed:			

Thank you for completing our Confidential Client Questionnaire.

We ask that you return the completed Questionnaire at least two days before your scheduled consultation. This gives us time to review prior to the appointment to be able to serve your specific needs at the best of our ability.

You may drop the completed form off at the office or email it to lhlaw@lugglaw.com.

If you have questions about your consultation or this questionnaire, we would be happy to assist you. Please call our office at (570) 748-2481.