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ESTATE PLANNING INTAKE QUESTIONNAIRE

Today's Date: _____

YOUR PERSONAL INFORMATION

Your Complete Legal Name: _____

Your Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ Marital Status: _____

Date of Marriage: _____ Date of Divorce: _____

Present Health: _____

Safe Deposit Box(es) Locations: _____ Name on Box: _____

_____ Name on Box: _____

_____ Name on Box: _____

DOMICILE(S)

Other Residences: _____

Prior Residences: _____

BUSINESS/EMPLOYMENT

Name of Business/Employment: _____

Business Address: _____

Phone: _____ Type of Business: _____

Form of Ownership (sole proprietor, partner, limited partner, corporation, other): _____

ESTIMATED INCOME FOR CURRENT YEAR

	Client	Spouse
Base Salary	_____	_____
Bonus and Other Compensation	_____	_____
Taxable Dividends and Interest	_____	_____
Tax-Exempt Income	_____	_____
Capital Gains or Losses	_____	_____
Other Income (Specify)	_____	_____
Total	_____	_____

MILITARY SERVICE

Your branch of service: _____

Your dates of service: _____

Your rank: _____

Your service number: _____

Date of discharge: _____

Your service-connected disabilities (%): _____

Your pension and retirement information is located: _____

CASH, BANK ACCOUNTS, CERTIFICATES OF DEPOSIT INFORMATION

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

REAL PROPERTY INFORMATION

(Include Residential, Business, Recreational, Rental, Timeshare, Foreign Real Estate, Other)

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

SECURITIES, STOCKS, BONDS, GOVERNMENT BONDS INFORMATION

STOCKS

Title: _____ Date of Death Value: _____

Company Name: _____ Number of Shares: _____

Type of Stock (Common or Preferred): _____ Certificate Numbers: _____

Title: _____ Date of Death Value: _____

Company Name: _____ Number of Shares: _____

Type of Stock (Common or Preferred): _____ Certificate Numbers: _____

U.S. SAVINGS BONDS

Title: _____ Serial Number: _____

Date of Issue: _____ Accrued Interest: _____ Date of Death Value: _____

Title: _____ Serial Number: _____

Date of Issue: _____ Accrued Interest: _____ Date of Death Value: _____

BONDS

Title: _____ Serial Number: _____

Issuer: _____ Date of Issue: _____ Bond Type: _____

Interest Note: _____ Maturity Date: _____ Face Amount: _____

Value at Maturity: _____ Date of Death Value: _____ Face Amount: _____

Title: _____ Serial Number: _____

Issuer: _____ Date of Issue: _____ Bond Type: _____

Interest Note: _____ Maturity Date: _____ Face Amount: _____

Value at Maturity: _____ Date of Death Value: _____ Face Amount: _____

INSURANCE AND ANNUITIES ON LIFE INFORMATION

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

TANGIBLE PERSONAL PROPERTY

MOTOR VEHICLES

	1	2	3	4
Make, Model, Year	_____	_____	_____	_____
Who uses item	_____	_____	_____	_____
Titleholder	_____	_____	_____	_____
VIN Number	_____	_____	_____	_____
Loan Company	_____	_____	_____	_____
Loan Balance	_____	_____	_____	_____
Monthly Payments	_____	_____	_____	_____
Are Payments Current?	_____	_____	_____	_____
Insurance Coverage	_____	_____	_____	_____

OTHER VEHICLES (BOATS, TRAILERS, CAMPERS, MOTORBIKES, ETC.)

	1	2	3	4
Make, Model, Year	_____	_____	_____	_____
Who uses item	_____	_____	_____	_____
Titleholder	_____	_____	_____	_____
VIN Number	_____	_____	_____	_____
Loan Company	_____	_____	_____	_____
Loan Balance	_____	_____	_____	_____
Monthly Payments	_____	_____	_____	_____
Are Payments Current?	_____	_____	_____	_____
Insurance Coverage	_____	_____	_____	_____

ASSETS

Assets	Husband	Wife	Joint
Personal Effects	_____	_____	_____
Home (Principal)	_____	_____	_____
Other Real Estate	_____	_____	_____
Bank Accounts & Certificates of Deposit	_____	_____	_____
Marketable Securities	_____	_____	_____
Non-Marketable Securities	_____	_____	_____
Business Interests	_____	_____	_____
Life Insurance	_____	_____	_____
IRAs or Similar Accounts	_____	_____	_____
Pension or Profit-Sharing Benefits	_____	_____	_____
Tax Shelter Investments	_____	_____	_____
Other Assets	_____	_____	_____
Total	_____	_____	_____

LIABILITIES

Liabilities	Husband	Wife	Joint
Current Debts	_____	_____	_____
Bank Loans	_____	_____	_____
Mortgages Payable	_____	_____	_____
Income Taxes	_____	_____	_____
Life Insurance Loans	_____	_____	_____
Other Debts	_____	_____	_____
Total	_____	_____	_____

Estimated Combined Present Net Worth: _____

Estimated Value of Estate (including insurance and employment benefits): _____

MISCELLANEOUS ASSET INFORMATION

Are you currently a beneficiary of an estate or trust? (Includes trusts where you have an expectancy after a prior interest): ____ If yes, please state:

Name of Estate/Trust	Relationship	Trustee	Value of Your Interest
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any expected inheritances from your parents or other relatives?: ____ If yes, please state:

Person Who May Leave You Something	Relationship	Age	Value of Your Interest
_____	_____	_____	_____
_____	_____	_____	_____

Are you serving as executor or trustee of any estate or trust?: _____ If yes, please state:

Estate or Trust	Other Trustees	Value	Attorney Handling
_____	_____	_____	_____
_____	_____	_____	_____

Describe any other contingent asset you have been entitled to receive (i.e. negligence recovery):

CHILDREN AND STEP-CHILDREN

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

GRANDCHILDREN

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

PARENTS, SPOUSE'S PARENTS, AND OTHER DEPENDENTS

FAMILY CONCERNS

Ante-nuptial or Postnuptial Agreements: _____

Previous Marriages: _____

Children of Previous Marriages: _____

Divorce or Legal Separation: _____

Settlement Information (child support, etc.): _____

Special Dependency Cases (handicapped child, relative): _____

Mental Disability: _____

Emotional Problems: _____

Other Health Problems: _____

INFORMATION FOR LAST WILL AND TESTAMENT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____
Date of Birth: _____ Date of Death: _____
Social Security Number: _____ Marital Status: _____
Occupation: _____

EXECUTOR/EXECUTRIX

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

If above named agent is not available:

FIRST ALTERNATE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

SECOND ALTERNATE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

GUARDIAN FOR MINOR CHILDREN

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

If above named agent is not available:

FIRST ALTERNATE AGENT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

SECOND ALTERNATE AGENT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

AGENT OF DURABLE POWER OF ATTORNEY

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

If above named agent is not available:

FIRST ALTERNATE AGENT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

SECOND ALTERNATE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

AGENT OF DURABLE HEALTH CARE POWER OF ATTORNEY

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

If above named agent is not available:

FIRST ALTERNATE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

SECOND ALTERNATE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ Email: _____

INFORMATION FOR LIVING WILL

FIRST CONTACT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

SECOND CONTACT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

DONOR REGISTRY

Do you wish to be listed on the Donor Registry?: _____

FAMILY ADVISORS

ACCOUNTANT

Name: _____

Firm: _____

Address: _____

Telephone: _____

ATTORNEY

Name: _____

Firm: _____

Address: _____

Telephone: _____

TAX PREPARER

BANKER

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

PHYSICIAN

INSURANCE PLANNER/AGENT

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

TRUST OFFICER

STOCK BROKER

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

APPRAISER

OTHER

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

OTHER

OTHER

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

SPECIFIC BEQUESTS (contained in Last Will & Testament)

Party	Item Received	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WISHES REGARDING DIVISION OF PROPERTY AND ASSETS

