
CONFIDENTIAL

ESTATE PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE

The purpose of this Personal Information Questionnaire is to help prepare for our upcoming consultation. This preparation provides us with important personal information about you, your family and your trusted advisors. The last page of this questionnaire asks for an estimated value of the estate assets. Your complete answers will help enable us to most effectively advise you on your situation.

It will be very helpful if you can complete and return this Personal Information Questionnaire to our office prior to our initial consultation meeting.

LAW OFFICES OF
MALL MALISOW & COONEY, P.C.
HOLISTIC ESTATE & ELDERCARE ATTORNEYS
30445 NORTHWESTERN HWY., SUITE 250
FARMINGTON HILLS, MICHIGAN 48334
(248) 538-1800 (248) 538-1801 FACSIMILE
(866)-699-1800 TOLL FREE

PERSONAL INFORMATION

(Please Print Clearly)

Date Completed _____

From what source(s) did you receive our name? _____

Have you ever visited our website? Yes No If yes, was the information you received useful? Yes No

Client # 1

Full legal name _____

Print your name as you would like it to appear on your legal documents _____

Nickname _____ Birth date ____ / ____ / ____ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of residence _____ U.S. Citizen? Yes No

Cell phone (_____) _____ Email address _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

Have you ever lived in any of these states? CA WA NV AZ NM TX ID LA WI

Have you served in the military? Yes No If yes, write in dates served: _____

Employer _____ Position _____ Business telephone (_____) _____

Business address _____ City _____ State _____ Zip _____

Client # 2

Full legal name _____

Print your name as you would like it to appear on your legal documents _____

Nickname _____ Birth date ____ / ____ / ____ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of residence _____ U.S. Citizen? Yes No

Cell phone (_____) _____ Email address _____

Married? Date _____ Divorced? Date _____ Widowed? Date _____ Single

Have you ever lived in any of these states? CA WA NV AZ NM TX ID LA WI

Have you served in the military? Yes No If yes, write in dates served: _____

Employer _____ Position _____ Business telephone (_____) _____

Business address _____ City _____ State _____ Zip _____

IMPORTANT FAMILY QUESTIONS

Please Check “Yes” or “No” for Your Answer	YES	NO
Do you have a child with a learning disability?		
Do you have a child who receives government benefits?		
Do you have a child who is adopted?		
Do you have a child who has predeceased you?		
Do you have a child with special educational, medical, or physical needs?		
Do you have a child who lives in a residential care facility?		
Are either you or your spouse receiving government benefits (including, but not limited to, Social Security)?		
Are either you or your spouse currently receiving distributions from the trust or estate of a friend or loved one?		
Do you provide primary or other major financial support to an adult child or children?		
Have either you or your spouse ever been divorced?		
Are either you or your spouse making payments pursuant to a divorce or property settlement agreement? <i>If yes, please provide a copy.</i>		
Have either you or your spouse ever signed a pre and/or post marriage contract? <i>If yes, please provide a copy.</i>		
Have either you or your spouse been widowed? <i>If a Federal estate tax or State death tax return was filed, please provide a copy of the return.</i>		
Have either you or your spouse ever filed Federal or State gift tax returns? <i>If yes, please provide a copy of each return filed.</i>		
Have either you or your spouse previously completed Health Care Powers of Attorney or Living Wills? <i>If yes, please provide copies.</i>		
Have either you or your spouse previously signed Financial Powers of Attorney? <i>If yes, please provide copies.</i>		
Have either you or your spouse previously signed wills, trusts, or done other planning? <i>If yes, please provide copies.</i>		
Are you and your spouse both United States citizens?		
If you answered “NO,” to the previous question, are either you or your spouse a resident or a non-resident alien? <i>If yes, please provide a copy of your Permanent Resident Card or other evidence of your immigration status.</i>		

CHILDREN'S INFORMATION

Child # 1

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child # 2

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child # 3

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child # 4

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child # 5

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child # 6

Does this child have special needs? Yes No If yes, what type? Medical Educational Financial

This child's full legal name _____ Male Female

Names of this child's parents _____

Nickname _____ Birth date ___/___/___ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone (_____) _____ Cell phone (_____) _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Married Divorced Widowed Single If married, spouse's name: _____

Has this child served in the military? Yes No If yes, please write in dates served: _____

Does this child have children? Yes No If yes, please complete information requested below:

Names of Children	Parents' Names	Ages of Children	Special Needs?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER PERSONS TO WHOM YOU PROVIDE ASSISTANCE

(Friends or relatives who are dependent upon you)

Dependent # 1

Dependent's full legal name _____

Relationship to you: _____

Nickname _____ Birth date _____ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell phone (____) _____

Describe the type of assistance you provide for this dependent? _____

Does this dependent have other special needs? If yes, what type? Medical Educational Financial

Is this dependent Married? Divorced? Widowed? Single? If married, spouse's name: _____

Has this dependent served in the military: Yes No If yes, dates served: _____

Dependent # 2

Dependent's full legal name _____

Relationship to you: _____

Nickname _____ Birth date _____ Social security number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ Cell phone (____) _____

Describe the type of assistance you provide for this dependent? _____

Does this dependent have other special needs? If yes, what type? Medical Educational Financial

Is this dependent Married? Divorced? Widowed? Single? If married, spouse's name: _____

Has this dependent served in the military: Yes No If yes, dates served: _____

YOUR OTHER PROFESSIONAL ADVISORS

Name of accountant: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of financial advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of family attorney: _____

Name of law firm _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of stock broker: _____

Name of brokerage firm _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of life insurance agent: _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

Name of personal banker: _____

Name of financial institution _____

Address of local office _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail: _____

