

Costner & Greene
 315 High Street
 Maryville, Tennessee 37804
 (865) 983-7642
 (865) 981-1260 (fax)
 costnergreene.com

ESTATE PLANNING CLIENT QUESTIONNAIRE

Date: _____

I. FAMILY

A. Client/Spouse Facts

	Client		Spouse	
Name				
Date of Birth				
Place of Birth				
Social Security Number				
U.S. Citizen?	Yes	No	Yes	No
Home address				
Home Phone				
Employer				
Work Phone				
Period of residence in Tenn.				

B. Children:

1. Child's Name _____ Date of Birth: _____
 Address: _____
 Occupation: _____ Spouse's Name: _____
 Child's Children (Names and Ages):

2. Child's Name _____ Date of Birth: _____
 Address: _____
 Occupation: _____ Spouse's Name: _____
 Child's Children (Names and Ages):

3. Child's Name _____ Date of Birth: _____

Address: _____
Occupation: _____ Spouse's Name: _____
Child's Children (Names and Ages): _____

4. Child's Name _____ Date of Birth: _____
Address: _____
Occupation: _____ Spouse's Name: _____
Child's Children (Names and Ages): _____

Other Family Concerns: (health problems, previous marriages, other support obligations, etcetera): _____

C. *Parents:*

	Father	Mother
Husband's parents:		
Name:	_____	_____
Address:	_____	_____
Age:	_____	_____
State of Health:	_____	_____
Financially Dependent	_____	_____
Expected Inheritance?	_____	_____

Wife's parents:

Name:	_____	_____
Address:	_____	_____
Age:	_____	_____
State of Health:	_____	_____
Financially Dependent	_____	_____
Expected Inheritance?	_____	_____

D. *Advisors:*

Accountant _____ Financial Planner _____
Insurance Underwriter: _____ Banker: _____
Other: _____

II. ASSETS/LIABILITIES

Assets	Client	Spouse	Joint
Residence -- Address:	\$	\$	\$
Other real estate -- Address:	\$	\$	\$
Cash, checking accts., savings accounts and other cash equivalents	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Retirement Benefits (IRA's,401(k)s,pensions)	\$	\$	\$
Tangible Personal Property (i.e., furniture, jewelry, autos, household effects, collections)	\$	\$	\$
Life Insurance: Type: Insured: Owner: Beneficiary:	\$	\$	\$
Business interests:	\$	\$	\$
TOTAL:	\$	\$	\$

Liabilities	Client	Spouse	Joint
Mortgages	\$	\$	\$
Secured Debts	\$	\$	\$
Unsecured Debts	\$	\$	\$
Other	\$	\$	\$
TOTAL:	\$	\$	\$