

GUARDIANSHIP QUESTIONNAIRE

Date: _____

Referred By: _____

I. CLIENT INFORMATION:

Your Name (full name): _____

Address: _____

Telephone No: _____ Fax No. _____

E-mail: _____

County of Residence: _____

Proposed Guardian(s): _____

II. MINOR'S INFORMATION:

Name (full name): _____

Date of Birth: _____

County/State of Residence: _____

Social Security Number: _____ - _____ - _____

Trust? Yes No **A/B Trust?** Yes No Was B Trust Funded? Yes No

Was A Trust Amended: Yes No

Disclaimer Trust? Yes No Was any property disclaimed? Yes No Was

Disclaimer Trust Funded? Yes No Was A Trust Amended: Yes No

Children:

<u>Children's Names</u>	<u>Natural</u>	<u>Adopted</u>	<u>Stepchild</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Deceased Children? Yes No

If yes, please provide name(s) and date(s) of death: _____

Minor'sG Doctors: (name/type) _____

III. ESTATE PLANNING:

Name of Trust: _____ Dated: _____

AMENDMENTS: Yes No

Dates of Amendments: _____

Special Needs Provision? Yes No

TRUSTEE/EXECUTOR:

Named Trustees: 1. _____
2. _____
3. _____

Will: Yes No

Power of Attorney? Yes No

Named Agent(s): 1. _____
2. _____
3. _____

Advanced Health Care Directive: Yes No

Named Agent(s): 1. _____
2. _____
3. _____

IV. ASSETS:

• Real Property: Yes No

Address(es): 1. _____

2. _____

3. _____

- Bank Accounts: Yes No

List Information (financial institution, title ownership of account, balance):

- Stocks: Yes No _____
- Bonds: Yes No _____
- Certificates of Deposit: Yes No _____
- Mutual Funds: Yes No _____
- Securities: Yes No _____
- Life Insurance: Yes No _____
- Retirement and other employee benefits, i.e., IRAs, 401Ks: Yes No

Promissory notes, copyrights, patents, mineral rights Business Interests: Yes No

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- Expected inheritance: Yes No _____
 - Vehicles: Yes No _____
 - Tangible personal property of significant value (jewelry, art, antiques, coins, furs, coins, rare books):
Yes No _____
 - Past gifts of Decedent: Yes No _____

V. DISPOSITION OF ESTATE:

VI. OTHER INFORMATION:

Is there a “no contest” clause in the Will or Trust? Yes No

VII. POSSIBLE DISPUTES

Describe:

: