



B O D Y C O M B E
& A S S O C I A T E S

3535 Fishinger Blvd., Suite #220
Hilliard, Ohio 43026
(614) 777-4600

Date: _____

CONFIDENTIAL CLIENT QUESTIONNAIRE
SECTION 1: PERSONAL INFORMATION

You

Spouse

Name	_____	_____
Birth Date	_____	_____
Date of Marriage	_____	_____
Soc. Sec. #	_____	_____
Address	_____	_____
	_____	_____
Home Phone	_____	_____
Occupation	_____	_____
Employer	_____	_____
Address	_____	_____
	_____	_____
Work Phone	_____	_____

Children:
Name

Birth Date

Of Whom:

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 2: INFORMATION FOR WILL

BEQUESTS:

	<u>Item</u>	<u>Beneficiary</u>
Specific Bequests (Example: my ring, my coin collection, etc.)	_____	_____
	_____	_____
	_____	_____

Notes:

General Bequests (Example: \$1,000 to my church, charity, sister, etc.)	_____	_____
	_____	_____
	_____	_____

Notes:

Residuary Bequests (Example: All to my wife, 50% to my son, daughter, etc.)	_____	_____
	_____	_____
	_____	_____

Notes:

SECTION 3: ASSETS
(Approximate Values)

REAL ESTATE:

<u>Property</u>	<u>Name on Title</u>	<u>Approximate Value</u>	<u>Approximate Mortgage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

CASH AND CASH EQUIVALENTS: (Cash and checking accounts, savings accounts, C.D.'s, Money Market Funds, etc.)

<u>Item</u>	<u>Name on Account</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

OTHER LIQUID ASSETS: (Stocks, Bonds, Mutual Funds, Brokerage Accounts, etc.)

<u>Item</u>	<u>Name on Account</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

NON-LIQUID ASSETS: (Partnerships, Closely held corporations, oil and gas, etc.)

<u>Item</u>	<u>Name on Account</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

RETIREMENT ASSETS: (IRA'S, 401 k's, Pensions, etc.)

<u>Item</u>	<u>Whose</u>	<u>Approximate Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

LIFE INSURANCE:

<u>Item</u>	<u>Policy Owner</u>	<u>Cash Value</u>	<u>Face Value</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes:

TANGIBLE PERSONAL PROPERTY: (Example: Furnishings, Jewelry, Art, etc.)
(Only list items of extraordinary value)

<u>Item</u>	<u>Owned by:</u>	<u>Approximate Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

SECTION 4: DEBTS AND LIABILITIES

Item

Current Balance

Notes:

SECTION 5: PERSONS TO BE NAMED

A. YOURSELF

Will:

Executor: _____ Relationship: _____

Alternate Executor: _____ Relationship: _____

Guardian: _____ Relationship: _____

Alternate Guardian: _____ Relationship: _____

Financial Power of Attorney:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

Alternate:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

Health Care Power of Attorney/Living Will:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

1st Alternate:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

2nd Alternate:

Name: _____

Address: _____

Phone No: _____
(Work and Home)

Relationship: _____

Do you intend to make any organ donations? Yes _____ No _____

Do you want to make a Declaration for Funeral Arrangements? Yes _____ No _____

If so, who do you want to be your representative?

Name: _____

Address: _____

Telephone Numbers: _____

B. SPOUSE

Will:

Executor: _____ Relationship: _____

Alternate Executor: _____ Relationship: _____

Guardian: _____ Relationship: _____

Alternate Guardian: _____ Relationship: _____

Financial Power of Attorney:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

Alternate:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

Health Care Power of Attorney/Living Will:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

1st Alternate:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

2nd Alternate:

Name: _____

Address: _____

Phone No.: _____
(Work and Home)

Relationship: _____

Do you intend to make any organ donations? Yes _____ No _____

Do you want to make a Declaration for Funeral Arrangements? Yes _____ No _____

If so, who do you want to be your representative?

Name: _____

Address: _____

Telephone Numbers: _____