THE OXFORD LAW FIRM

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Reply to MAILING ADDRESS

CONFIDENTIAL QUESTIONNAIRE

IMPORTANT NOTICES. This Confidential Questionnaire is intended to be used for your consultation to be held, at your request with an attorney representing The Oxford Law Firm. All information you provide will be held strictly confidential. To request your consultation and analysis about your estate tax, income tax, and asset protection planning, please complete and return this Questionnaire to us at your convenience.

1. PERSONAL FAMILY INFORMATION:

A. GENERAL INFORMATION (Please print and use full legal name)

Name ________________________ Gender_____ Date of Birth _________SS# ________________

Spouse's Name ____________________________ Date of Birth _________SS# ________________

Home Address ____

City, State, Zip ______________________________________ County ______________________

Home Phone ________________________________ Home Fax _____________________________

Mobile: Self _________________________________ Business ______________________________

E-Mail Address ____

Citizenship: Self _______________________________Spouse _____________________________

Marital Status: ☐Single ☐Married - Date of Marriage ____________ ☐Separated ☐Divorced

Where do you wish correspondence to be directed?

☐Home ☐Work ☐Other: ____

____

B. EMPLOYMENT

Occupation: Self ___________________________ Spouse _________________________________

C. CHILDREN

Are there any children born or legally adopted from your PRESENT marriage? ___Yes ___No

If yes, please state each child's full legal name and date of birth:

Full Legal Name and Address of Child	Date of Birth
____________________________________	____________________
____________________________________	____________________
____________________________________	____________________

______________________________________ ____________________________

______________________________________ ____________________________

______________________________________ ____________________________

______________________________________ ____________________________

______________________________________ ____________________________

D. GRANDCHILDREN

Do you or your spouse have any grandchildren? ____ Yes ____ No

Number of Grandchildren ____ Ages: ________________________

E. DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS AND HEALTH CARE:

Please list names of persons you desire to give the power to make financial and health decisions for you should you not be able to do so. Most people, if married, choose their spouse to be their Primary Agent. (Note: You may list more than one person to act for you at a time).

	FOR YOU:	FOR YOUR SPOUSE:
Primary Agent:	______________________	______________________
1st Alternative:	______________________	______________________
2nd Alternative:	______________________	______________________

2. ESTATE PLANNING GOALS AND OBJECTIVES (please use full legal name)

A. FOR HUSBAND:

Who do you want to receive your estate and over what period of time? Most people, if married, leave their assets to their spouse if surviving and then equally to their children. You may want to consider leaving some assets directly to your children if they are by a former marriage.

____

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Who do you want to receive your estate if your primary beneficiaries predecease you? Most people leave their assets to their grandchildren if their spouse and/or children predecease them.

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____

Who would you like to serve as personal representative (executor) under your will?

Personal Representative: ____

Successor Personal Representative: ____

Alternate Successor: ____

Who would you like to serve as successor trustee (after you) for any trust established for you?

Successor Trustee: ____

Alternate Successor Trustee: ____

B. FOR WIFE:

How do you want your estate divided? Most people, if married, leave their assets to their spouse if surviving and then equally to their children. You may want to consider leaving some assets directly to your children, especially if are by a prior marriage.

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Who do you want to receive your estate if your primary beneficiaries predecease you? Most people leave their assets to their grandchildren if their spouse and/or children predecease them.

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____

Who would you like to serve as personal representative (executor) under your will?

Personal Representative: ____

Successor Personal Representative: ____

Alternate Successor: ____

Who would you like to serve as successor trustee (after you) for any trust established for you?

Successor Trustee: ____

Alternate Successor Trustee: ____

3. LIFE INSURANCE INFORMATION

A. HUSBAND

Does the husband have any life insurance policies on his life? ____ Yes ____ No

If yes, please fill in the following:

	Policy #1	Policy #2	Policy #3
Death Benefit Amount?	$__________________	$__________________	$__________________

Cash Value (if applicable)?	$__________________	$__________________	$__________________
Who is Policy Owner?	__________________	__________________	__________________
Who is Beneficiary?	__________________	__________________	__________________
Yearly Premium?	$__________________	$__________________	$__________________

B. **WIFE**

Does the wife have any life insurance policies on her life? ____ Yes ____ No

If yes, please fill in the following:

	Policy #1	Policy #2	Policy #3
Death Benefit Amount?	$__________________	$__________________	$__________________
Cash Value (if applicable)?	$__________________	$__________________	$__________________
Who is Policy Owner?	__________________	__________________	__________________
Who is Beneficiary?	__________________	__________________	__________________
Yearly Premium?	$__________________	$__________________	$__________________

4. BUSINESS INTERESTS

Do you own a business(s)? ____ Yes ____ No

If your answer is yes, please list the information requested for each business below.

Business #1: Name ____

Please describe the nature of this business ____

____

Please estimate the current market value for this business $_________________________________

Your business can be owned and operated in the following title formats. Please acknowledge which format exists for the businesses listed above. They would include the possible title formats as follows:

_______ Sole Proprietor _______ Limited Liability Company

_______ General Partnership _______ Limited Partnership

_______ Professional Partnership _______ Professional Corporation

_______ "C" Corporation _______ "S" Corporation

_______ Other (if other, please describe) ____

____

Would you desire this business to be transferred to your heirs? ☐Yes ☐No

Business #2: Name ____

Please describe the nature of this business ____

____

Please estimate the current market value for this business $_________________________________

Your business can be owned and operated in the following title formats. Please acknowledge which format exists for the businesses listed above. They would include the possible title formats as follows:

_______ Sole Proprietor _______ Limited Liability Company

_______ General Partnership _______ Limited Partnership

_______ Professional Partnership _______ Professional Corporation

_______ "C" Corporation _______ "S" Corporation

_______ Other (if other, please describe) ____

____

Would you desire this business to be transferred to your heirs? ☐Yes ☐No

5. GOALS FOR ESTATE PLANNING & ASSET PROTECTION

Please number your priorities for all of the following that apply to your estate planning and asset protection goals. You may also provide other goals below or, if you desire, on a separate piece of paper:

________ Provide asset protection from creditors and lawsuits

________ Reduce income taxes

________ Reduce or eliminate Estate Taxes

________ Avoid the expense of probate

________ Control your assets throughout your life

________ Provide privacy

6. LIABILITY INFORMATION

Are there any outstanding judgments against you or your spouse? ____ Yes ____ No

Are there any pending or potential lawsuits? ____ Yes ____ No

7. OFFSHORE INTEREST

Do you have non-citizen offshore relatives who do not live in the U.S.?

Do you have property held offshore (in another country)?

If yes, please give brief description ____

____

Are you a signer on any offshore bank accounts? ____ Yes ____ No

8. PREVIOUS PLANNING

Do you or your wife have any of the following:

H	W		H	W	
____	____	Durable Power of Attorney (Health)	____	____	Children's Trust
____	____	Durable Power of Attorney (Assets)	____	____	Charitable Remainder Trust
____	____	Living Will (year prepared______)	____	____	Charitable Lead Trust
____	____	Will (year prepared_______)	____	____	Pension Limited Partnership
____	____	Revocable Living Trust	____	____	Limited Liability Company(s)
____	____	Family Limited Partnership(s)	____	____	Corporation(s) (Foreign)
____	____	Insurance Trust	____	____	Corporation(s) (Domestic)
____	____	Foreign Security Trust	____	____	U.S. Grantor Foreign Trust
____	____	Foreign Grantor Trust	____	____	Other (please list on separate paper)

9. FINANCIAL INFORMATION

(Please also attach a financial statement, if available)

		Husband's Separate	**Wife's Separate**	**Joint/Community Property**
ASSETS **CASH AND SAVINGS** (savings accounts, money-market funds, Treasury bills)	**1.**	$	$	$
Taxable Investments **(excluding retirement accounts)**		$	$	$
Stocks and stock mutual funds				
Bonds and bond mutual funds				
Stock options (if exercised today)				
Value of privately owned business				
Investment real estate				
Cash value of life insurance policies				
Notes Receivables				
Limited Partnership Investment(s)				
Other investments				
Total investments	**2.**	$	$	$
RETIREMENT ACCOUNTS IRAs		$	$	$

Employer savings plans – 401(k), 403(b)				
Self-employed plans – Keogh, etc.				
Annuities				
Estimated value of company pension				
Total retirement accounts	**3.**	$	$	$
HOME AND PERSONAL PROPERTY Home		$	$	$
Vacation Home				
Cars, recreational vehicles				
Art, collectibles, jewelry and furnishings				
Other personal assets				
Total home and personal property	**4.**	$	$	$
TOTAL ASSETS (Add lines 1,2,3, and 4.)	**5.**	$	$	$

LIABILITIES Mortgage debt (balance of mortgages and home-equity borrowings)		$	$	$
Car loans/lease				
Student loans				
Credit-card balances				
Other loans (401(k), installment, personal lines of credit, etc.)				
Other debt				
TOTAL LIABILITIES	**6.**	$	$	$
NET WORTH (Subtract line 6 from line 5)		$	$	$

Please provide an estimate of your Net Income before Taxes:

a. From Compensation

Husband_________________ Wife_________________

b. From Investments

Husband_________________ Wife_________________ Joint________________

10. OTHER CONCERNS

Please list (use a separate sheet of paper if necessary) any other issues relevant to the preparation of your analysis, any questions which you specifically wish to be addressed, or any other comments which you think may be relevant.

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11. WHEN COMPLETED, PLEASE DATE AND SIGN

I/we state that the information in this questionnaire is complete and correct to the best of my/our knowledge, it can be relied on in the preparation of your asset protection, income tax, and estate tax planning suggestions and recommendations.

____

Dated

________________________________ ________________________________

Signature Signature

Please return this questionnaire to:

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