

**Welts, White & Fontaine, P.C.**  
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**Telephone (603) 883-0797 / Facsimile (603) 883-8723**

**CONFIDENTIAL CLIENT DATA REQUEST**

Please complete this form and submit it to the attorney prior to the scheduled conference, either by facsimile or by mail, if possible. This allows the attorney to be better prepared for your appointment and ultimately saves time and legal costs. If this is not possible, then please bring the completed form along with supporting documents (as applicable) to your appointment. If completing the form, circle “Y” (yes) or “N” (no), or enter “N/A” (not applicable) on questions that do not apply to you. If space is insufficient, please feel free to edit or attach additional sheets as needed. If you are uncertain about certain items, note them for review at the meeting. ***Please be assured that this information will be maintained in strict confidence in full compliance with our Privacy Policy.***

*NOTE: As most clients come to us by referral, we like to acknowledge those sources. Please let us know who referred you to this firm \_\_\_\_\_.*

*Date:* \_\_\_\_\_

**1. FAMILY AND OCCUPATIONAL DATA:** Please complete the following data as it may be applicable to you:

**Client No. 1:** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ SS # \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Client No. 2: (spouse)** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ SS# \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Note:** If you are benefiting individuals other than children (i.e. grandchildren, nieces, nephews, etc.), edit this section as appropriate or add a separate sheet providing similar information for each beneficiary, including the beneficiary's relationship to you.

**Children:** (Check here  if you have attached separate sheets if more space was needed).

(1) Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Status \_\_\_\_\_ (student, married, divorced, single) Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Their children and ages \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Are there any special issues relating to this child i.e. disabled or handicapped? Y/N \_\_\_\_\_  
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(2) Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Status \_\_\_\_\_ (student, married, divorced, single) Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Their children and ages \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Are there any special issues relating to this child i.e. disabled or handicapped? Y/N \_\_\_\_\_  
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(3) Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Status \_\_\_\_\_ (student, married, divorced, single) Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Their children and ages \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Are there any special issues relating to this child i.e. disabled or handicapped? Y/N \_\_\_\_\_

(4) Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Status \_\_\_\_\_ (student, married, divorced, single) Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Their children and ages \_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_, \_\_\_\_\_ Age \_\_\_\_\_

Are there any special issues relating to this child i.e disabled or handicapped? Y/N \_\_\_\_\_  
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**3. SPECIAL ISSUES** (i.e. death of child, adoption, disability, marriages, prior children, other dependents): If any of the following questions apply, please check and provide details – attach a separate sheet if more space is needed. Put “N/A” if they do not apply.

\_\_\_\_\_ Do you have any deceased children or grandchildren?  
\_\_\_\_\_

\_\_\_\_\_ Did any deceased child or grandchild leave children, grandchildren or great-grandchildren now living?  
\_\_\_\_\_

\_\_\_\_\_ Are any of your children adopted?  
\_\_\_\_\_

\_\_\_\_\_ Were you or your spouse previously married? Husband ( ) Wife ( )  
*If so, provide each ex-spouse name, when you were married and how the marriage was terminated.*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Were there any children born of these prior marriages *or* from a previous relationship? *If so, provide each child's name, date of birth, whose child it is and whether the child is living or deceased. Check here ( ) if child is already listed above under children.*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Do you (or will your estate) have any outstanding obligations benefiting a former spouse or children?  
\_\_\_\_\_

\_\_\_\_\_ Have you and your spouse entered into a Prenuptial Agreement? If so, please provide a copy.

\_\_\_\_\_ Is anyone else dependent on you for support?

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\_\_\_\_\_ Do you have a parent or other dependant who has special needs or who should be considered in your estate plan?

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\_\_\_\_\_ To your knowledge, do any of your children or grandchildren have any illegitimate children?

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\_\_\_\_\_ Have either of you ever been a surrogate mother or an egg or sperm donor?  
Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

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#### 4. MEDICAL INFORMATION

Generally, how would you describe your health, good, poor? \_\_\_\_\_

Are there any medical problems that should be taken into account? \_\_\_\_\_

Would this affect your insurability? *If yes, provide details.*

Client No. 1 \_\_\_\_\_

Client No. 2 \_\_\_\_\_

Who is your family physician and/or medical specialist? \_\_\_\_\_

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#### 5. BUSINESS DATA

Do you operate or have an ownership interest in any business? Y/N. *If so, for each business please provide the following information, attaching separate sheets if necessary:*

Business Name \_\_\_\_\_ Owner name and title \_\_\_\_\_

Business Type      \_\_\_\_\_ Sole proprietorship  
                          \_\_\_\_\_ Partnership  
                          \_\_\_\_\_ Sub-Chapter S Corporation (*provide list of shareholders*)  
                          \_\_\_\_\_ Sub-Chapter C Corporation  
                          \_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Is there a Buy-Sell Agreement in place? *If so, please provide a copy.*

\_\_\_\_\_ Is there any by-law or stock agreement governing or restricting the sale or transfer of the shares in this business? *If so, please provide a copy.*

**6. FINANCIAL DATA**

A. Who prepares your income tax returns? \_\_\_\_\_

B. Where is your major banking affiliation? \_\_\_\_\_

C. Do you have an investment counselor?

*Name, address, phone* \_\_\_\_\_

D. Do you have a safe deposit box? *where located* \_\_\_\_\_

E. Do you have an insurance agent?

*Name, address, phone* \_\_\_\_\_

F. Please list your insurance policies. (*Check here* \_\_\_\_\_ *if separate sheet is attached*).

1) Company \_\_\_\_\_  
Owner \_\_\_\_\_  
Insured \_\_\_\_\_ Face Amount \_\_\_\_\_ Term/Whole/Other (*check*)  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

2) Company \_\_\_\_\_ Owner \_\_\_\_\_  
Insured \_\_\_\_\_ Face Amount \_\_\_\_\_ Term/Whole/Other (*check*)  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

3) Company \_\_\_\_\_  
Owner \_\_\_\_\_  
Insured \_\_\_\_\_ Face Amount \_\_\_\_\_ Term/Whole/Other (*check*)  
Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

G. Does anyone owe you money? *If so, provide copy of such indebtedness, i.e. Note, Mortgage.* Y/N

H. Do you expect to receive any substantial inheritances? *If so, from whom and in what approximate amount.* Y/N

I. Do you anticipate any future events that would affect your estate planning goals? *If yes, provide details.* Y/N

J. Do you participate in or benefit from pension plans, annuities, deferred compensations plans or other tax-sheltered employee benefit plans? *If so, please provide details and who the designated beneficiary is.*

**7. REAL ESTATE.** Since we anticipate discussing the transfer of your real estate into your trust(s), please list separately all real estate that you own providing the information requested. Please note if the property is your home property, second home, time share, cemetery deed or other type of real estate.

| Street Address<br><u>City/State</u>      | <u>County</u><br><u>Book/Page</u> | <u>Approx.</u><br><u>value</u> | <u>Mortgage</u><br><u>Amount</u> | <u>Title Insurance?</u><br>(Owner's Policy) |
|------------------------------------------|-----------------------------------|--------------------------------|----------------------------------|---------------------------------------------|
| _____                                    | _____                             | \$ _____                       | \$ _____                         | Y/N                                         |
| Home _____ Second Home _____ Other _____ |                                   |                                |                                  |                                             |
| _____                                    | _____                             | \$ _____                       | \$ _____                         | Y/N                                         |
| Home _____ Second Home _____ Other _____ |                                   |                                |                                  |                                             |

For each property you own, provide copies of the following:

- \_\_\_\_\_ Deed – Registry copy with recording information
- \_\_\_\_\_ Tax bill from City/Town
- \_\_\_\_\_ Mortgage or equity line statement(s)
- \_\_\_\_\_ Owner's title insurance policy
  
- \_\_\_\_\_ Cemetery Deed, Time Share Deed
- \_\_\_\_\_ Any related easements, boundary line agreements, etc.
- \_\_\_\_\_ Any deeds or conveyances out of your name
- \_\_\_\_\_ Any additional adjoining land acquired by you

**OTHER ASSETS**

A. OUT-OF-STATE U.S. PERSONAL PROPERTY, TIME SHARES, ETC. Y/N

*If you own property in a state other than your residence, please provide details and copies of instruments documenting the same.*

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B. FOREIGN. DO you own any real or personal property located outside the United States, or do you wish to benefit anyone who permanently resides outside the United States: Y/N *If yes, please provide details.*

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C. OTHER SPECIFIC ASSETS. Do you have any personal property (i.e. jewelry, paintings, antiques, collections, etc.) or cash amounts you would like to give to a specific beneficiary? Y/N *If so, provide a description, who is to receive it, and estimated values.*

\$ \_\_\_\_\_ to \_\_\_\_\_

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**8. ASSET PROFILE.** Please attach a copy of your personal financial statement or complete the following ASSET PROFILE using approximate amounts, but valuing your assets at their fair market value.

| <u>Item</u>                                    | <u>Client No. 1</u> | <u>Client No. 2</u> | <u>Joint</u>    | <u>Indebtedness</u> |
|------------------------------------------------|---------------------|---------------------|-----------------|---------------------|
| Home Residence                                 | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| 2nd Home                                       | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Other real estate (cemetery, time share, etc.) | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Checking Accounts                              | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Savings Accounts                               | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Certificates of Deposit                        | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Securities                                     | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Mutual Funds                                   | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Bonds                                          | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| I.R.A. Accounts                                | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Tax-Sheltered Plans                            | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Other Retirement Benefits                      | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Insurance (Face Amount)                        | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Promissory Notes, etc.                         | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Personal Property                              | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Automobiles                                    | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Other titled vehicles                          | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Collections/Antiques                           | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Business(es)                                   | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| Other                                          | \$ _____            | \$ _____            | \$ _____        | \$ _____            |
| <b>TOTALS</b>                                  | <b>\$ _____</b>     | <b>\$ _____</b>     | <b>\$ _____</b> | <b>\$ _____</b>     |

Further explanation or details pertaining to Asset Profile: \_\_\_\_\_  
 \_\_\_\_\_

**9. PRESENT ESTATE PLANNING POSITION:**

A. Do you presently have a will or other estate planning documents? *If yes, please bring attach or bring a copy to the initial conference.*

Client #1    Y/N                      Client #2    Y/N

B. Have you made taxable gifts and file gift tax returns in past years?    Y/N

Gifts made \_\_\_\_\_ Year(s) \_\_\_\_\_

Gifts made \_\_\_\_\_ Year(s) \_\_\_\_\_

*If possible, please provide a copy of your latest gift tax return.*

C. Have you ever created or do you presently benefit from any trust? *If so, describe and provide copies, if possible.*

D. Do you have a power of appointment given to you in a trust or will created by another individual?    Y/N

*If so, describe and provide copies, if possible.*

**10. CHARITABLE INTENT:**

Do you expect to benefit any charitable organizations – either during your lifetime or at death? Y/N

*If so, please provide details, including amounts, exact names, addresses, phone numbers, tax-exempt status, etc. (attach copy of pamphlet if available):*

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**11. MISCELLANEOUS:**

A. Are there any other considerations which you believe may affect your estate planning goals? Y/N

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B. Do you have any substantial liabilities not listed above? Y/N

*If so, please give details, to whom, for what and what amounts:*

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Amount \$ \_\_\_\_\_

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Amount \$ \_\_\_\_\_

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C. Other comments or questions you would like to discuss at our meeting:

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**12. FIDUCIARIES:** You will be appointing individuals to serve for you as part of your estate plan. Please list the names of those individuals you would like to name in the following sections, which we will review further when we meet.

If you want two people to serve together, make that notation. please include the relationship of each person named and their city/state address *(no need to repeat this information if you are naming the same person for multiple appointments).*

A. GUARDIAN *(only applicable if you have children under the age of 18)*

(1) Spouse (\_\_\_\_ if checked), or

(2) \_\_\_\_\_ of \_\_\_\_\_

(3) \_\_\_\_\_ of \_\_\_\_\_

B. EXECUTOR *(of the Will)*

(1) Spouse (\_\_\_\_ if checked), or

(2) \_\_\_\_\_ of \_\_\_\_\_

(3) \_\_\_\_\_ of \_\_\_\_\_



C. TRUSTEE (of your Trust – assuming you and your spouse are the first-named Trustees):

- (1) \_\_\_\_\_ of \_\_\_\_\_  
(2) \_\_\_\_\_ of \_\_\_\_\_

D. POWER OF ATTORNEY for Financial Affairs:

- (1) Spouse (\_\_\_\_ if checked), or  
(2) \_\_\_\_\_ of \_\_\_\_\_  
*If spouse not selected or if no spouse, complete (3) below*  
(3) \_\_\_\_\_ of \_\_\_\_\_

E. POWER OF ATTORNEY for Health Care Matters (for client #1):

- (1) Spouse (\_\_\_\_ if checked), or  
(2) \_\_\_\_\_ of \_\_\_\_\_  
*If spouse not selected or if no spouse, complete (3) below*  
(3) \_\_\_\_\_ of \_\_\_\_\_

POWER OF ATTORNEY for Health Care Matters (for client #2):

- (1) Spouse (\_\_\_\_ if checked), or  
(2) \_\_\_\_\_ of \_\_\_\_\_  
*If not selected or if no spouse, complete (3) below*  
(3) \_\_\_\_\_ of \_\_\_\_\_