

PLEASE FILL OUT ALL INFORMATION COMPLETELY, INCLUDING FULL NAMES AND FULL ADDRESSES

# **Davison Eastman Muñoz Paone, P.A.**

## ESTATE PLANNING QUESTIONNAIRE

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**PLEASE FILL OUT ALL INFORMATION COMPLETELY, INCLUDING FULL NAMES AND FULL ADDRESSES**

Name \_\_\_\_\_

Date \_\_\_\_\_ File Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.**

**A. PERSONAL DATA**

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Borough  Township  City  PLEASE CHOOSE ONE COUNTY \_\_\_\_\_

Birth Date \_\_\_\_\_

U.S. Citizen?  Yes  No

Do you have a prenuptial agreement? \_\_\_\_\_ If so, please provide a copy.

Annual Income \_\_\_\_\_

**B. REFERRAL**

By whom were you referred to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Have you visited our Website?    Yes     No

Do you have any ideas for improving our Website? If so, please discuss.

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**C.    CHILDREN (if applicable)**

<b>Child's Name</b>	<b>Address (including zip code)</b>	<b>Home Phone Number</b>	<b>Work Phone Number</b>	<b>Date of Birth</b>

Does the Client have any children by a previous marriage? If yes, please  
Provide a copy of any judgment and/or settlement agreements.       Yes       No

Are all of your children in good health?       Yes       No

Are any of your children blind?       Yes       No

Are any of your children disabled?       Yes       No

Have all of your children completed their education?       Yes       No