

# CUNNINGHAM & ASSOCIATES

## PERSONAL INFORMATION QUESTIONNAIRE

*PLEASE COMPLETE ALL SECTIONS THAT APPLY TO YOU*

YOUR FULL LEGAL NAME \_\_\_\_\_  
 AKA(S) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ S.S.N. \_\_\_\_\_  
 HOME ADD. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME TEL. \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_ BUS. TEL. \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 BUS. ADD. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ CITIZENSHIP (I.E. U.S., CANADA, UK): \_\_\_\_\_

SPOUSE'S FULL LEGAL NAME \_\_\_\_\_  
 AKA(S) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ S.S.N. \_\_\_\_\_  
 HOME ADD. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME TEL. \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_ BUS. TEL. \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_  
 BUS. ADD. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_ CITIZENSHIP (I.E. U.S., CANADA, UK): \_\_\_\_\_

CURRENT MARRIAGE:  
 DATE \_\_\_\_\_ PLACE (CITY, COUNTY, STATE) \_\_\_\_\_

**PRIOR MARRIAGES OF BOTH YOU AND YOUR SPOUSE, PLEASE INDICATE THE FOLLOWING:**

YOU/SPOUSE	NAME OF FORMER SPOUSE	DID MARRIAGE END IN DIVORCE/DEATH?	YEAR OF DIVORCE/DATE OF DEATH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CHILDREN

*USE FULL LEGAL NAME. USE "JT" IF BOTH SPOUSES ARE PARENTS, "H" IF HUSBAND IS PARENT, "W" IF WIFE IS PARENT, "S" IF YOU ARE A SINGLE PERSON*

LIVING CHILD(REN)'S NAME	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER	PARENTS	BIRTHDATE
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____
_____	_____	(____)____-____	_____	_____

DECEASED CHILD(REN)'S NAME	DATE OF DEATH
_____	_____
_____	_____
_____	_____

**OTHER ADVISORS**

CPA/EA/ACCOUNTANT'S NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

FINANCIAL ADVISOR NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

INSURANCE AGENT/BROKER NAME, ADDRESS AND PHONE NUMBER: \_\_\_\_\_

**GUARDIAN FOR YOUR MINOR CHILDREN (IF ANY)**

PLEASE CIRCLE EITHER YES OR NO:

YES NO IF YOU HAVE NAMED MORE THAN ONE GUARDIAN BELOW, WILL THEY SERVE JOINTLY  
YES NO IF THE PERSONS YOU CHOOSE ARE MARRIED, DO YOU HAVE A PREFERENCE OF ONE OVER THE OTHER IF THEY ARE NOT MARRIED AT THE TIME FOR APPOINTMENT AS GUARDIAN?

IF "YES", PLEASE INDICATE PREFERRED GUARDIAN BY CIRCULING THEIR NAME.

PRIMARY GUARDIAN(S) NAME(S) ADDRESS, CITY, STATE, ZIP PHONE NUMBER RELATION TO YOU  
\_\_\_\_\_  
( ) -

1<sup>ST</sup> ALT. GUARDIAN(S) NAME(S) ADDRESS, CITY, STATE, ZIP PHONE NUMBER RELATION TO YOU  
\_\_\_\_\_  
( ) -

2<sup>ND</sup> ALT. GUARDIAN(S) NAME(S) ADDRESS, CITY, STATE, ZIP PHONE NUMBER RELATION TO YOU  
\_\_\_\_\_  
( ) -

**EXECUTOR/SUCCESSOR TRUSTEE**

PLEASE CIRCLE EITHER YES OR NO:

YES NO DO YOU WANT YOUR SPOUSE TO SERVE AS SUCCESSOR TRUSTEE IF YOU UNABLE TO SERVE?  
YES NO DOES YOUR SPOUSE WANT YOU TO SERVE AS SUCCESSOR TRUSTEE IF YOUR SPOUSE IS UNABLE TO SERVE?

IF YOU ANSWER **YES** TO THE ABOVE PLEASE INDICATE WHO YOU WANT TO SERVE AS EXECUTOR(S)/ SUCCESSOR TRUSTEE(S) AFTER YOUR SPOUSE.

IF YOU ANSWER **NO** TO THE ABOVE PLEASE INDICATE WHO YOU WANT TO SERVE AS YOUR EXECUTOR(S)/SUCCESSOR TRUSTEE(S).

IF YOU WANT ONE OR MORE TO SERVE AS EXECUTOR/TRUSTEE, PLEASE INDICATE ON THE MARGIN TO THE LEFT OF THE NAME.

NAME AND ADDRESS OF (CO)EXECUTOR(S)/(CO)TRUSTEE(S):

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**AGENT UNDER DURABLE POWER OF ATTORNEY  
FOR PROPERTY MANAGEMENT AND PERSONAL AFFAIRS (DPA)**

PLEASE CIRCLE EITHER YES OR NO:

YES      NO      ARE THE PERSONS THAT YOU WANT TO SERVE AS YOUR AGENT(S) UNDER A DPA THE SAME AS THE PERSONS  
YOU WANT TO SERVE AS YOUR EXECUTOR/SUCCESSOR TRUSTEE(S)?

YES      NO      SAME QUESTION FOR YOUR SPOUSE.

IF YOU ANSWER **NO** TO THE ABOVE, PLEASE COMPLETE THE FOLLOWING (IF YOU WANT ONE OR MORE TO SERVE AS YOUR AGENT,  
PLEASE INDICATE ON THE MARGIN TO THE LEFT OF THE NAME):

AGENT NAME(S)	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER	RELATION TO YOU
_____	_____	(____)_____-_____	_____
_____	_____	(____)_____-_____	_____
_____	_____	(____)_____-_____	_____

**PLAN OF DISTRIBUTION**

PLEASE CIRCLE EITHER YES OR NO:

YES      NO      I WANT TO LEAVE EVERYTHING TO MY SPOUSE ON MY DEATH

YES      NO      MY SPOUSE WANTS TO LEAVE EVERYTHING TO ME ON MY SPOUSE'S DEATH

YES      NO      THERE ARE OTHER PARTICULAR CONCERNS THAT MY SPOUSE AND I WISH TO DISCUSS

YES      NO      THERE ARE INTERNAL FAMILY CONFLICTS WHICH SHOULD BE ADDRESSED

BRIEFLY, HOW DO YOU NOW THINK YOU WANT YOUR PROPERTY DISPOSED OF AT YOUR DEATH? ALSO, GIVE ANY OTHER  
INFORMATION YOU THINK IS PERTINENT TO YOUR ESTATE PLAN: \_\_\_\_\_

\_\_\_\_\_

YOU SHOULD KEEP YOUR ORIGINAL DOCUMENTS IN A SAFE LOCATION. WHERE WILL YOU KEEP THEM? \_\_\_\_\_

**AGENT UNDER ADVANCE HEALTHCARE DIRECTIVE  
(DURABLE POWER OF ATTORNEY FOR HEALTHCARE)(AHCD)**

PLEASE CIRCLE EITHER YES OR NO:

YES      NO      ARE THE PERSONS THAT YOU WANT TO SERVE AS YOUR AGENT(S) UNDER AN AHCD THE SAME AS THE  
PERSONS YOU WANT TO SERVE AS YOUR EXECUTOR/SUCCESSOR TRUSTEE(S)?

YES      NO      SAME QUESTION FOR YOUR SPOUSE.

IF YOU ANSWER **NO** TO THE ABOVE, PLEASE COMPLETE THE FOLLOWING (IF YOU WANT ONE OR MORE TO SERVE AS YOUR AGENT,  
PLEASE INDICATE ON THE MARGIN TO THE LEFT OF THE NAME):

NAME AND ADDRESS OF PERSON TO MAKE HEALTH CARE DECISIONS FOR YOU AFTER YOUR SPOUSE, IF APPLICABLE

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_ HOME TEL. \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CUNNINGHAM & ASSOCIATES  
PERSONAL INFORMATION QUESTIONNAIRE**

**NAME AND ADDRESS OF YOUR PRIMARY CARE PHYSICIAN:**

YOU: \_\_\_\_\_  
SPOUSE: \_\_\_\_\_

**FUNERAL OR BURIAL INSTRUCTIONS, IF ANY:**

YOU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SPOUSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**END OF LIFE DECISIONS**

PLEASE CIRCLE EITHER YES OR NO:

I WANT MY HEALTH CARE PROVIDERS AND OTHERS INVOLVED IN MY CARE TO PROVIDE, WITHHOLD, OR WITHDRAW TREATMENT IN ACCORDANCE WITH THE CHOICE I HAVE MARKED BELOW:

<b>YOU</b>	<b>SPOUSE</b>	<i>(CIRCLE ALL THAT APPLY)</i>
YES NO	YES NO	I DO NOT WANT MY LIFE PROLONGED IF (1) I HAVE AN INCURABLE AND IRREVERSIBLE CONDITION THAT WILL RESULT IN MY DEATH WITHIN A RELATIVELY SHORT TIME, (2) I BECOME UNCONSCIOUS AND, TO A REASONABLE DEGREE OF CERTAINTY, I WILL NOT REGAIN CONSCIOUSNESS, OR (3) THE LIKELY RISKS AND BURDENS OF TREATMENT WOULD OUTWEIGH THE BENEFITS.
YES NO	YES NO	I DIRECT THAT TREATMENT FOR ALLEVIATION OF PAIN OR DISCOMFORT BE PROVIDED AT ALL TIMES, EVEN IF IT HASTENS MY DEATH.

**DONATION OF ORGANS AT DEATH (OPTIONAL)**

<b>YOU</b>	<b>SPOUSE</b>	
YES NO	YES NO	I GIVE ANY NEEDED ORGANS TISSUES OR PARTS.

**AUTOPSY**

<b>YOU</b>	<b>SPOUSE</b>	
YES NO	YES NO	I WISH TO GIVE MY PERMISSION TO HAVE AN AUTOPSY CONDUCTED IF WARRANTED.

**INCOME AND ASSET INFORMATION**

ESTIMATED ANNUAL GROSS INCOME: YOU: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

**REAL PROPERTY**

REAL PROPERTY ADDRESS, CITY, COUNTY, STATE ZIP	COST BASIS	ENCUMBRANCE(S)	CURRENT FAIR MARKET VALUE
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

**CUNNINGHAM & ASSOCIATES  
PERSONAL INFORMATION QUESTIONNAIRE**

**CASH SAVINGS AND CHECKING**

*INCLUDE BALANCE, ACCOUNT TYPE AND BANK NAME AND LOCATION*

INSTITUTION NAME	TYPE (CHECKING, SAVINGS, MONEY MARKET)	BALANCE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

**STOCKS, BONDS, BROKERAGE ACCOUNTS**

*INCLUDE SINGLY AND JOINTLY HELD ACCOUNTS*

*(IRAs, 401Ks, 403Bs, FERS, ET CETERA, ARE DEALT WITH ON THE FOLLOWING PAGE)*

BROKERAGE ACCOUNT INSTITUTION NAME OR NAME OF STOCK	ACQUISITION COST	VALUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL		\$ _____

**IRAs, 401Ks, 403Bs, FERS, ET CETERA**

BROKERAGE ACCOUNT INSTITUTION NAME	ACCOUNT OWNER (YOU OR YOUR SPOUSE)	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

**TIMESHARE(S)**

NAME OF TIMESHARE	LOCATION CITY, COUNTY, STATE, FOREIGN COUNTRY	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL VALUE OF TANGIBLE PERSONAL PROPERTY (SUCH AS CARS, BOATS, AND PAINTINGS): \$ \_\_\_\_\_

**LIFE INSURANCE**

NAME OF INSURED	NAME OF INSURANCE COMPANY	CASH VALUE	DEATH BENEFIT:
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTALS:		\$ _____	\$ _____

**INHERITANCE**

YOU/YOUR SPOUSE	DATE OF INHERITANCE	IF MARRIED, DO YOU CONSIDER THIS SEPARATE PROPERTY?	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**ANTICIPATED INHERITANCE**

YOU/YOUR SPOUSE	ANTICIPATED DATE OF INHERITANCE	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**PROPERTY AGREEMENTS**

HAVE YOU ENTERED INTO A PRE-NUPTUAL OR POST-NUPTUAL AGREEMENT WITH YOUR SPOUSE, OR ANY OTHER AGREEMENT WITH YOUR SPOUSE REGARDING THE COMMUNITY PROPERTY/SEPARATE PROPERTY CHARACTER OF ANY OF THE ABOVE ASSETS (THESE ARE COMMONLY REFERRED TO AS "PREMARITAL" OR "MARITAL" PROPERTY AGREEMENTS)? IF SO, BRIEFLY DESCRIBE IT, AND BRING A COPY OF THE AGREEMENT TO OUR CONFERENCE. \_\_\_\_\_

**ESTATE & GIFT TAX RETURNS**

HAVE YOU OR YOUR SPOUSE EVER FILED AN ESTATE TAX RETURN OR GIFT TAX RETURN? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

**SPECIAL CONCERNS**

SPECIAL CONCERNS THAT YOU WOULD LIKE TO ADDRESS WITH AN ATTORNEY:

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