



PEPPEL, GRICE & PALAZZOLO, P.C.
474 PERKINS EXTD., STE. 205
MEMPHIS, TN 38117

Office Use Only

Appointment: Day: M T W R F Date: _____ Time: _____
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CONFIDENTIAL QUESTIONNAIRE

Who referred you to us? _____

CONTACT INFORMATION

Your <i>full</i> legal name	Date of birth

Your Social Security Number	U.S. Citizen	Your health
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

If you are married and intend for us to represent both spouses,
 you **both** **must** attend the consultation

Spouse's <i>full</i> legal name	Spouse's Date of birth

Spouse's Social Security Number	U.S. Citizen	Spouse's health
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Date of Marriage	City, State of Marriage

Home Address

City, State	Zip Code	County/Province/Parish

Home phone number	Your cell phone number	Spouse's cell phone number

Your email address (work email may violate confidentiality)	Spouse's email address (work email may violate confidentiality)

Your Employer/Occupation (If retired, previous)	Spouse's Employer/Occupation (If retired, previous)

FAMILY INFORMATION

Do you have children from your <i>current</i> marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children from a <i>previous</i> relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your spouse have children from a <i>previous</i> relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your spouse have grandchildren?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse a U.S. Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Full</i> Legal Name of Child		Date of Birth	Child's Spouse's Name
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	

YOUR ASSETS – Do NOT leave this section blank. If you have questions, contact us.

Complete and *sign* the following schedule of assets with your *best estimate* of values, assuming you sold or cashed in the asset at today's fair market value.

ASSET TYPE: <u>LOCATION or INSTITUTION</u>	VALUE			DEBT
	Joint	Self	Spouse	
Real Estate: _____				-
Checking Accounts: _____				-
Savings Accounts: _____				-
Annuities/Bank CDs: _____				-
Brokerage Accounts: _____				-
Retirement Accounts (IRA/401(k)/403(b), etc)				-
Life Insurance: _____				-
Business Interest (Sole, Partnership, LLC, Inc.)				-
Debts Payable to You: By: _____				-
Valuable Collections: _____				-
Totals				-
Total Personal Liability Coverage ("Umbrella")				

Signature: _____	Date: _____
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PREVIOUS LEGAL WORK

This helps us determine if there exists a conflict of interest among the attorneys in our office.

Have you or your spouse previously been married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Full Legal Name of Husband's Previous Spouse: _____

Full Legal Name Wife's Previous Spouse: _____

Have you or your spouse ever filed for bankruptcy (personal or business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse ever been evicted from a residence (apartment, house, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR CURRENT DOCUMENTS**

Please check each box below that lists your current documents.

DOCUMENT	STATE	YEAR SIGNED
<input type="checkbox"/> Last Will and Testament		
<input type="checkbox"/> Revocable Living (<i>Inter Vivos</i>) Trust		
<input type="checkbox"/> Power of Attorney (Financial)		
<input type="checkbox"/> Power of Attorney (Medical/Health Care)		
<input type="checkbox"/> Living Will/Advanced Medical Directive		
<input type="checkbox"/> Irrevocable Life Insurance Trust		
<input type="checkbox"/> Gift Trust: For _____		
<input type="checkbox"/> Other Trust: _____		
<input type="checkbox"/> Prenuptial/Antenuptial Agreement		
<input type="checkbox"/> Marital Dissolution Agreement		

****Bring these documents with you to our meeting.**

YOUR ADVISORS

	ADVISOR'S NAME	FIRM NAME	PHONE NUMBER
Accountant			
Financial Advisor			
Financial Advisor			
Life Insurance Agent			
Attorney			