



CONFIDENTIAL CLIENT QUESTIONNAIRE

We understand the confidential nature of the material requested in this questionnaire. We appreciate your assistance in providing this information to help us better serve your Life & Estate Planning needs.

Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior permission

Disclaimer: No attorney-client relationship is intended to be established by the free, brief initial consultation. Legal opinions provided on the spur of the moment, with limited background information exchanged and without specific, fact-based research should not be relied upon for non-trivial legal matters. You are strongly advised to seek a complete, detailed consultation with our firm or the attorney(s) to whom we refer you rather than relying on the general concepts presented and discussed during a brief, initial consultation. The attorney-client relationship shall only be established once you and the firm have executed our firm's FEE AGREEMENT.

1. Thank you for making an appointment for your complimentary consultation with our attorneys. Children are always welcome at our offices.
2. Fill out the confidential client information form the best you can prior to your appointment. If you are unsure how to fill something out, please leave it blank and we can fill it out during your appointment.
3. Please bring a copy of the most recent "GRANT OR QUITCLAIM DEED" for any real estate you own. This deed is not part of your closing documents and would have been sent to you about a month after the close of escrow. A "DEED OF TRUST" of "DEED OF RECONVEYANCE" is ***not*** the same as a GRANT DEED. If you can't locate your deed, we can download a copy for a \$25 fee. We can wait for your deed until just prior to the preparation of your documents.
4. We ***do not*** need copies of your bank or financial statements or insurance policies unless you require assistance with funding your trust (additional fee may be incurred for this service)
5. At your initial consultation we will discuss the basics of estate planning (wills, trusts, power of attorneys and healthcare directives). You will need to agree retain our services before we will offer you any legal advice on your specific circumstances.
6. Once we agree on how to proceed, sign our Fee Agreement and pay your initial retainer, we will then make an appointment with you in as little as five business days later to go over your estate planning documents. If you are satisfied with your documents, we will execute your documents and have your signatures notarized. At that time, the balance of your legal fees will be due.

Confidential Client Questionnaire

By completing this questionnaire and bringing the documents identified below to your initial consultation, you can help ensure that our time together is productive and that our planning recommendations are appropriate for you. **Do not feel obligated to complete this form in its entirety prior to your initial consultation.**

How did you hear about our firm?

<input type="checkbox"/> Yelp <input type="checkbox"/> Internet Search (i.e., Google) <input type="checkbox"/> Seminar <input type="checkbox"/> Health Expo	
<input type="checkbox"/> ARAG/Hyatt Metlife Legal Insurance through: _____ (Name of Employer)	
<input type="checkbox"/> Friend: _____ (Name)	
<input type="checkbox"/> Financial Advisor/CPA/Attorney: _____ (Name)	

SINGLE CLIENT INFORMATION

Preferred Name on Documents: Should match what is on your photo ID (First and Last is OK)	Maiden Name If Applicable:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email where documents can be sent:	
Preferred Phone Number:	Alternate #
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
If married, name of spouse: _____ <input type="checkbox"/> Disinherit spouse?	
Home Address:	
Mailing Address (If different from home):	
Desired Completion Date: <input type="checkbox"/> ASAP <input type="checkbox"/> 2-3 Weeks <input type="checkbox"/> 3-6 Weeks <input type="checkbox"/> 6-12 Weeks	

Current Job Status

Description	
Name of Employer	

Your Children

NAMES OF CHILDREN (First and Last)	Sex M/F	Age	
			__ Adopted __ Deceased
			__ Adopted __ Deceased
			__ Adopted __ Deceased
			__ Adopted __ Deceased
			__ Adopted __ Deceased
			__ Adopted __ Deceased

Preferred Name of Trust (check one)

The (Last Name) Family Trust

Custom Name: _____

For Restated Trusts (Name of Trust): _____

Original Date Trust was signed: _____

People You Trust to Control Your Assets (Successor Trustees)

- If you can not manage your assets due to death or incapacity, who do you trust to do so on behalf of yourself or your beneficiaries?
- A beneficiary who is 18 or older can be named as a Trustee.
- **It is not recommended that you appoint co-Trustees unless you are certain they would work well together (ie your parents and maybe your siblings)**
- Check if First Successor Trustee shall serve as an immediate Co-Trustee/ Power of Attorney

Priority	Name of Person You Trust As it would appear on their photo ID (First and Last is sufficient)	Relationship (ie., my sister) (If Friend, Trustee's City, State)
___ 1st Successor ___ Co-Trustee		
___ 2nd Successor ___ Co-Trustee		
___ 3rd Successor ___ Co-Trustee		

If using co-Trustees: ___ Only one signature required for most business or ___ All co-Trustees must sign

If using co-Trustees: Successor trustee replaces ___ If all co-Trustees can not serve or ___ if one of the co-Trustees can not serve

Business Ownership (if applicable)

Does either spouse own a business and if so what is the business entity?

___ C Corp ___ S Corp ___ LLC ___ Sole

Is it a professional corporation? (ie Doctor, Attorney etc) ___ Yes ___ No

Name of Corporation or LLC: _____

State of Incorporation: _____

Name of Corporation or LLC: _____

State of Incorporation: _____

Name of Corporation or LLC: _____

State of Incorporation: _____

Backup Guardians (If you have Minor children)

Same persons and order as Successor Trustees/Executors

- Who would you want to care for your minor children (i.e., under 18 years of age) to adulthood if they were orphaned?
- A surviving biological parent will typically be appointed as the Guardian, absent other circumstances. It is up to you if you want to name the biological parent first or someone else if you do not want the biological parent to be the guardian if you pass on
- **Co-Guardians must be married.**
- **Do not name Co-Guardians unless you are comfortable with either Guardian taking care of your children on their own.**

Priority	Name of Guardian	Relationship (ie my sister) If Friend, City and State
___ 1st Guardian ___ Co-Guardian		
___ 2nd Guardian ___ Co-Guardian		
___ 3rd Guardian ___ Co-Guardian		

In case of Co-Guardians, which Guardian would you favor in case of a divorce: _____

Inheritance Planning

- Default Plan (Check the box):** Trust estate to be divided in equal shares between my children or if any of my children are not then living, their share shall be distributed to their children. If they have no children, their share shall be distributed amongst their siblings. If I am not survived by any children, grandchildren or great grandchildren, my estate shall be distributed first to my parents, if neither are then living then to my siblings, or if I have no siblings then to my niece and nephews etc.

Custom Inheritance Plan (Fill out if you don't choose the Default Plan)

1. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

2. Contingent Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

3. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

4. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

5. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

6. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

7. Name of Beneficiary: _____ % of Estate to receive _____ or Asset(s) to be received: _____ Held in trust until age _____ or lifetime

8. Name of Beneficiary and relationship : _____
 % of Estate to receive _____ or Asset(s) : _____
 ___ Outright Distribution or ___ Held in trust until age ___ or lifetime

Please consider for each beneficiary who you would want to be the contingent beneficiary if they are not alive at the time of your passing

Names of children you will be disinheriting: _____
 Are you disinheriting their children as well ___ Yes ___ No

Health Care Agent (For Advanced Healthcare Directive)

Same persons and order as Successor Trustees/Executors

- If you are in a terminal condition and unable to make health care decisions, who would you want to make those decisions for you?

Priority	Health Agent Name	Relationship to you If Friend, list city and state they live in
___ 1st Alternate ___ Co-Agent		
___ 2nd Alternate ___ Co-Agent		
___ 3rd Alternate ___ Co-Agent		

- If using co-agents: ___ Only one signature required or ___ All co-agent must sign except in case of emergency

Are there any other persons you would like to give the doctor the permission to talk to regarding your medical condition (your Successor Trustee/POA/Healthcare agent will automatically be included): List their name and relationship

1: _____ 2: _____ 3: _____

Organ Donation: ___ Yes ___ No

Living Will Options

If you are unconscious, being kept alive artificially (ie., respirator, heart pump) and the doctor has indicated there is nothing else they can do for you, what do you want your health-care agent to tell the doctor?

- Choice Not to Prolong Life:
I do not want my life to be 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 medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits. **(You want your agent to let you go if they agree with the Dr’s assessment but if your agent disagrees they can keep you alive)**

- Choice to Prolong Life:
I want my life to be prolonged as long as possible within the limits of generally accepted health care. **(You don’t care what your doctor or your agent believe, you want to be kept alive)**

Confidential Financial Summary

Real Estate Ownership

Street Address (list home first)	Property Type	Equity (Market value less debt)
1 ___ Client will provide grant deed ___ Firm to obtain grant deed	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
2 ___ Client will provide grant deed ___ Firm to obtain grant deed	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
3 ___ Client will provide grant deed ___ Firm to obtain grant deed	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
4. ___ Client will provide grant deed ___ Firm to obtain grant deed	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
	Total Equity	\$

Asset Summary

Current Estate Values for Purpose of Estimating Cost of Estate Settlement at Death. Check the assets that you own:

Financial Assets	Business Assets	Personal Assets
<input type="checkbox"/> Checking and Savings Account <input type="checkbox"/> Securities (Stocks, Bonds, Mutual Funds) <input type="checkbox"/> Certificate of Deposits <input type="checkbox"/> 401k, IRA or Pension	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation _ S or _ C <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Boat <input type="checkbox"/> Plane <input type="checkbox"/> Art and Antiquities <input type="checkbox"/> Promissory Notes
Approx. Value \$	Approx. Value \$	Approx. Value \$

Life Insurance and Annuities (over 50K)

Employer Provided or Separate Policy	Death Benefit \$ Paid on Death	Named Beneficiary
___ Employer ___ Separate		
___ Employer ___ Separate		
___ Employer ___ Separate		
___ Employer ___ Separate		

Estimated Total Estate Value (Equity + Financial Assets + Life Insurance)
 \$ _____

Any other questions/concerns you would like addressed or answered?
