



CONFIDENTIAL CLIENT QUESTIONNAIRE (JOINT)

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.

The Estate Planning Checklist

1. Thank you for making an appointment for your complimentary initial consultation with one of our attorneys.
2. Please fill out the confidential client information form the best you can prior to your appointment. We ask that you at least provide the attorney the Preliminary Client information so that the attorney can advise you on our recommended course of action. If you feel you are ready to discuss your estate plan in more detail, please continue filling out the Client Information form the best you can.
3. 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)
4. 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.
5. Once we agree on how to proceed, we will send you our Fee Agreement and schedule an appointment to either go over any undecided information from you or to review the final estate planning documents.

Upon completion, please eFax (no coversheet needed) this document to 949.313.5062 or email it to attorney@mycaliforniaestate.com. If you need to mail the document, please send this document to
OC Wills and Trust Attorneys
15615 Alton Parkway, Ste 450
Irvine, CA 92618

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 (other than the preliminary information) prior to your initial consultation.**

How did you hear about our firm?

- Yelp Internet Search (i.e., Google) Seminar Health Expo
- Hyatt/Metlife Legal Insurance ARAG Legal Insurance through (Name of Employer) _____
- Friend/Family: _____ (Name)
- Financial Advisor/CPA/Attorney: _____ (Name)

Preliminary Client Information for Joint Trust

Marital Status: Married Couple Registered Domestic Partners

Spouse 1 – Male Female

Spouse 2 – Male Female

Legal name of Party/Spouse 1

How do you want your name to be listed on the Trust?
(First Last, First Middle Initial Last, or First Middle Name and Last)

Legal name of Party/Spouse 2

How do you want your name to be listed on the Trust?
(First Last, First Middle Initial Last, or First Middle Name and Last)

Desired Completion Date: ASAP 2-3 Weeks 3-6 Weeks 6-12 Weeks

Do you have any children? Yes No If yes, what is their age range : _____

If you have children, please answer the following:

Are all the children of your marriage? Yes No

Do you plan on treating all children (joint and separate) equally? Yes No

If you are planning on doing a joint trust, do you intend that upon the passing of the first of you that the survivor of the two of you receive complete control and ownership of all assets? Yes No

Do you own a home? Yes No

Do you estimate your net worth (including life insurance) to exceed \$11.5 million Yes No

If you wish to provide additional information to the attorney, please continue filling out this form. You do not need to fill out the entire form for the meeting, just do the best you can

Additional Joint Trust Information

Email where documents can be sent:	Secondary email for communication:
Other names used on legal documents/accounts:	Other names used on legal documents/accounts:
Preferred Phone Number:	Preferred Secondary Phone Number:
Home Address:	
Mailing Address (if different from home address, we will use this address for your Trust):	
Is either spouse a non-US Citizen and if so which one <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	

Current Employment/Retired

	Spouse 1	Spouse 2
Employer		

Children of Your Marriage Including Deceased

NAMES OF CHILDREN (First and Last is sufficient)	Sex	Age	If applicable
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased

Children from a Prior Relationship Including Deceased

NAMES OF CHILDREN (First and Last is sufficient)	Sex M/F	Age	Who is the parent?	If applicable
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2	<input type="checkbox"/> Adopted <input type="checkbox"/> Deceased

Preferred Name of Trust (check one)

- The (Last Name) Family Trust
- The (Last Name 1 and Last Name 2) Family Trust
- Custom Name: _____
- For Amending Existing Trusts (Name of Current Trust): _____
 Original Date Trust was signed: _____
 Dates of any amendments: _____

ATTORNEY USE ONLY

Additional Documents Needed

- Revocation of Existing Trust (need copy of original trust)
- Revocation of Power of Attorney (need copy of POA)
- Affidavit Death of Co-Tenant (additional fee)

People You Trust to Control Your Assets (Successor Trustees/Executor/POA)

- If you and your spouse/partner can not manage your assets due to death or incapacity, who do you trust to do so on behalf of yourselves 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)**
- If you select co-Trustees, they serve with equal power

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., John's sister) (If Friend, Trustee's City, State)
<input type="checkbox"/> 1st Successor <input type="checkbox"/> Co-Trustee		
<input type="checkbox"/> 2nd Successor <input type="checkbox"/> Co-Trustee		
<input type="checkbox"/> 3rd Successor <input type="checkbox"/> 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 Proprietorship

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

Name of Corporation or LLC: _____

State of Incorporation: _____

What percentage of the shares are owned by spouse 1 ____% and/or spouse 2 ____%

Name of Corporation or LLC: _____

State of Incorporation: _____

What percentage of the shares are owned by spouse 1 ____% and/or spouse 2 ____%

Name of Corporation or LLC: _____

State of Incorporation: _____

What percentage of the shares are owned by spouse 1 ____% and/or spouse 2 ____%

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 you both pass
- You do not need to name your spouse if they are the biological parent
- **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 for Joint Children	Relationship (ie John's sister) If Friend, City and State
<input type="checkbox"/> 1st Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 2nd Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 3rd Guardian <input type="checkbox"/> Co-Guardian		

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

If you have children from a prior relationship, please indicate your nominations for Guardian of your children. If the other biological parent is still living, you may want to name them first.

Priority	Name of Guardian for Spouse 1's Children	Relationship (ie John's sister) If Friend, City and State
<input type="checkbox"/> 1st Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 2nd Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 3rd Guardian <input type="checkbox"/> Co-Guardian		

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

Priority	Name of Guardian for Spouse 2's Children	Relationship (ie John's sister) If Friend, City and State
<input type="checkbox"/> 1st Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 2nd Guardian <input type="checkbox"/> Co-Guardian		
<input type="checkbox"/> 3rd Guardian <input type="checkbox"/> Co-Guardian		

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

Inheritance Planning

Personal Property Distribution upon both spouses passing (Cars, Jewelry, Furniture, etc.)

Equally to all heirs subject to written instructions or Person: _____ or Trustee Discretion

Default Plan for Married Couples with Children

(Check box if the following plan is OK)

Upon the passing of the first spouse, the surviving spouse will inherit all of our assets (separate and community) and thus will be free to do whatever they want with those assets including changing or revoking the trust.

Upon the passing of both spouses, the entire trust estate will be distributed equally to each of your children (all children of the marriage and from a prior relationship will be treated equally) in the following manner (check one)

Outright equal distribution to all children or

Assets held in trust for your children until they attain the single age of

18 21 23 25 30 _____ or

Distribution over Multiple Ages (adds up to 100%) 21 _____% 23 _____% 25 _____%

30 _____% 35 _____% 40 _____% _____% or

Family Pot Trust (Assets will be held for all children and can be used equally or unequally for each child until the youngest child achieves age (ie 22) : _____ and then distributed to each child when they achieve the age (ie 25) _____

Money/Assets held in trust are generally available at the discretion of the Trustee for each beneficiary's health, maintenance, support and education

If any of your children predecease you, their share shall be distributed in equal shares to their children and held in trust for said children until they reach the age of 25. If they have no children, their share shall be distributed amongst the surviving siblings.

Optional: If your child has no children, their share shall be distributed to their surviving siblings instead of their children

Heirs at Law: If you are not survived by any children or grandchildren or great grandchildren, the estate shall be distributed 50% to Spouse 1's family and 50% to Spouse 2's family starting with your parents, then siblings, then nieces and nephews etc. or Others _____

Attorney Use Only

_____ **Dynasty Trust Provision** _____ **Co-Trustee Age** _____ **Sole Trustee Age**

401k/Retirement Plan Options

Assumes client is distributing Retirement funds to issue by right of representation in accumulation trust

_____ Spouse 1 has Retirement Plan _____ Spouse 2 has Retirement Plan

_____ RLT as Beneficiary _____ IRA Beneficiary Trust as Beneficiary

Custom Gifts/Distributions

(Upon passing of both spouses including gifts)

You do not need to include your children if they are equally receiving the balance of your assets after any designated gifts/distributions

Are disinheriting any of your children or the issue of deceased children? Yes No

Please name the disinherited children/grandchildren: _____

Name of Beneficiary and relationship : _____

% of Estate to receive _____ or Asset(s) : _____

Outright Distribution or Held in trust until age _____ or lifetime

If real estate is in lifetime trust: Beneficiary pays all expenses? Yes No Beneficiary can move? Yes No

Contingent Beneficiary: None (residue) Their Issue/Children Other _____

Name of Beneficiary and relationship : _____

% of Estate to receive _____ or Asset(s) : _____

Outright Distribution or Held in trust until age ____ or lifetime

If real estate is in lifetime trust: Beneficiary pays all expenses? Yes No Beneficiary can move? Yes No

Contingent Beneficiary: None (residue) Their Issue/Children Other _____

Name of Beneficiary and relationship : _____

% of Estate to receive _____ or Asset(s) : _____

Outright Distribution or Held in trust until age ____ or lifetime

If real estate is in lifetime trust: Beneficiary pays all expenses? Yes No Beneficiary can move? Yes No

Contingent Beneficiary: None (residue) Their Issue/Children Other _____

Name of Beneficiary and relationship : _____

% of Estate to receive _____ or Asset(s) : _____

Outright Distribution or Held in trust until age ____ or lifetime

If real estate is in lifetime trust: Beneficiary pays all expenses? Yes No Beneficiary can move? Yes No

Contingent Beneficiary: None (residue) Their Issue/Children Other _____

Name of Beneficiary and relationship : _____

% of Estate to receive _____ or Asset(s) : _____

Outright Distribution or Held in trust until age ____ or lifetime

If real estate is in lifetime trust: Beneficiary pays all expenses? Yes No Beneficiary can move? Yes No

Contingent Beneficiary: None (residue) Their Issue/Children Other _____

Please print out additional sheet if you need to add more gifts

Contingent Beneficiaries if you do not want the default "Heirs at Law"

Who would receive your assets if none of your beneficiaries are then living

<u>Name</u>	<u>Relationship</u>	<u>\$ or %</u>	<u>Asset</u>

Special Needs Planning (if applicable)

Special Needs Trust provision in Living Trust Create Standalone Special Needs Trust

Name of Special Needs Beneficiary: _____ Date of Birth: _____

Relationship of Beneficiary to Trustors: _____ Gender of Beneficiary: Male Female

Asset to distributed to SNT: _____ % of Trust Estate or \$ _____

Contingent Beneficiary: Back to Residue of Living Trust or Names(s) _____

Custom Inheritance Planning (if you do not select the default planning)

Inheritance planning upon passing of first spouse

Fill this out when you **do not** want to give complete ownership of the Trust Estate to the surviving spouse

Please indicate below what you want to happen to the deceased spouse's share of the estate:

Surviving spouse inherits everything except:

If spouse 1 passes first, their share of their assets (50% of the community property and 100% of their separate property) shall be distributed to: [Click or tap here to enter text.](#)

If spouse 1 passes first, a percentage of the deceased spouse's shall be distributed to: [Click or tap here to enter text.](#)

If spouse 1 passes first, a percentage of their estate or a specific asset will be held in trust for the benefit of a beneficiary (ie parents, children) until that beneficiary passes. Please describe below
[Click or tap here to enter text.](#)

Or

A/B Trust: (This option requires significant Trust administration by surviving spouse)

- Upon the passing of first spouse, the surviving spouse shall split the trust into two trusts (Survivor's trust and Decedent's trust).
- Decedent's Trust is deceased spouse's share and will be held in trust for the benefit of the surviving spouse and can be used for the surviving spouse's normal health, maintenance, support and education.
- Surviving spouse shall receive all income generated by Decedent's Trust.
- Surviving spouse has complete control and ownership of assets held the Survivor's Trust
- Optional A/B provisions
 - Surviving spouse may only use principal from the Decedent's Trust after the Survivor's Trust has been exhausted
 - Surviving spouse must provide annual accounting of Decedent's Trust
 - Surviving spouse can change the percentage distributions amongst your joint children

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

Health Care Agent (For Advanced Healthcare Directive)

Same persons and order as Successor Trustees/Executors

- If married, we assume your spouse will be your initial agent and thus you do not need to list your spouse

Priority	Healthcare Agent for Spouse 1 Relationship to Spouse 1	Healthcare Agents for Spouse 2 Relationship to Spouse 2
<input type="checkbox"/> 1st Alternate <input type="checkbox"/> Co-Agent		
<input type="checkbox"/> 2 nd Alternate <input type="checkbox"/> Co-Agent		
<input type="checkbox"/> 3rd Alternate <input type="checkbox"/> 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

Spouse 1: Yes No

Spouse 2: 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?

Check the preferred choice for each spouse

- Choice Not to Prolong Life: Spouse 1 Spouse 2

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 that you are not going to recover but if your agent disagrees then your agent can keep you alive)**

- Choice to Prolong Life: Spouse 1 Spouse 2

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

Please send the most recent "Grant or Quitclaim Deed" for any real estate that you own in the State of California. Please include any exhibit "A" included with the deed. "Deed of Trust" and "Deed of Reconveyance" are not the documents we need.

Street Address (list primary residence first)	Property Type	Estimated Value
<input type="checkbox"/> Client will provide grant deed <input type="checkbox"/> Firm to obtain grant deed <input type="checkbox"/> Property already deeded to existing Trust	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
<input type="checkbox"/> Client will provide grant deed <input type="checkbox"/> Firm to obtain grant deed <input type="checkbox"/> Property already deeded to existing Trust	<input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
<input type="checkbox"/> Client will provide grant deed <input type="checkbox"/> Firm to obtain grant deed <input type="checkbox"/> Property already deeded to existing Trust	<input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$
<input type="checkbox"/> Client will provide grant deed <input type="checkbox"/> Firm to obtain grant deed <input type="checkbox"/> Property already deeded to existing Trust	<input type="checkbox"/> Vacation Home/Timeshare <input type="checkbox"/> Rental/Commercial/Vacant Lot	\$

Asset Summary

Types of Financial Assets
<input type="checkbox"/> Checking and/or Savings Account <input type="checkbox"/> Investment Account (Stocks, Bonds, Mutual Funds) <input type="checkbox"/> Certificate of Deposits <input type="checkbox"/> 401k, IRA or Pension

Life Insurance and Annuities (over 100k)

Insured	Employer Provided or Separate Policy	Death Benefit \$ Paid on Death
<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Second to die	<input type="checkbox"/> Employer <input type="checkbox"/> Separate	
<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Second to die	<input type="checkbox"/> Employer <input type="checkbox"/> Separate	

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