

CLIENT QUESTIONNAIRE: CONFIDENTIAL INFORMATION SHEET

_____ U.S. Citizen

_____ QDT

Date: _____

1. CLIENT AND FAMILY

Name usually used: _____

E-mail address: _____

Telephone: (____) _____ (home)

(____) _____ (work)

(____) _____ (cell)

(____) _____ (spouse/partner's work)

Full name (if other than normally used): _____

Other names used: _____

Signature name: _____

Street address: _____ Apt. number: _____

City and zip code: _____ County: _____

Date of birth: _____ Social Security number: _____

Place of birth and citizenship: _____

Period of residence in California: _____

Occupation: _____

Employer: _____

State of health: _____

Veteran? _____ I.D. number: _____

Branch of service: _____ Discharge date: _____

____ Location of discharge papers: _____

____ Current VA benefits received: _____

____ If medical, location of facility: _____

Full name of spouse/registered domestic partner: _____

NOTE: Further references to "partner" in the rest of this form are to registered domestic partner.

Other names used: _____

Signature name: _____

Date of birth: _____ Social Security number: _____

Place of birth and citizenship: _____

Period of residence in California: _____

Occupation: _____

Employer: _____

State of health: _____

Veteran? _____ I.D. number: _____

Branch of service: _____ Discharge date: _____

____ Location of discharge papers: _____

____ Current VA benefits received: _____

____ If medical, location of facility: _____

Date and place of marriage: _____

Date and place of partnership registration (Please provide endorsed filed copy of Secretary of State registration): _____

Periods of out-of-state domicile (dates and places): _____

Do you have a prenuptial, postnuptial, or partnership agreement?

____ Yes ____ No (If so, please provide us with a copy)

Separated and/or in process of dissolution of marriage/partnership?

Date of separation: _____

Date of court filing, case number, name and location of court, and whether legal separation or dissolution matter: _____

Any outstanding orders regarding property division? If so, provide copy.

Children of Current Marriage/Partnership

List oldest first; Birth date; Place of birth and citizenship; Marital status and/or name of spouse/partner

Deceased Children: _____

Date of death: _____

If registered domestic partnership:

Have children been adopted by second parent? ____ If so, date?

Client's Most Recent Prior Marriage/Partnership

Name of former spouse/partner: _____

Marriage/Partnership ended by: ____ Death ____ Dissolution of marriage/ Termination of partnership; In: _____ (year and location)

Children of Prior Marriage/Partnership

List oldest first; Birth date; Place of birth and citizenship; Marital status and/or name of spouse/partner

Deceased Children: _____

Date of death: _____

Existing right from or obligation to former spouse or partner re child?

____ Yes ____ No

Genetic Material Stored?

____ Yes ____ No

If yes, please provide information regarding type, length of storage, and copy of agreement with storage provider, together with notation regarding plan for future use.

Spouse's/Partner's Most Recent Prior Marriage/Partnership

Name of former spouse/partner: _____

Marriage/Partnership ended by: ____ Death ____ Dissolution of marriage/Termination of partnership; In: _____ (year and location)

Children of Spouse's/Partner's Prior Marriage/Partnership:

List oldest first; Birth date; Place of birth and citizenship; Marital status and/or name of spouse

Existing right from or obligation to former spouse or partner re child?

____ Yes ____ No

Please Provide a Copy of Any Marital/Partnership Settlement Agreement, Qualified Domestic Relations Order, or Final Judgment of Dissolution/Termination That Imposes Obligations on You or Contains Decisions Regarding Property Division.

2. ADVISORS

CPA/Accountant(s): _____

Financial Advisor(s): _____

Insurance Agent(s): _____

Business or Other Attorney(s): _____

3. ASSETS

(Please indicate whether information regarding any of the following assets is only available online.)

TYPE OF ASSET

Real Property

Attach copy of most recent RECORDED GRANT DEED OR TITLE DOCUMENT and copy of PROPERTY TAX BILL for each and copy of any buy-out or co-tenancy agreement.

For each property, list: Address of property; Co-owners; Acquisition date and purchase price; Type of property (*e.g.*, residential, income); Approximate fair market value; Mortgage(s) outstanding.

1. _____ Equity: \$ _____

2. _____ Equity: \$ _____

Notes & Deeds of Trust

Attach copy of NOTE and SECURITY AGREEMENT or RECORDED DEED OF TRUST for each note.

List: Payer; To whom note is payable; and Terms of note, including original amount, due date, interest, and security.

1. _____ Current Balance: \$ _____

2. _____ Current Balance: \$ _____

Investment Accounts

Attach copy of the most recent MONTHLY OR QUARTERLY STATEMENT for Stock Portfolios, Bonds, Mutual Funds, Dividend Reinvestment Accounts, Certificates of Deposit if in separate account.

List: Name of company; Account number; How account is held (*e.g.*, sole ownership, joint tenancy, community property with right of survivorship).

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Stocks in Certificate Form, Stock Options & Bonds Not in an Account

If you hold stocks or bonds in certificate form, we will need the ORIGINAL CERTIFICATES in order to transfer to your trust (Provide OPTIONS CONTRACT and/or STATEMENT).

List: Shares or amount; Company name.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Savings & Cash Accounts

Attach COPY of the most recent statements.

List: Name and address of financial institutions; Type of account; Account number; How account is held (*e.g.*, sole ownership, joint, in trust for/pay on death).

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Client-Owned Business

Sole Proprietorship

Provide copy of filed, current FICTITIOUS BUSINESS NAME STATEMENT, copy of all BUSINESS BANK ACCOUNT STATEMENTS, copy of most recent BALANCE SHEET, copy of SCHEDULE C to FORM 1040, and a list of LICENSES or PERMITS in the name of sole proprietorship.

List: Name of business; Address; Nature of business.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Limited Partnership

Provide copy of CERTIFICATE and COPY of AGREEMENT, and copy of any BUY-SELL AGREEMENT.

List: Number of units; Name of partnership; General partner; Address of general partner.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Limited Liability Company

Provide copy of OPERATING AGREEMENT and filed ARTICLES OF INCORPORATION, copy of most recent COMPANY INCOME TAX RETURNS, copy of BALANCE SHEET and ANNUAL STATEMENT, copy of any APPRAISALS, and client's issued SHARE CERTIFICATE.

List: Name of company; Address; Nature of business; Other owners' names & percentage ownership.

1. _____ Value: \$ _____
2. _____ Value: \$ _____

Corporation

Provide copy of filed ARTICLES OF INCORPORATION, BYLAWS, and MINUTE BOOKS; copy of most recent COMPANY INCOME TAX RETURNS; copy of BALANCE SHEET and ANNUAL STATEMENT; copy of any SHAREHOLDERS' AGREEMENTS (e.g., any BUY-SELL AGREEMENTS or VOTING TRUST AGREEMENTS); copy of any APPRAISALS; and client's issued SHARE CERTIFICATES with all legends and restrictions on transfer.

List: Name of corporation; Address.

1. _____ Value: \$ _____
2. _____ Value: \$ _____

Miscellaneous Assets

Tangible Personal Property of Significant Value

(E.g., collections of artworks, animals, burial or cemetery property, jewelry, antiques, coins, rare books, stamps, silver worth more than \$10,000, and individual items worth more than \$3000.) Indicate approximate fair market value. If item is not entirely owned by you, list the co-owners and their ownership interests in the item.

1. _____ Value: \$ _____
2. _____ Value: \$ _____

Storage of Property

If stored in a warehouse or storage unit, provide copy of rental agreement, address, unit number, and location of keys for access:

1. _____
2. _____

Intangible and Digital Assets

(E.g., intellectual property, trademarks, copyrighted material, e-mail accounts, domain names, websites, blogs, cloud storage accounts, rewards, shopping or bank accounts, social media accounts, sharing accounts, code, and other online information, rights, or privileges.) Indicate approximate fair market value. If item is not entirely owned by you, list the co-owners and their ownership interests in the item.

1. _____ Value: \$ _____
2. _____ Value: \$ _____

Automobiles, Trucks, Trailers, Recreational Vehicles, Boats, Airplanes

List: Model and year; Title as shown on ownership document; Encumbrances.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Safe Deposit Box

List Box Number; Location; Contents.

1. _____ Value of Contents: \$ _____

2. _____ Value of Contents: \$ _____

SUBTOTAL OF ASSETS: \$ _____

Retirement Assets

IRA accounts, SEP IRAs, KEOGH plans, 401(k) accounts, pensions plans, profit-sharing plans, annuities, deferred compensation plans, Social Security benefits (provide copy of statement for each; contact company for CHANGE OF BENEFICIARY FORM if advised by attorney; we will advise you how to fill it out).

List: Custodian of account or company name; Beneficiary/contingent beneficiary; Account number.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Pension Information for Both Client and Spouse/Partner

List from whom received or to be received and whether spouse/ partner will receive any at client's death.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Currently Owned Benefits Other Than Retirement Assets Relating to Your Present and/or Former Employment

(E.g., stock purchase plans, stock options, and bonus plans.) Include value of each benefit and name of the death beneficiary, if one has been named.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

Life Insurance & Annuities

Policies in which client, spouse, or domestic partner is the owner and/or insured (Note: If policy is through employment, provide copy of fact sheet of policy and contact company for CHANGE OF BENEFICIARY FORM, if advised by attorney; we will advise you how to fill it out.)

List: Name of company; Type (e.g., term, full life); Face value of each policy less borrowed amount; Surrender value; Policy number; Insured; Owner of policy; Beneficiary/Contingent Beneficiary.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

TOTAL: \$ _____

Possible Assets

Expected Inheritances or Gifts?

___ Yes ___ No ___ Uncertain

Beneficial Interest in Trust?

___ Yes ___ No ___ Uncertain

Medical Insurance

List all insurance coverage and supplemental, if applicable.

1. _____

2. _____

Long-Term Care Insurance

List name of company, agent, location of policy. Attach copy of policy.

1. _____

2. _____

4. PERSONAL REPRESENTATIVES

Executor of Will (U.S. Citizen):

(Indicate co-executors on the same line)

1st: _____

2nd: _____

3rd: _____

Guardian of the Person for Minor Children:

(Indicate co-guardians on the same line)

1st: _____

2nd: _____

3rd: _____

Guardian of the Estate for Minor Children (U.S. Citizen):

(Indicate co-guardians on the same line)

1st: _____

2nd: _____

3rd: _____

Trustee(s) (U.S. Citizen(s)):

(Indicate co-trustees on the same line)

Self: _____

Self & Spouse/Partner: _____

or Name(s): _____

1st successor: _____

2nd successor: _____

3rd successor: _____

5. DISTRIBUTION OF ASSETS

Household Goods & Personal Property

Specific Gifts of Specific Items of Property (include pets here and indicate if money gift is to accompany them to sustain their support)

1. Item:

Primary beneficiary: _____

Contingent beneficiary (if primary does not survive you):

2. Item:

Primary beneficiary: _____

Contingent beneficiary (if primary does not survive you):

Gift of Remaining Personal Belongings

Primary beneficiary (check one):

To Spouse ____ To Partner ____ Equally to Children ____ Equally to Siblings ____

Equally to (named) Others ____ Other ____

Names:

Contingent beneficiary (if primary does not survive you; check one):

Then Equally to Children ____ Then Equally to Siblings ____

Then Equally to (named) Others ____ Then to Other ____

Names:

Gifts of Money or Specific Distributions in Trust

Gifts of Real Property

Description and address of property:

Give subject to liens? ____ or Free from liens? ____

Free from estate taxes? ____

To whom: _____

If beneficiary is not then living, to: _____

Gifts to Charity

Description and address of organization:

Residue (Balance of the Estate)

Distribute Outright:

To Spouse/Partner ____ Equally to Children ____

Equally to (named) Others ____ Other ____

Names:

Restrictions on invasion of principal of decedent's trust by survivor?:

Restrictions on survivor's right to change beneficiaries (marital deduction trust or survivor's trust)?:

Hold in Trust for:

Spouse/Partner ____ Child(ren) ____ Issue (that is, direct descendants) of deceased child(ren) ____ Grandchildren ____ Other(s) ____

Names:

If No Beneficiaries or Issue Survive, Who Inherits?

Names:

If Gifts Held in Trust for Minors:

Distribute in one (1) stage at age: ____

Distribute in two (2) stages at age: ____ and age ____

Distribute in three (3) stages at age: ____, age ____, and age ____

6. BUSINESS INTERESTS

Is There a Business in the Estate?

____ Yes ____ No

7. DURABLE POWER OF ATTORNEY

Durable Power of Attorney for Financial Management (U.S. Citizen):

Agent: _____

Alternate: _____

With Gifting Power? ____ Yes ____ No

Springing? ____ Yes ____ No

Restrictions on powers?:

Note: Include any special provisions for financial pet care here.

Nomination of Conservator of the Person: _____

Alternate(s): _____

8. ADVANCE HEALTH CARE DIRECTIVE

Agent: _____

Appointee: _____

1st Alternate: _____ Spouse/Partner alt: _____

2nd Alternate: _____ Spouse/Partner alt: _____

Special Instructions:

For example: Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state? ____ Yes ____ No; Do you wish to be an organ donor? ____ Yes ____ No; Also include any special provisions regarding pet care placement during short illness or long term incapacity.

Nomination of Conservator of the Person: _____

Alternate(s): _____

9. POSSIBLE CONTESTANTS

Is Anyone Likely to Contest Your Estate Plan? ____ Yes ____ No

Is Anyone Likely to Contest Your Health Care Directive Agent?

____ Yes ____ No

If Yes, Who? _____

10. FUNERAL AND BURIAL ARRANGEMENTS

Have you thought about or formalized any funeral arrangements? ____ Yes ____ No

If Yes, Please Explain: _____

CONFIDENTIAL INFORMATION SHEET—

FOR ATTORNEY TO FILL OUT

Client referred by: _____ Fee quoted: _____

Proceed: ____ Yes ____ No ____ Wait

If trust, type of trust:

____ Disclaimer ____ A/B Trust ____ ABC Trust ____ GSTE Trust ____ QTIP ____

QDT ____ Other: _____

Same beneficiaries ____ Different beneficiaries: _____

____ Married Person as Single Client ____ Trust in Will ____ SNT

If married couple or partners with joint trust:

Would either care if survivor changed the trust? ____ No ____ Yes