



CONFIDENTIAL CLIENT QUESTIONNAIRE (SINGLE)

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 you 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 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"/> Hyatt/Metlife Legal Insurance <input type="checkbox"/> ARAG Legal Insurance through (Name of Employer) _____ |
| <input type="checkbox"/> Friend/Family: _____ (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)

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, do you plan on treating all children equally? Yes No

If you do not have children, who do you want to be your beneficiaries? Check all that apply

Parents Siblings Nieces and Nephew Aunts and Uncles Cousins Friends

Do you own a home? Yes No

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

Please state your primary goal in preparing an estate plan?

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 Trust Information

Email:	Phone:
Other names used on accounts/documents:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
If widowed, name of deceased spouse:	
If married, name of spouse: <input type="checkbox"/> Disinherit spouse	
Home Address:	
Mailing Address (If different from home):	

Current Job Status

Description	
Name of Employer	

Your Children

NAMES OF CHILDREN (First and Last)	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

Preferred Name of Trust (check one)

- The (Last Name) 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 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)**
- 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)
- 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
<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

Default Plan (Check the box): Trust estate to be divided in equal shares between my children (in the manner prescribed below) 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.

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

- Contingent beneficiaries if no children or grandchildren survive you:

Heirs at Law (Parents, then siblings, then nieces and nephews etc)

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

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 _____

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 _____

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 Trustor: _____ 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) _____

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
<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:
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Organ Donation: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 your preferred choice.

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

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 50K)

Employer Provided or Separate Policy	Death Benefit \$ Paid on Death	Named Beneficiary
<input type="checkbox"/> Employer <input type="checkbox"/> Separate		
<input type="checkbox"/> Employer <input type="checkbox"/> Separate		

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