



# 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. Just do the best you can.**

As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

## *How did you come to hear about Family Tree Estate Planning?*

| Spouse 1  |  | Spouse 2  |  |
|---|--|---|--|
| Preferred name on documents:  |  | Preferred name on documents:                      |  |
| Email:  |  | Email:  |  |
| Other names used:   |  | Other names used:                                 |  |
| Preferred Phone Number:   |  | Preferred Phone Number:                           |  |
| Home Phone:   |  | Fax:  |  |
| Mailing Address:  |  |   |  |
| Is either spouse a veteran?   |  | ___ Yes ___ No                                    |  |
| Is either spouse a non US Citizen and if so which one ___ Spouse 1 ___ Spouse 2 |  |   |  |
| Document Signing Location:  |  | ___ OC Wills and Trusts or _____ County ___ State |  |

Do you have any of the following? If so, please check all that apply.

- Revocable Living Trust  Last Will & Testament  Durable Power of Attorney  Health Care Directive

## Employment/Retired

| Description                                    | Husband/Single | Wife |
|--|----------------|------|
| Where Currently Employed or From Where Retired |                |      |

**Office use only: Signing Appointment Date:** \_\_\_\_\_

## Family Information

Please name all of your children including step, adopted and deceased children

| NAMES OF CHILDREN<br>(First, Middle Initial, Last) | Sex<br>M/<br>F | Age | Who are the<br>biological<br>parents? | Do they have<br>their own<br>children? | Status of child                      |
|--|----------------|-----|---------------------------------------|--|--------------------------------------|
|  | M/F            |     | ___ Both<br>__ H __ W                 | ___ Yes ___ No                         | __ Step<br>__ Adopted<br>__ Deceased |
|  | M/F            |     | ___ Both<br>__ H __ W                 | ___ Yes ___ No                         | __ Step<br>__ Adopted<br>__ Deceased |
|  | M/F            |     | ___ Both<br>__ H __ W                 | ___ Yes ___ No                         | __ Step<br>__ Adopted<br>__ Deceased |
|  | M/F            |     | ___ Both<br>__ H __ W                 | ___ Yes ___ No                         | __ Step<br>__ Adopted<br>__ Deceased |
|  | M/F            |     | ___ Both<br>__ H __ W                 | ___ Yes ___ No                         | __ Step<br>__ Adopted<br>__ Deceased |

### Preferred Name of the Trust (check one)

The (Last Name) Family Trust   
  The (Last Name 1/Last Name 2) Family Trust  
 (Custom Name) \_\_\_\_\_

**Separate Property (Property brought into the marriage)**

- Does either spouse have separate property that they wish to distribute upon their passing to someone other than their spouse?  
 Yes  No
- If so which spouse owns the property?  Spouse 1  Spouse 2
- To whom do they want the separate property to be distributed upon that spouse's passing?  
 the spouse's issue in equal shares  Other beneficiaries (please list their name, relationship and % of the property they are to receive). \_\_\_\_\_

**Successor Trustees (For Living Trust), Executors (For a Will) and Agents (Power of Attorney)**

Your successor trustee takes over if you have passed on or become incapacitated. Their job is to gather your assets, pay your debts and then distribute the remainder to your appointed heirs. **A surviving spouse typically serves as the sole trustee of the trust.**

| Description   | Name of Successor Trustee | Relationship (ie Wife's sister)<br>(If Friend, Trustee's City, State ) |
|---|---------------------------|--|
| <input type="checkbox"/> 1st Successor<br><input type="checkbox"/> Co-Trustee |                           |  |
| <input type="checkbox"/> 2nd Successor<br><input type="checkbox"/> Co-Trustee |                           |  |
| <input type="checkbox"/> 3rd Successor<br><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

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

# Inheritance Planning

(Skip if prefer to discuss with attorney)

## Personal Property Distribution(Cars, Jewelry, Furniture, etc)

\_\_\_ Equally to all heirs subject to written instructions \_\_\_ Trustee Discretion

## Inheritance plan between spouses

Choose the ONE clause that most closely fits your preference

- Upon the passing of the first of us, the survivor 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 the first of us, the survivor will have 100% access to all of our assets but we want to make it more likely than not that the deceased spouse's share of the assets go to our children by placing controls on what the surviving spouse can or can't do with the deceased spouse's share.
- Upon the passing of the first of us, all or some of the deceased spouse's share will be distributed to someone other than the surviving spouse.

## Gifts of specific assets/Pets upon the passing of both spouses

|                    |            |  |
|--------------------|------------|--|
| Name:              | Asset:     | If not alive: ___ To their children ___ Gift Fails |
| Name:              | Asset:     | If not alive: ___ To their children ___ Gift Fails |
| Name:              | Asset:     | If not alive: ___ To their children ___ Gift Fails |
| Pet Trust Trustee: | \$ Amount: | Contingent Beneficiary ___ Residue ___ Other       |

## Spouses with children only of their marriage

### Inheritance plan to your children after passing of surviving spouse

Choose the ONE clause that most closely fits your preference

- To all of your then living children in equal shares (choose your preferred distribution)
  - Outright distribution to all children
  - Outright upon each child attaining the age of \_\_\_ 18 \_\_\_ 21 \_\_\_ 25 \_\_\_ 30 \_\_\_ 35 \_\_\_ 40  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (specify if you want different ages or % spread out amongst different ages)
  - Family Pot: Assets used for all children as needed and then split when last child attains age  
 \_\_\_\_\_
- To all of your then living children in **unequal** shares (Fill out Custom Inheritance Plan) To some of your then living children in equal or **unequal** shares (Fill out Custom Inheritance Plan)
- To persons in addition to your children or to the exclusion of your children (Fill out Custom Inheritance Plan)

## Spouses with children from prior relationship

\_\_\_ Treat all children equally (Check plan above) \_\_\_ Other % (Fill out custom inheritance plan)

## Special Needs Trust (Beneficiary receives SSI-DI or Medi-Cal)

|                   |                                 |
|-------------------|---------------------------------|
| Beneficiary Name: | Distribution: \$ _____ or ___ % |
|-------------------|---------------------------------|

## Custom Inheritance Plan

| <b>Beneficiary</b>  | <b>% or Sum</b>                 | <b>Distribution</b>   |
|---|---------------------------------|---|
| (Name//Relationship or Charity)   | _____ %<br>\$ _____             | <input type="checkbox"/> Outright <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> Asset Protection<br><input type="checkbox"/> Held in Trust Until Age(s) 18 _____%    21 _____%    25 _____%<br>30 _____%    35 _____%    40 _____%    _____ Lifetime<br>Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children<br><input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings |
| (Name//Relationship or Charity)   | _____ %<br>\$ _____             | <input type="checkbox"/> Outright <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> Asset Protection<br><input type="checkbox"/> Held in Trust Until Age(s) 18 _____%    21 _____%    25 _____%<br>30 _____%    35 _____%    40 _____%    _____ Lifetime<br>Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children<br><input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings |
| (Name//Relationship or Charity)   | _____ %<br>\$ _____             | <input type="checkbox"/> Outright <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> Asset Protection<br><input type="checkbox"/> Held in Trust Until Age(s) 18 _____%    21 _____%    25 _____%<br>30 _____%    35 _____%    40 _____%    _____ Lifetime<br>Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children<br><input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings |
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| (Optional Lifetime Asset Protection)<br>Dynasty/Personal Asset Trust/IRA<br>Beneficiary Trust | Choose<br>PAT<br>Dynasty<br>IRA | PAT/DT Age: _____ Co-Trustee: _____ Sole Trustee: _____<br>IRA Trust Age: _____ Co-Trustee _____ Sole Trustee: _____<br>Name of Trust Protector: _____  |

### Contingent Beneficiaries (if not survived by children or grandchildren)

- “Heirs at Law”: 50% to Husband’s family and 50% to Wife’s family
- Others(include name, relationship & %) \_\_\_\_\_  
\_\_\_\_\_

### Additional Provisions/Conditions – Check if Applicable

- Are you disinheriting any of your living children or children of a deceased child?  
If so, please list their names \_\_\_\_\_
- Do any beneficiaries received government benefits such as SSI or Medi-Cal?

## Guardians (If you have Minor children only)

- Same persons and order as Successor Trustees/Executors

Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned? **Note: A surviving biological parent is automatically the Guardian, absent other circumstances. Co-Guardians must be married.**

| Description                       | Name of Guardian | Relationship (ie Wife's sister)<br>If Friend, City and State |
|-----------------------------------|------------------|--|
| __ 1st Guardian<br>__ co-Guardian |                  |  |
| __ 2nd Guardian<br>__ co-Guardian |                  |  |
| __ 3rd Guardian<br>__ co-Guardian |                  |  |

## 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 decision, who would you want to make those decisions for you?

**Note: If married, we assume your spouse will be your initial agent**

| Description                                 | Health Agent For Husband, Relationship | Health Agents For Wife, Relationship |
|---|--|--------------------------------------|
| __ 1st Alternate<br>__ co-Agent             |  |                                      |
| __ 2 <sup>nd</sup> Alternate<br>__ co-Agent |  |                                      |
| __ 3rd Alternate<br>__ co-Agent             |  |                                      |

If using co-Agents: \_\_ Only one signature required for most business or \_\_ All co-Agent must sign except in case of emergency

If using co-Agents: Alternate agent replaces; \_\_ If all co-Agents can not serve or \_\_ if one of the co-Agents can not serve

Any 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

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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 the preferred choice for each spouse**

- o 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
- o 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

**Confidential Financial Summary  
 Real Estate Ownership**

| Street Address (list home first) | Property Type  | Equity (Market value less debt) |
|----------------------------------|--|---------------------------------|
| 1                                | ___ Primary Residence<br>___ Vacation Home/Timeshare<br>___ Rental/Commercial/Vacant Lot | \$                              |
| 2                                | ___ Primary Residence<br>___ Vacation Home/Timeshare<br>___ Rental/Commercial/Vacant Lot | \$                              |
| 3                                | ___ Primary Residence<br>___ Vacation Home/Timeshare<br>___ Rental/Commercial/Vacant Lot | \$                              |
| 4.                               | ___ Primary Residence<br>___ Vacation Home/Timeshare<br>___ Rental/Commercial/Vacant Lot | \$                              |
|                                  | Total Equity   | \$                              |

