

# **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?

CLIENT INFORMATION			
Preferred Name on Documents:	Other names used:		
Email:	Mobile Number:		
Home Phone:	Fax:		
Marital Status: Single Married Divorced	Widowed		
If married, name of spouse:			
Mailing Address:			
To 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		
If desired, please express any goals you have for your estate planning below			



#### **Current Job Status**

Description	
Where Currently Employed or From Where Retired	

### **Family Information**

Please name all of your children. Please name all children you have ever had, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child.

FULL NAMES OF CHILDREN	Age	Do they have any children?	Status of child
		Yes No	Step Adopted Deceased
		Yes No	Step Adopted Deceased
		Yes No	Step Adopted Deceased
		Yes No	Step Adopted Deceased
		Yes No	Step Adopted Deceased
		Yes No	Step Adopted Deceased

# **Inheritance Planning**

### • Simple Inheritance Plan for Client with Children • Assets to be divided equally amongst your children • If any child of yours has predeceased you and has their own children, their share shall be distributed to their children equally or if they do not have any children, their share shall be distributed amongst the surviving siblings The assets will be distributed to the children Outright or Held in trust until they reach the age or ages of • 18 • 21 • 25 • 30 • 35 • 40 or • other age . If your children have not attained the stated age to request the balance of the estate, the trustee shall financially provide for your children's health, maintenance, support and education until the attain the age when they can request their share of the trust.

If you do not wish to divide your estate equally amongst all of your children or do not have children please fill out the custom inheritance plan

Custom Inheritance Plan				
<u>Beneficiary</u>	% or Sum	<u>Distribution</u>		
(Name//Relationship or Charity)	% \$	Outright Held in Trust Until Age(s) 18% 21% 25% 30% 35% 40% Lifetime Contingent Beneficiary None Their Children		
		Their Spouse Their Siblings		
(Name//Relationship or Charity)	\$% \$	OutrightHeld in Trust Until Age(s) 18% 21% 25% 30% 35% 40%Lifetime Contingent BeneficiaryNone Their Children		
		Their Spouse Their Siblings		
(Name//Relationship or Charity)  (Name//Relationship or Charity)	% \$% \$	OutrightHeld in Trust Until Age(s) 18% 21%  25% 30% 35% 40%Lifetime  Contingent BeneficiaryNone Their ChildrenTheir Spouse Their SiblingsOutrightHeld in Trust Until Age(s) 18% 21%  25% 30% 35% 40% Lifetime  Contingent BeneficiaryNone Their Children		
		Their Spouse Their Siblings		
Contingent Beneficiaries (if none of the above beneficiaries survive)  • "Heirs at Law": Starting with parents, then brothers and sisters, then nieces and nephews, etc  • Others(include name, relationship & %)				
Additional Provis	ions/Conditi	ions – Check if Applicable		
Are you disinheriting any of your living children or grand-children of a deceased child?  If so, please list their names  Are any of the beneficiaries disabled and receiving government benefits (ie Medi-Cal or SSI)  If so, please list their names				

First SuccessorCo-Trustee  Second SuccessorCo-Trustee  Third SuccessorCo-Trustee  Third SuccessorCo-Trustee  fusing co-Trustees:Only one signature required for most business orAll co-Trustees must sign f using co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees can not serve or  Solves:    Guardians (If you have Minor children only)			
First Successor Trustee takes over if you have passed on or become incapacitated. Their job is to gather your assets, pay your debt and then distribute the remainder to your appointed heirs.  Description Name of Successor Trustee  Co-Trustee  Second Successor  Co-Trustee  Third Successor  Co-Trustee  Third Successor  Co-Trustee:  Only one signature required for most business orAll co-Trustees must sign for of the co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees	Successor T	rustees (For Living Trust), Executors (For a Will) an	d Agents (Power of Attorney)
Description  Name of Successor Trustee  First SuccessorCo-Trustee Second SuccessorCo-Trustee Third SuccessorCo-Trustees To sing co-Trustees: Only one signature required for most business orAll co-Trustees must sign f using co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees can not serve  Sotes:  Guardians (If you have Minor children only) - Same persons and order as Successor Trustees/Executors/POA Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned?  Description Name of Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardianco-Guardian	Your successor truste	e takes over if you have passed on or become incapacitated. Their jo	
First SuccessorCo-Trustee Second SuccessorCo-Trustees:Only one signature required for most business orAll co-Trustees must sign f using co-Trustees:Only one signature required for most business orAll co-Trustees must sign f using co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees can not serve    Guardians (If you have Minor children only)	and then distribute the	e remainder to your appointed heirs.	
	Description	Name of Successor Trustee	Relationship(ie brother, friend etc)
Second SuccessorCo-Trustee Third SuccessorCo-Trustee  fusing co-Trustees:Only one signature required for most business orAll co-Trustees must sign fusing co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees can not serve    Guardians (If you have Minor children only)   Same persons and order as Successor Trustees/Executors/POA     Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned?    Description	First Successor		
Co-Trustee Third SuccessorCo-Trustee Third SuccessorCo-Trustees:Only one signature required for most business orAll co-Trustees must sign f using co-Trustees: Successor trustee replaces;If all co-Trustees can not serve or if one of the co-Trustees can not serve  Notes:	Co-Trustee		
Third SuccessorCo-Trustees:Only one signature required for most business orAll co-Trustees must sign f using co-Trustees: Successor trustee replaces; If all co-Trustees can not serve or if one of the co-Trustees can not serve    Some persons and order as Successor Trustees/Executors/POA	Second Successor		
	Co-Trustee		
Fusing co-Trustees:Only one signature required for most business or All co-Trustees must sign f using co-Trustees: Successor trustee replaces; If all co-Trustees can not serve or if one of the co-Trustees can not serve Notes:	Third Successor		
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co-Guardian Second Guardianco-Guardian Third Guardianco-Guardian Notes:  Health Care Agent for Advanced Healthcare Directive • Same persons and order as Successor Trustees/Executors/POA f you are in a terminal condition and unable to make health care decision, who would you want to make those decisions for you?  Description Name of Agent First Alternateco-Agent Second Alternateco-Agent Third Alternateco-Agent Third Alternateco-Agent Guide Third Alternateco-Agent Third Co-Agent Third Alternateco-Agent Third Co-Agent Third Alternateco-Agent To Dolly one signature required for most business or All co-Agent must sign except in case of emergency	Description	Name of Guardian	Relationship
Second Guardianco-Guardian Third Guardianco-Guardian  Notes:	First Guardian		
co-Guardian Third Guardianco-Guardian  Notes:  Health Care Agent for Advanced Healthcare Directive • Same persons and order as Successor Trustees/Executors/POA f you are in a terminal condition and unable to make health care decision, who would you want to make those decisions for you?  Description Name of Agent First Alternateco-Agent Second Alternateco-Agent Third Alternateco-Agent f using co-Agents: Only one signature required for most business or All co-Agent must sign except in case of emergency	co-Guardian		
Third Guardianco-Guardian  Notes:	Second Guardian		
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Second Alternateco-Agent Third Alternateco-Agent f using co-Agents:Only one signature required for most business or All co-Agent must sign except in case of emergency	First Alternate		
co-Agent Third Alternateco-Agent  f using co-Agents: Only one signature required for most business or All co-Agent must sign except in case of emergency	co-Agent		
Third Alternateco-Agent  f using co-Agents:Only one signature required for most business or All co-Agent must sign except in case of emergency	Second Alternate		
co-Agent  f using co-Agents: Only one signature required for most business or All co-Agent must sign except in case of emergency	co-Agent		
f using co-Agents: Only one signature required for most business or All co-Agent must sign except in case of emergency	Third Alternate		
	co-Agent		

Notes:	

# **Confidential Financial Summary Real Estate Ownership**

Street Address (list home first)	Original Purchase Price	Current Market Value	Equity (Market Value Less Mortgage)
1			
2			
3			
4.			
		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	<b>Business Assets</b>	Personal Assets
<ul> <li>Checking and Savings Account</li> <li>Securities (Stocks, Bonds, Mutual Funds)</li> <li>Certificate of Deposits</li> <li>401k, IRA or Pension</li> </ul>	<ul> <li>Sole Proprietorship</li> <li>Corporation _ S or _ C</li> <li>Limited Liability Company</li> <li>Limited Partnership</li> </ul>	<ul> <li>Motor Vehicles</li> <li>Boat</li> <li>Plane</li> <li>Art and Antiquities</li> <li>Promissory Notes</li> </ul>
Approx. Value \$	Approx. Value \$	Approx. Value \$

## **Life Insurance and Annuities**

Insured (H/W/S)	Owner (H/W/S)	Cash Value \$ Estimate	Death Benefit \$ Paid on Death	Primary Beneficiary	Contingent Beneficiary



### **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?

#### Choose **ONE** of the options below

- O 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,
- O Choice to Prolong Life
  I want my life to be prolonged as long as possible within the limits of generally accepted health care

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