



# 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:	

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

If desired, please express any goals you have for your estate planning below

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## 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 they 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>	<u>% or Sum</u>	<u>Distribution</u>
(Name//Relationship or Charity)	_____ % \$ _____	<input type="checkbox"/> Outright <input type="checkbox"/> Held in Trust Until Age(s) 18 _____ % 21 _____ % 25 _____ % 30 _____ % 35 _____ % 40 _____ % _____ Lifetime Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children <input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings
(Name//Relationship or Charity)	_____ % \$ _____	<input type="checkbox"/> Outright <input type="checkbox"/> Held in Trust Until Age(s) 18 _____ % 21 _____ % 25 _____ % 30 _____ % 35 _____ % 40 _____ % _____ Lifetime Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children <input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings
(Name//Relationship or Charity)	_____ % \$ _____	<input type="checkbox"/> Outright <input type="checkbox"/> Held in Trust Until Age(s) 18 _____ % 21 _____ % 25 _____ % 30 _____ % 35 _____ % 40 _____ % _____ Lifetime Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children <input type="checkbox"/> Their Spouse <input type="checkbox"/> Their Siblings
(Name//Relationship or Charity)	_____ % \$ _____	<input type="checkbox"/> Outright <input type="checkbox"/> Held in Trust Until Age(s) 18 _____ % 21 _____ % 25 _____ % 30 _____ % 35 _____ % 40 _____ % _____ Lifetime Contingent Beneficiary <input type="checkbox"/> None <input type="checkbox"/> Their Children <input type="checkbox"/> Their Spouse <input type="checkbox"/> 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 Provisions/Conditions – 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 \_\_\_\_\_

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**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.

Description	Name of Successor Trustee	Relationship(ie brother, friend etc)
First Successor ___ Co-Trustee		
Second Successor ___ Co-Trustee		
Third Successor ___ 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

Notes: \_\_\_\_\_

**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 Guardian	Relationship
First Guardian ___ co-Guardian		
Second Guardian ___ co-Guardian		
Third Guardian ___ co-Guardian		

Notes: \_\_\_\_\_

**Health Care Agent for Advanced Healthcare Directive**

- Same persons and order as Successor Trustees/Executors/POA

If 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	Relationship
First Alternate ___ co-Agent		
Second Alternate ___ co-Agent		
Third Alternate ___ 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

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	Business Assets	Personal Assets
<ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>Sole Proprietorship</li> <li>Corporation _ S or _ C</li> <li>Limited Liability Company</li> <li>Limited Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Motor Vehicles</li> <li>Boat</li> <li>Plane</li> <li>Art and Antiquities</li> <li>Promissory Notes</li> </ul>
<b>Approx. Value \$</b>	<b>Approx. Value \$</b>	<b>Approx. Value \$</b>

### Life Insurance and Annuities

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





