



TRUSTS | ESTATES | FAMILIES

**Protect what you love.**

# Client Questionnaire

Please use this checklist:

- Complete the following questionnaire **in ink**,
- Gather copies of any prior estate planning documents
- Send the two items above to our office ***one week in advance of your scheduled consultation*** in one of the following ways:
  - Via mail or in person (call in advance, please to make sure one of us is expecting you) at the address below;
  - Via fax at 415-451-7644; or
  - Via electronic mail to [Info@TheaLaw.com](mailto:Info@TheaLaw.com).

*All information you provide is **confidential and protected by the attorney/client privilege**, whether we ultimately work together or not.*

Don't worry about total accuracy – just do the best you can

If you have any questions, please call the office at 415-451-0123 or email us at [Info@TheaLaw.com](mailto:Info@TheaLaw.com) and we would be glad to assist you.

WE LOOK FORWARD TO SEEING YOU.

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Your Signature Name \_\_\_\_\_  
 (Name as you would like it to appear in your documents)

Also Known As \_\_\_\_\_  
 (Full legal name and other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_

Country(ies) of Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Business No. \_\_\_\_\_

Occupation/Former Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

Single  Married: Date & Place of Marriage \_\_\_\_\_

Divorced  Widowed: Date of death: \_\_\_\_\_

Cohabiting: Domestic Partnership Registration Filed? Yes/No, Date: \_\_\_\_\_, Jurisdiction: \_\_\_\_\_

If applicable,  
 Spouse/Partner's Signature Name \_\_\_\_\_  
 (Name as you would like it to appear in your documents)

Also Known As \_\_\_\_\_  
 (Full legal name and other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_

Country(ies) of Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Business No. \_\_\_\_\_

Occupation/Former Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

How did you hear about us? \_\_\_\_\_

If you were referred to us by an advisor, friend or family, may we thank them for sending you? Yes/No

**CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES**

*(Use full legal name and describe the person/entity's relationship to you and/or your spouse or partner if applicable, any special circumstances such as whether a child is from a prior marriage/relationship, and any special needs or concerns)*

| Name  | Birth date | Relationship To You |
|-------|------------|---------------------|
| _____ | _____      | _____               |
| _____ | _____      | _____               |
| _____ | _____      | _____               |
| _____ | _____      | _____               |
| _____ | _____      | _____               |
| _____ | _____      | _____               |

**OTHER ADVISORS**

| Type of Advisor   | Name | Telephone/Email | May we speak with him/her about your matter? |
|-------------------|------|-----------------|--|
| Accountant        |      |                 | Yes/No                                       |
| Financial Advisor |      |                 | Yes/No                                       |
| Insurance Advisor |      |                 | Yes/No                                       |

**YOUR PLANNING OBJECTIVES**

**Mandatory:** What are the top 3 things you would like to accomplish in our consultation?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Optional:** Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

Preserve and Maximize Assets ...

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits)
- By reducing estate administration costs through probate avoidance
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as ex-spouses, creditors or the government

Protect Yourself(selves) ...

- From malpractice or other creditor claims
- From conservatorship proceedings (aka “living probate”) if you become incapacitated
- From probate delays and stress upon your death
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

## Protect Your Children or other Beneficiaries ...

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary's inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors' claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

## Other Objectives ...

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

**IMPORTANT PLANNING QUESTIONS**

**You**

**Spouse/Partner (If App.)**

Do you have a will, trust, or other estate planning document? *Please furnish copies of these documents*  Yes  No  Yes  No

Are you making payments pursuant to a divorce or property settlement order? *Please provide a copy*  Yes  No  Yes  No

If married have you and your spouse signed a pre- or post-marriage contract? *Please provide a copy*  Yes  No  Yes  No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*  Yes  No  Yes  No

Do you own a business?  Yes  No  Yes  No

Do you own a long-term care (nursing home) insurance policy?  Yes  No  Yes  No

If married/partnered, do you own any property that is not community property?  Yes  No  Yes  No

Have you (or your spouse/partner) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*  Yes  No  Yes  No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*  Yes  No  Yes  No

Are you (or your spouse/partner) currently the beneficiary of anyone else's trust? *If so, please explain below.*  Yes  No  Yes  No

**ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL US.**

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**INCOME/ASSET/LIABILITY INFORMATION**

Please list your income/asset/liability information in the appropriate section below.

Attach additional pages, if necessary.

**INCOME**

| <b>Monthly Income</b>   | <b>You</b> | <b>Spouse/Partner, if app.</b> | <b>Joint/Community, if app.</b> |
|-------------------------|------------|--------------------------------|---------------------------------|
| Wages (Salary & Bonus): |            |                                |                                 |
| Social Security:        |            |                                |                                 |
| Pension:                |            |                                |                                 |
| Other Income:           |            |                                |                                 |
| <b>Total Income:</b>    |            |                                |                                 |

**ASSETS & LIABILITIES**

| <b>Asset/Liability</b>       | <b>Fair Market Value*</b> |                       |                  | <b>Net Value</b> |
|------------------------------|---------------------------|-----------------------|------------------|------------------|
|                              | <b>You</b>                | <b>Spouse/Partner</b> | <b>Less Debt</b> |                  |
| Real Estate                  |                           |                       |                  |                  |
| Personal Effects             |                           |                       |                  |                  |
| Bank & Savings Accounts      |                           |                       |                  |                  |
| Stocks, Bonds & Mutual Funds |                           |                       |                  |                  |
| Business Interests           |                           |                       |                  |                  |
| Life Insurance (Face Value)  |                           |                       |                  |                  |
| Annuities                    |                           |                       |                  |                  |
| Retirement Plans/Pensions    |                           |                       |                  |                  |
| Money Owed To You            |                           |                       |                  |                  |
| Anticipated Inheritance      |                           |                       |                  |                  |
| Other Assets                 |                           |                       |                  |                  |
| Other Liabilities            |                           |                       |                  |                  |
| <b>Total</b>                 |                           |                       |                  |                  |

*\* If married/partnered, please enter 1/2 the fair market value in your column and 1/2 the fair market value in your spouse/partner's column. Enter all debt in the one debt column.*