

Client Questionnaire

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Dear Clients,

Please complete the following Client Questionnaire. Much of the information is optional and will be discussed in detail during your Telephone consultation.

**We are committed to providing
High-quality, Personalized Service throughout the entire process.**

Your Goals & Objectives (Start Here)

Please share any information you feel comfortable providing. We will review your goals, family structure, and any unique circumstances together during your consultation.

Please describe your goals, priorities, and what you want your estate plan to accomplish:

Please describe any special concerns, family dynamics, or unique issues we should be aware of:

About You, Your Spouse or Life Partner (if applicable)

Full legal name(s):

Preferred name(s) (if different):

Date(s) of birth:

Primary email addresses and mobile phones:

Marital Information - List all prior and current Marital Information;

- *Marriage dissolved & date of dissolution,*
- *Legally Separated & date of filed,*
- *Deceased Spouse & date of death.*

Family Information

Children, Blended Families, Estranged Heirs, etc.:

- *Name, Date of Birth & Age including Parents*
- *Deceased children if applicable - Date of Death*

Dependents or individuals you support:

Any beneficiaries with special needs or unique circumstances:

Decision Makers - Fiduciaries

Executor (primary and one alternate):

Trustee (primary and one alternate):

Financial power of attorney (primary and one alternate):

Healthcare decision-maker (primary and one alternate):

Minor Children

Guardian (primary and one alternate):

Beneficiaries

We will discuss in detail during your Telephone consultation your beneficiary designation(s), support trusts, special gifts and gifts of personal and real property. No need to be exact.

Preliminary ideas on how would you like assets distributed (outright, staged, lifetime trust, special gifts of personal or real property)?

Existing Estate Planning Documents

- Please describe any existing estate planning documents:
- Name of Trust and Date Executed
- Include dates of any amendments

Final & Funding Details

Would you like assistance with funding your trust?

Additional notes, questions, or concerns:

Your Assets (Approximate Values Only)

Important Privacy & Security Notice:

To protect your privacy and security, please DO NOT include account numbers, Social Security numbers, or other sensitive identifying information. When listing assets, provide general descriptions and approximate fair market values only. If additional detail is required, it will be collected securely at a later stage.

If possible, include how real property is titled and who is designated as beneficiary on retirement accounts and life insurance. We will review your asset information in detail during your Telephone consultation.

Real estate (address, estimated value, loan balance):

Bank and investment accounts (institution and approximate totals):

Retirement accounts (type and estimated value):

Life insurance (carrier, estimated benefit, and current beneficiaries):

Business interests (type and estimated value):

Other (type and estimated value):

Statutory Powers of Attorney

Financial & Advanced Health Care Directives

As part of your Estate Plan Portfolio, we provide you with California Statutory Powers of Attorney and Advance Health Care Directives in advance for you to complete prior to your signing appointment, where they will be properly notarized as part of your estate plan.

California statutory powers of attorney and advance health care directives provide a reliable, widely accepted framework for seamless financial and medical decision-making in the event of incapacity. Because these forms are created under state law, banks and institutions are familiar with them, which helps avoid delays or complications when they are needed.

They are also designed to be straightforward, using clear, check-list-style options so you can easily understand the powers you are granting. At the same time, they allow for additional instructions if you would like to include specific preferences.

We will discuss both statutory and customized options in detail during your Telephone consultation to ensure your documents align with your goals.

You can download these documents now so you can have a copy ready to discuss during your Telephone consultation.

Download for Review

Power of Attorney for Financial and Personal Affairs



Power of Attorney
for Financial and Per:

Advanced Health Care Directive



Advanced Health
Care Directive.pdf

Related Advanced Estate Planning

Check the following estate planning issues that you would like to discuss during your Telephone consultation.

Deeds - Obtain Copy

- YES
- NO

A/B Trust

- YES
- NO

Asset Protection

- YES
- NO

Probate

- YES
- NO

Trust Administration

- YES
- NO

Insurance: Bundling , selling or borrowing from your insurance

- YES
- NO

Financial Planning Trust

- YES
- NO

Reverse Mortgage

- YES
- NO

International Estate Planning

- YES
- NO

Charitable Gifting and Philanthropy

Check the following Charitable Gifting and Philanthropy issues that you would like to discuss during your Telephone consultation.

Philanthropy and Directed Donations

- YES
- NO

Social Capital Tax Planning

- YES
- NO

EXAMPLES:

- CRAT: Charitable Remainder Annuity Trust
- CRUT: Charitable Remainder Unitrust
- GRIT: Grantor Retained Interest Trusts
- GRAT: Grantor Retained Annuity Trusts
- DAF: Donor Advised Funds (*recommended*)

What to Expect Next

- 1) After you submit this questionnaire, our office will carefully review your responses and contact you to coordinate your Telephone consultation.
- 2) Your Telephone consultation typically lasts approximately 45 minutes. During the consultation, we will review your goals, discuss planning strategies, answer your questions and determine the final cost of your Estate Plan.
- 3) Please plan to be in front of a computer or tablet so we can walk you through key concepts and recommendations from our Educational Materials located on our Firm's website.
- 4) Your customized estate planning documents are typically prepared within 7–10 days following your consultation.

CONFIDENTIALITY STATEMENT

This Firm's attorneys, employees, contractors and assigns protect the privacy of the personal information that we receive about you and your family. We take our professional responsibilities Confidentiality and Privacy very seriously and appreciate the trust you place in us to protect your Confidential information. Any information that we collect about you is used only to provide the legal and related services that you request from us. To View our Full Privacy Policy, please visit www.perkinslawfirm.com/privacy-policy/

Mobile phone number

If you have completed the form, please click:

SUBMIT.

You will receive an e-mail of your Client Questionnaire. On the day of your consultation, please be in front of your computer or mobile device. Your Attorney will be calling you. We look forward to being of service.