

CLIENT INTAKE ESTATE PLANNING

*CONFIDENTIAL QUESTIONNAIRE
for
ESTATE PLANNING*

PLEASE FILL OUT COMPLETELY AND LEGIBLY

DESCRIPTION OF DOCUMENTS TO BE PREPARED: _____

A GOLDEN SERVICE
LEGAL SUPPORT SERVICES
510-292-6633
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agoldenservice1@gmail.com

**FILL OUT COMPLETELY
USE BLOCK LETTERS**

CLIENTS PERSONAL INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

S.S.N.# _____ Area Code/Phone # _____

Date of Birth: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

SPOUSE INFORMATION: IF DECEASED, SO STATE.

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

S.S.N.# _____ Area Code/Phone # _____

Date of Birth: _____

CELL PHONE: _____

SUCCESSOR TRUSTEE:

(SPECIFY AN ALTERNATE IN EVERY CASE!)

(HUSBAND AND WIFE ARE PRIMARY TRUSTEES, UNLESS OTHERWISE STATED)

1ST ALTERNATE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

(CHECK APPLICABLE DESIGNATION):

_____ (YES/NO) WILL 1ST ALTERNATE SUCCESSOR TRUSTEE BE SERVING AS "*CO-TRUSTEE*" WITH 2ND ALTERNATE TRUSTEE?

_____ (YES/NO) WILL SUCCESSOR TRUSTEES BE SERVING IN "*LINE OF SUCCESSION*"

COMMENTS REGARDING TRUSTORS OR SUCCESSOR TRUSTEES: _____

POUR OVER WILL INFORMATION:

(SPECIFY AN ALTERNATE IN EVERY CASE!)

(HUSBAND AND WIFE ARE PRIMARY EXECUTORS, UNLESS OTHERWISE STATED)

1ST ALTERNATE EXECUTOR FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE EXECUTOR FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

1ST ALTERNATE EXECUTOR FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE EXECUTOR FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

Will Executors be serving in line of succession: _____ **or together:** _____

CLIENTS POWER OF ATTORNEY FOR ASSET MANAGEMENT:

(SPECIFY AN ALTERNATE IN EVERY CASE!)

(HUSBAND AND WIFE ARE PRIMARY AGENT IN FACT, UNLESS OTHERWISE STATED)

1ST ALTERNATE FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

1ST ALTERNATE FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

Choose One

_____ Attorney-in-Fact be serving in line of succession (Example: First: John Smith – Second: Mary Smith)

_____ Co-Attorney-in-Fact (Example: John Smith and Mary Smith, Together as Attorney-in-Fact)

CLIENTS POWER OF ATTORNEY FOR HEALTH CARE:

(SPECIFY AN ALTERNATE IN EVERY CASE!)

(HUSBAND AND WIFE ARE PRIMARY AGENT IN FACT, UNLESS OTHERWISE STATED)

1ST ALTERNATE FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE FOR CLIENT:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

1ST ALTERNATE FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

2ND ALTERNATE FOR SPOUSE:

FIRST/ MIDDLE/ LAST NAME: _____

MAILING ADDRESS: _____

RELATIONSHIP: _____

Area Code/Phone # _____

Choose One

_____ Attorney-in-Fact be serving in line of succession (Example: First: John Smith – Second: Mary Smith)

_____ Co-Attorney-in-Fact (Example: John Smith and Mary Smith, Together as Attorney-in-Fact)

LIFE SUPPORT DECISIONS:
ANSWER ALL QUESTIONS!!

CLIENTS DECISIONS:

If you are in a terminal condition or vegetative state do you want life support systems to be:

_____ Terminated (YES OR NO)

_____ Anatomical Gifts (Body Parts) (YES OR NO)

_____ Burial or Cremation (CIRCLE ONE CHOICE)

SPOUSE'S DECISIONS:

If you are in a terminal condition or vegetative state do you want life support systems to be:

_____ Terminated (YES OR NO)

_____ Anatomical Gifts (Body Parts) (YES OR NO)

_____ Burial or Cremation (CIRCLE ONE CHOICE)

BENEFICIARIES:

(IDENTIFY ANY BENEFICIARIES RECEIVING STATE ASSISTANCE)

1. *FIRST / MIDDLE / LAST NAME: _____

PERCENT OF ESTATE: _____

RELATIONSHIP TO YOU: _____

2. *FIRST / MIDDLE / LAST NAME: _____

PERCENT OF ESTATE: _____

RELATIONSHIP TO YOU: _____

3. *FIRST / MIDDLE / LAST NAME: _____

PERCENT OF ESTATE: _____

RELATIONSHIP TO YOU: _____

4. *FIRST / MIDDLE / LAST NAME: _____

PERCENT OF ESTATE: _____

RELATIONSHIP TO YOU: _____

5. *FIRST / MIDDLE / LAST NAME: _____

PERCENT OF ESTATE: _____

RELATIONSHIP TO YOU: _____

DISTRIBUTION: OUTRIGHT _____ IN TRUST _____

DISTRIBUTION AGES _____ PERCENTAGE: _____

DISTRIBUTION AGES _____ PERCENTAGE: _____

DISTRIBUTION AGES _____ PERCENTAGE: _____

DISTRIBUTION AGES _____ PERCENTAGE: _____

***IF A BENEFICIARY PREDECEASES YOU, THEIR SHARE IS TO BE: (CHECK ONE)**

_____ DIVIDED EQUALLY AMONG BENEFICIARY'S CHILDREN OR ISSUE (GRANDCHILDREN)

_____ DIVIDED AMONG THE REMAINING BENEFICIARY'S NAMED ABOVE

_____ SPECIFIC INSTRUCTIONS, PLEASE COMPLETE PAGE 11 OF THIS QUESTIONNAIRE.

NAMES OF ALL CHILDREN OF CLIENT:

1. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
2. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
3. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
4. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
5. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
6. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____

NAMES OF ALL CHILDREN OF SPOUSE:

(FILL OUT COMPLETELY, IF DIFFERENT FROM CLIENT BY PREVIOUS MARRIAGE, IF SAME CHILDREN, SO STATE)

1. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
2. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
3. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
4. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
5. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____
6. FIRST / MIDDLE / LAST NAME: _____ D.O.B. _____

NAME OF GUARDIAN OF MINOR CHILDREN: (IF NONE, SO STATE)

FIRST/ MIDDLE/ LAST NAME: _____

RELATIONSHIP: _____

ALTERNATE GUARDIAN

FIRST/ MIDDLE/ LAST NAME: _____

RELATIONSHIP: _____

SPECIFIC GIFTS OF TRUST PROPERTY (CASH OR REAL PROPERTY)

1. **FIRST / MIDDLE / LAST NAME:** _____

RELATIONSHIP: _____

SPECIFIC SUM OF MONEY: _____

GIFT PROPERTY ADDRESS: _____

2. **FIRST / MIDDLE / LAST NAME:** _____

RELATIONSHIP: _____

SPECIFIC SUM OF MONEY: _____

GIFT PROPERTY ADDRESS: _____

3. **FIRST / MIDDLE / LAST NAME:** _____

RELATIONSHIP: _____

SPECIFIC SUM OF MONEY: _____

GIFT PROPERTY ADDRESS: _____

4. **FIRST / MIDDLE / LAST NAME:** _____

RELATIONSHIP: _____

SPECIFIC SUM OF MONEY: _____

GIFT PROPERTY ADDRESS: _____

