Quock Law Firm

Attorneys at Law

CLIENT QUESTIONNAIRE

I. CLIENT INFORMATION

A. Client's Name ___________________________________

SSN ________________ DOB ____________ Driver's Lic. No. ____________________ Expiration Date _________

B. Spouse's Name __________________________________

SSN ________________ DOB ____________ Driver's Lic. No. ____________________ Expiration Date _________

C. Address ____

D. HOME PHONE (   ) _________________ BUSINESS PHONE (   )___________________ E-MAIL _________________

E. Date of Marriage __________________ Prior Marriage?(Yes/No) Husband _______ Wife ______ (If Yes, give details)

____

F. Are you a U.S. Citizen (Yes/No) CLIENT ______________ SPOUSE _____________________

II. BENEFICIARIES

A. Children of this Marriage

1. ____ DOB ____________ % _________________
2. ____ DOB ____________ % _________________
3. _______________________________________ DOB ____________ % _________________
4. _______________________________________ DOB ____________ % _________________

B. Prior Marriage Considerations (if applicable)

1. Husband's prior marriage terminated by Divorce __________ Death ____________ Date ____________

CHILDREN:

a. ____________________________ DOB ________________ % _________________

b. _____________________________ DOB _________________ % _________________

c. _____________________________ DOB _________________ % _________________

d. _____________________________ DOB _________________ % _________________

C. Prior Marriage Considerations (if applicable)

1. Wife's prior marriage terminated by Divorce __________ Death ____________ Date _____________

CHILDREN:

a. _______________________________ DOB ________________ % ________________

b. _______________________________ DOB ________________ % ________________

c. _______________________________ DOB ________________ % ________________

d. _______________________________ DOB ________________ % ________________

D. Is there a possibility of more children? _________________

E. Are your children your primary beneficiaries? _____________ (If NO, list beneficiaries below)

F. Are your children to receive your estate in EQUAL shares?______ (If NO. indicate appropriate shares)

G. Are your children to receive the estate OUTRIGHT? ______ (If NO, explain below)

H. MY CHILDREN SHALL NOT RECEIVE THE ESTATE OUTRIGHT, BUT INSTEAD:

1. 1/4 at Age __________ 1/4 at Age __________ 1/4 at Age ___________ 1/4 at Age ____________

2. 1/3 at Age __________ I/3 at Age __________ 1/3 at Age ___________

3. 1/2 at Age __________ 1/2 at Age __________

4. OTHER (Specify) ____

____

CHECK HERE IS TRUSTEE IS TO HAVE DISCRETION FOR HEALTH, EDUCATION AND WELFARE.

I. If a Child Predeceases you, the share of the deceased child shall go instead to:

_______ the issue of' the deceased child (your grandchildren)

_______ the survivors of the children of client and spouse

_______ OTHER (Specify) ____

J. If your children are NOT going to be your primary beneficiaries or if you have no children then list your primary beneficiaries below and what portion each is to receive.

CLIENT'S BENEFICIARIES

1. ____ PERCENT _______________

2. ____ PERCENT _______________

3. ____ PERCENT________________

4. ____ PERCENT ________________

5. ____ PERCENT ________________

SPOUSE'S BENEFICIARIES

1. ____ PERCENT _______________

2. ____ PERCENT _______________

3. ____ PERCENT________________

4. ____ PERCENT ________________

5. ____ PERCENT ________________

K. Trust Beneficiaries if your above listed beneficiaries predecease you..

CLIENT'S BENEFICIARIES

1. ____ PERCENT ________________

2. ____ PERCENT ________________

3. ____ PERCENT________________

4. ____ PERCENT ________________

5. ____ PERCENT ________________

SPOUSE'S BENEFICIARIES

1. ____ PERCENT ________________

2. ____ PERCENT ________________

3. ____ PERCENT________________

4. ____ PERCENT ________________

5. ____ PERCENT ________________

L. Ultimate beneficiaries (If all other named beneficiaries are predeceased).

CLIENT'S BENEFICIARIES	SPOUSE'S BENEFICIARIES
1. Heirs at law ___________________________	1. Heirs at law ________________________
2. Charity (Specify) _______________________	2. Charity (Specify) ___________________
3. Other (Specify) ________________________	3. Other (Specify) ______________________

III. TRUSTEES

A. INITIAL TRUSTEE(S) and EXECUTIVES: Client: Yes ___________ No ____________

Spouse Yes __________ No ____________

B. SUCCESSOR TRUSTEES (and Executors)

1. ____

2. ____

3. ____

OTHER ____

___________ CHECK HERE IF THE ABOVE ARE TO SERVE AS CO-TRUSTEES

NOTES: ____

____

____

____

C. Guardians of minor children (Person & Estate)

CLIENT'S WILL	SPOUSE'S WILL
1. ______________________________	1. _______________________________
2. ______________________________	2. _______________________________
3. ______________________________	3. _______________________________

D. Power of Attorney for financial matters (Spouse first? Yes_____/No______)

CLIENT	SPOUSE
1. ____________________________	1. _____________________________
2. ____________________________	2. _____________________________

E. Power of Attorney for Healthcare (Spouse first? Yes/No)

CLIENT	SPOUSE
1. ____________________________	1. _____________________________
(name)	(name)
____________________________	_____________________________
(address)	(address)
____________________________	_____________________________
(mobile)	(mobile)
2. ____________________________	2. _____________________________
(name)	(name)
____________________________	_____________________________
(address)	(address)
____________________________	_____________________________
(mobile)	(mobile)

F. Healthcare Decision: Which of the following statement best describes your healthcare wishes:

H W

_____ _____ 1. 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. If the extension of my life would result in a mere biological existence without cognitive function and with no reasonable hope for normal functioning, then I do not desire any form of life sustaining treatment or procedures, including nutrition and hydration unless necessary for my comfort or alleviation of pain or, if life sustaining treatment has been instituted, I desire that it be withdrawn. It is my desire that my agent consider relief from suffering, preservation or restoration of functioning, and the quality as well as extent of the life being preserved when decisions are made concerning life sustaining care, treatment, services, and procedures. In making the decision to withhold or remove treatment, my agent, after consulting with my treating physicians, should first determine if the proposed treatment is for an aid to recovery or merely a prolongation of my inevitable death.

_____ _____ 2. I want efforts made to prolong my life and I want life-sustaining treatment to be provided unless I am in a coma or persistent vegetative state which my doctor believes to be irreversible. Once my doctor has concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

_____ _____ 3. I want efforts made to prolong my life and I want life-sustaining treatment to be provided even if I am in an irreversible coma or persistent vegetative state.

G. Organ Donor - Do you wish to be an organ donor ?

H W

_____ _____ NO I do not want to make a gift under the Uniform Anatomical Gift Act, nor do I want my agent or family to do so.

_____ _____ YES, I wish to be an organ donor as follows:

_____ Any needed organ or parts; or

_____ The parts or organs listed only: ________________.

______________________, __________________

______________________, ____________________

My Anatomical Gift is for the following purposes:

[____] Transplant

[____] Therapy

[____] Research

[____] Education

IV. FINANCIAL STATEMENT

A. Cash in Bank Accounts

Name of Bank	Account Number	Type of Account	Balance
1. ____________	____________	________	$ ________
2. ____________	____________	________	$ ________
3. ____________	____________	________	$ ________
4. ____________	____________	________	$ ________
5. ____________	____________	________	$ ________
		Total	$ ________

B. Stocks, Bonds, Mutual funds

Name of Account/Stock	Number of Shares	Account Number	Market Value
1. ____________	________	________	$ ________
2. ____________	________	________	$ ________
3. ____________	________	________	$ ________
4, ____________	________	________	$ ________
5. ____________	________	________	$ ________
6. ____________	________	________	$ ________
			$ ________

C. IRA's, TSAs, OTHER Qualified Retirement Plans

Location of Account	Account Number	Type of Account	Market Value
1. ____________	____________	________	$ ________
2. ____________	____________	________	$ ________
3. ____________	____________	________	$ ________
4. ____________	____________	________	$ ________
5. ____________	____________	________	$ ________
		Total	$ ________

D. PARTNERSHIPS AND OTHER INVESTMENTS

Name of Investment	Type of Investment	Units	Market Value
1. ____________________________	________________	________________	$ ______________
2. ____________________________	________________	________________	$ ______________
3. ____________________________	________________	________________	$ ______________
4, ____________________________	________________	________________	$ ______________
5. ____________________________	________________	________________	$ ______________
6. ____________________________	________________	________________	$ ______________
		Total	$ ______________

E. REAL ESTATE

Property Address		Market Value	Debt Outstanding
1. ____		$__________________	$_______________
2. ____		$__________________	$ ______________
3. ____		$__________________	$ ______________
4. ____		$__________________	$ ______________
5. ____		$__________________	$ ______________
	Total	$ _________________	$ ______________

F. PERSONAL PROPERTY

Item	Market Value	Cost or Basis
1. Autos: _______________________________	$_____________________	$ ______________
2. Boats: _______________________________	$ _____________________	$ ______________
3. Trailers: _____________________________	$ _____________________	$ ______________
4. Mortgages Owned ____________________	$ _____________________	$ ______________
5. Promissory Notes ____________________	$ _____________________	$ ______________

6. Collections/Heirlooms ________________	$ ____________________	$ _____________
7. Family Business ____________________	$ ____________________	$ _____________
8. Other : ___________________________	$ ____________________	$ _____________
9. Other : ___________________________	$ ____________________	$ _____________
	Total	$

G. LIFE INSURANCE

Company	Owner/ Policy No.	Beneficiary	Face Amount	Cash Value
1. ____________________	____________	___________	$___________	$ _________
2. ____________________	____________	___________	$___________	$ _________
3. ____________________	____________	___________	$___________	$ _________
4. ____________________	____________	___________	$___________	$ _________
5. ____________________	____________	___________	$___________	$ _________

H. LONG TERM CARE NEEDS? Yes ________ No _________

J. FINANCIAL SUMMARY

ASSETS

Cash and Bank Accounts	$ _____________
Stocks, Bonds, Mutual Funds	$_____________
IRAs, TSAs, PENSION PLANS, etc.	$ _____________
Partnerships & Investments	$ _____________
Real Estate	$ _____________
Personal Property	$ _____________
Cash Value of Life Insurance	$ _____________
Other Assets	$ _____________
TOTAL	$ _____________

LIABILITIES AND NET WORTH

Debt on Real Estate $ ______________________

OTHER (Specify) ____ $ ______________________

OTHER (Specify) ____ $ ______________________

OTHER (Specify) ____ $ ______________________

OTHER (Specify) ____ $ ______________________

OTHER (Specify) ____ $ ______________________

OTHER (Specify) ____ $ ______________________

TOTAL LIABILITIES $ ______________________

NET WORTH $ ______________________

TOTAL FACE VALUE OF INSURANCE ON CLIENT $ ______________________

TOTAL FACE VALUE OF INSURANCE ON SPOUSE $ ______________________

K. ANY EXPECTED INHERITANCES?

CLIENT ________________ AMOUNT $ ______________________

SPOUSE _______________ AMOUNT $ ______________________

L. CHARACTER OF PROPERTY

Note: In Community Property states such as California it is assumed that property owned in a marital relationship is COMMUNITY PROPERTY. SEPARATE PROPERTY is defined in general terms as property that you or your spouse owned PRIOR to marriage or that you obtained by GIFT or by INHERITANCE. Some states recognize QUASI-COMMUNITY PROPERTY as property acquired during marriage whole living outside the Community Property state.

1. Do you and your spouse consider all of your property to be COMMUNITY PROPERTY?

Yes/No _______________

2. If NO, please specify any assets you or your spouse consider to be SEPARATE PROPERTY

CLIENT	SPOUSE
____________________________________	____
____________________________________	____
____________________________________	____
____________________________________	____
____________________________________	____

3. Is it your desire to continue to hold the above identified assets as SEPARATE PROPERTY? (Yes/No)?

CLIENT ___________ SPOUSE ______________

4. Do you currently have assets which you acquired while living outside California during your marital relationship?

Yes/No ______________

If Yes, list assets below:

1. ____

2.. ____

3. ____

4. ____

5. ____