CONFIDENTIAL CLIENT QUESTIONNAIRE (SINGLE)

We understand the confidential nature of the material requested in this questionnaire. We appreciate your assistance in providing this information to help us better serve your Life & Estate Planning needs.

Note: In accordance with 16 CFR 313, our law firm does not release any personal or financial information obtained from clients to any third party without prior permission.

Disclaimer: No attorney-client relationship is intended to be established by the free, brief initial consultation. Legal opinions provided on the spur of the moment, with limited background information exchanged and without specific, fact-based research should not be relied upon for non-trivial legal matters. You are strongly advised to seek a complete, detailed consultation with our firm or the attorney(s) to whom we refer you rather than relying on the general concepts presented and discussed during a brief, initial consultation. The attorney-client relationship shall only be established once you and the firm have executed our firm's FEE AGREEMENT.

The Estate Planning Checklist

1. Thank you for making an appointment for your complimentary initial consultation with one of our attorneys.

2. Please fill out the confidential client information form the best you can prior to your appointment. We ask that you at least provide the attorney the Preliminary Client Information so that the attorney can advise you on our recommended course of action. If you feel you are ready to discuss your estate plan in more detail, please continue filling out the Client Information form the best you can.

3. We **do not** need copies of your bank or financial statements or insurance policies unless you require assistance with funding your trust (additional fee may be incurred for this service)

4. At your initial consultation we will discuss the basics of estate planning (wills, trusts, power of attorneys and healthcare directives). You will need to agree to retain our services before we will offer you any legal advice on your specific circumstances.

5. Once we agree on how to proceed, we will send you our Fee Agreement and schedule an appointment to either go over any undecided information from you or to review the final estate planning documents.

Upon completion, please eFax (no coversheet needed) this document to 949.313.5062 or email it to assistance@ocwillsandtrusts.com.

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 (other than the preliminary information) prior to your initial consultation.**

How did you hear about our firm?

☐ Yelp ☐ Google ☐ ChatGPT/AI Search ☐ Facebook/Instagram
☐ YouTube ☐ Podcast ☐ Nextdoor ☐ LinkedIn
☐ Seminar/Workshop ☐ Health Expo
☐ Other: _____
☐ Friend/Family: _____(name)
☐ Financial Planner/CPA/Attorney:_____(name)

Preliminary Client Information

Legal Name: _____ ☐Male ☐Female
Other names used on legal documents:_____
Phone Number: _____
Email Address: _____
Employer: _____
U.S. Citizen? ☐Yes ☐No
Marital Status: ☐Single ☐Divorced ☐Married ☐Widowed
If married, name of spouse: _____ ☐Disinherit spouse
If widowed, name of deceased spouse: _____ Date of Death: _____

Home Address:_____
Mailing Address (if different than above): _____

What do you estimate your net worth to be?
☐< $1M ☐ $1M – $5M ☐ $5M – $15M ☐ $15M+

Do you have any children? ☐Yes ☐No
If you have children, what is their age range? _____

Please state your primary goal in preparing an estate plan:

Children (Including Deceased)

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Name: _____ Age: _____
Gender: ☐Male ☐Female | If applicable: ☐Adopted ☐Deceased

Preferred Name of Trust

☐ The (Full Name) Living Trust

☐ Custom Name: _____

☐ Existing Trust: _____

Date Original Trust was signed: _____

Dates of any Amendments to Trust: _____

People You Trust to Control Your Assets (Successor Trustees/Executor/POA)

- If you cannot manage your assets due to death or incapacity, who do you trust to do so for yourself or your beneficiaries?
- A beneficiary who is 18 or older can be named as a Trustee.
- You can select co-Trustees to serve with equal power. If you would like co-Trustees, please write both names on the same line. **It is not recommended that you appoint co-Trustees unless you are certain they will work well together (i.e. your parents and maybe your siblings).**
- Please write names as they appear on their ID (First and Last is sufficient).

First Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Second Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Third Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

If selecting co-Trustees: ☐ Only one signature required for most business or ☐ All co-Trustees must sign

Backup Guardians (If you have Minor children)

☐ Same persons and order as Successor Trustees/Executors

- Who would you want to care for your minor children (i.e., under 18 years of age) if you pass.
- A surviving biological parent will typically be appointed as the Guardian, absent other circumstances. It is up to you if you want to name the biological parent first or someone else if you do not want the biological parent to be the guardian if you pass on
- **Co-Guardians must be married, if selecting co-Guardians write both names on the designated line.**
- **Do not name Co-Guardians unless you are comfortable with either Guardian taking care of your children on their own.**

First Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Second Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Third Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

(Optional) Minor Power of Attorney / Health Care Directive

☐ Same persons and order as Guardians

- If you would like to give someone temporary power to care for and make decisions for your minor child.

First Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Second Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Third Choice(s): _____
Relationship (i.e., my sister): _____ City/State: _____

Inheritance Planning

- Our default plan for individuals with children is as follows, if you wish to do something different, we would be happy to discuss your other options at our consultation.

☐ Default Plan for Individuals with Children

- Upon your, the entire trust estate will be **distributed equally to each of your children** in the following manner:
  - ☐ Outright equal distribution to all children.
  - ☐ Assets held in trust for your children until they attain the single age (i.e. 25) _____
  - ☐ Distribution over Multiple Ages (i.e., 50% at age 25, 50% at age 30)
    _____
  - ☐ Family Pot Trust (Assets will be held for all children and can be used equally or unequally for each child until the youngest child achieves age (i.e. 22) _____ and then distributed to each child when they achieve the age (i.e. 25) _____
  - ☐ Dynasty Trust – Child serves as Trustee at age _____

  Note: Money/Assets held in trust are generally available at the discretion of the Trustee for each beneficiary's health, maintenance, support, and education.
- If any of your children predecease you, their share shall be distributed equally to:
  - ☐ Their children, held in trust until the age of 25, if no children then to their surviving siblings.
  - ☐ Our surviving children. If we are not survived by living children, equally to our grandchildren.
- If you are not survived by any children or grandchildren or great grandchildren, the estate shall be distributed to your family starting with your parents, then siblings, then nieces and nephews etc.

- Alternatively, you can list specific amounts/percentages to specific people:

Name/Relationship	$ or %	Specific Asset	Notes

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CLEAR ALL

Health Care Agent (For Advanced Healthcare Directive)

☐ Same persons and order as Successor Trustees/Executors

First Choice(s): _____

Relationship (i.e., my sister): _____ City/State: _____

Second Choice(s): _____

Relationship (i.e., my sister): _____ City/State: _____

Third Choice(s): _____

Relationship (i.e., my sister): _____ City/State: _____

HIPAA Authorization

- Are there any other persons you would like to give the doctor the permission to talk to regarding your medical condition? (Your Successor Trustee/POA/Healthcare agent will automatically be included)

Name: _____

Relationship (i.e., my sister): _____ City/State: _____

Name: _____

Relationship (i.e., my sister): _____ City/State: _____

Name: _____

Relationship (i.e., my sister): _____ City/State: _____

Living Will Options

- If you are unconscious, being kept alive artificially (i.e., respirator, heart pump) and the doctor has indicated there is nothing else they can do for you, what do you want your health-care agent to tell the doctor?

☐ **Choice Not to Prolong Life:**

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. **(You want your agent to let you go if they agree with the Doctor's assessment that you are not going to recover but if your agent disagrees then your agent can keep you alive)**

☐ **Choice to Prolong Life:**

I want my life to be prolonged as long as possible within the limits of generally accepted health care. **(You don't care what your doctor or your agent believe, you want to be kept alive)**

Organ Donation: ☐Yes ☐No

Final Disposition: ☐Buried ☐Cremated

Real Estate Ownership

Address: _____ ☐Already in Trust

☐Primary Residence ☐Vacation Home/Timeshare ☐Rental/Commercial/Vacant Lot

Address: _____ ☐Already in Trust

☐Primary Residence ☐Vacation Home/Timeshare ☐Rental/Commercial/Vacant Lot

Address: _____ ☐Already in Trust

☐Primary Residence ☐Vacation Home/Timeshare ☐Rental/Commercial/Vacant Lot

Address: _____ ☐Already in Trust

☐Primary Residence ☐Vacation Home/Timeshare ☐Rental/Commercial/Vacant Lot

Address: _____ ☐Already in Trust

☐Primary Residence ☐Vacation Home/Timeshare ☐Rental/Commercial/Vacant Lot

Business Ownership

Name of Business: _____ ☐Already in Trust

Is this a Professional Corporation? (i.e. Doctor, Attorney, etc.) ☐Yes ☐No

Type of Entity: ☐C Corp ☐S Corp ☐LLC ☐Sole Proprietorship | State of Incorporation:_____

Name of Business: _____ ☐Already in Trust

Is this a Professional Corporation? (i.e. Doctor, Attorney, etc.) ☐Yes ☐No

Type of Entity: ☐C Corp ☐S Corp ☐LLC ☐Sole Proprietorship | State of Incorporation:_____

Name of Business: _____ ☐Already in Trust

Is this a Professional Corporation? (i.e. Doctor, Attorney, etc.) ☐Yes ☐No

Type of Entity: ☐C Corp ☐S Corp ☐LLC ☐Sole Proprietorship | State of Incorporation:_____

Any other questions/concerns you would like addressed or answered?