

**BARTHOLETTI LAW APC**

16530 Ventura Boulevard, Suite 211, Encino CA 91436

Telephone: 818-817-9535; Facsimile: 818-817-0054

[info@bartholettilaw.com](mailto:info@bartholettilaw.com)

**CONFIDENTIAL CLIENT QUESTIONNAIRE**

**PART 1**

**INFORMATION ABOUT YOU AND YOUR SPOUSE**

**YOU**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other names used \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resident of the State of \_\_\_\_\_ Citizen of the U.S.? [ ] yes [ ] no

**SPOUSE**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other names used \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resident of the State of \_\_\_\_\_ Citizen of the U.S.? [ ] yes [ ] no

### PRIOR MARRIAGES

If either you or your spouse has been married before, please list the names of the prior spouses and whether the marriage ended in dissolution or death.

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## **PART 2**

### **INFORMATION ABOUT YOUR FAMILY**

#### CHILDREN

| # OF CHILD | NAME OF CHILD | CHILD OF<br>(B) BOTH<br>(H) HUSBAND<br>(W) WIFE | BIRTHDATE | AGE   |
|------------|---------------|-------------------------------------------------|-----------|-------|
| C1         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |
| C2         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |
| C3         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |
| C4         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |
| C5         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |
| C6         | <hr/>         | <hr/>                                           | <hr/>     | <hr/> |

#### GRANDCHILDREN

| NAME OF GRANDCHILD | CHILD OF<br>(# OF CHILD<br>FROM ABOVE) | BIRTHDATE | AGE   |
|--------------------|----------------------------------------|-----------|-------|
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |
| <hr/>              | <hr/>                                  | <hr/>     | <hr/> |

**PART 3**  
**TRUSTEES/DURABLE POWER OF ATTORNEY FOR ASSET**  
**MANAGEMENT/ EXECUTORS**

The person that serves in these roles is responsible for taking care of your finances if you become incapacitated (i.e., coma, stroke, dementia, etc.) and the person responsible for settling your estate after you're gone. This person also can also be a beneficiary. It is recommended that the same persons who act as Trustee also act under your Power of Attorney for Asset Management and as Executor under your Will.

First Choice:

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Second Choice:

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Third Choice:

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**PART 4**  
**GUARDIAN**

If you have children under the age of 18 years when you pass away, the Trustee will manage your child's finances. The Guardian is the person with whom your child will live and the person that will make your child's personal decisions such as education, medical care, religion, diet, etc. The Trustee can also be Guardian.

First Choice:

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Second Choice:

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Third Choice:

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**PART 5**  
**DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

Please list the people you want to make your medical decisions if you are unable to make them for yourself. This person will also have the power to make your funeral arrangements.

**YOU**

First Choice:

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(If married, usually your spouse)

Second Choice:

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Third Choice:

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**SPOUSE**

First Choice:

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(If married, usually your spouse)

Second Choice:

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Third Choice:

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**PART 6**  
**BENEFICIARIES OF YOUR TRUST**

Please list the people/organizations to whom you'd like to leave your estate. The attorney will discuss with you the actual gifts and timing of the gifts. Please just list here the names, ages and relationship to you.

It is important to note if any beneficiary (1) has a mental or physical disability, (2) has trouble managing his/her own finances, (3) has a drug or alcohol problem, (4) has or may have a large estate of his/her own, (5) wants their inheritance protected from creditors, lawsuits or divorce, or (6) is a non-profit organization.

☐ Check here if to all children equally

☐ Other distribution:  
(Describe wishes re distribution on separate page)

| NAME OF BENEFICIARY | AGE   | RELATIONSHIP TO YOU |
|---------------------|-------|---------------------|
| <hr/>               | <hr/> | <hr/>               |
| <hr/>               | <hr/> | <hr/>               |
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**PART 7**  
**INFORMATION ABOUT YOUR FINANCES**

Please bring all of the documents on the enclosed Document Checklist (Part 13).

Are your assets community property or separate property?

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What is the estimated value of each asset? Include in Part 8.

Does any asset have a mortgage, lien or any other debt attached to it? If so, what is the amount owed?

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Do you have any unsecured debts? (i.e., credit card, personal loans, etc.)

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Is there a Buy/Sell Agreement for any business interest? If so, is there life insurance to provide the funds for the buyout? Describe: \_\_\_\_\_

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Do you have any reason to believe that someone would contest your will or trust? Explain: \_\_\_\_\_

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Your Annual Income (estimated) \$ \_\_\_\_\_

Spouse's Annual Income (estimated) \$ \_\_\_\_\_

Have (either of) you inherited from parents or others? ☐ Yes ☐ No

Do (either of) you expect to inherit from parents or others? ☐ Yes ☐ No

Are (either of) you now the beneficiary of a trust? ☐ Yes ☐ No

**If yes, please bring a copy of the trust document.**

**PART 8**  
**ASSET SUMMARY**

|          |                                                          |
|----------|----------------------------------------------------------|
| \$ _____ | Real Estate (list present value minus amount owed)       |
| \$ _____ | Mineral, Gas or Oil Rights                               |
| \$ _____ | Contents of Home                                         |
| \$ _____ | Retirement Plans (IRA, Keogh, 401K, etc.)                |
| \$ _____ | Annuities                                                |
| \$ _____ | Stocks and Bonds                                         |
| \$ _____ | Mutual Funds                                             |
| \$ _____ | T-bills, T-bonds, T-notes                                |
| \$ _____ | Cash (checking, savings, money markets, CD, etc.)        |
| \$ _____ | Life Insurance (list death benefit amount)               |
| \$ _____ | Notes Secured by Deed of Trust                           |
| \$ _____ | Unsecured Notes                                          |
| \$ _____ | Partnership Interests                                    |
| \$ _____ | Solely Owned Business                                    |
| \$ _____ | Vehicles (auto, boat, motor home, mobile home, airplane) |
| \$ _____ | Other, list _____                                        |
| \$ _____ | Other, list _____                                        |
| \$ _____ | Other, list _____                                        |
| \$ _____ | TOTAL                                                    |

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 9**  
**PRIOR GIFTS**

Have you made any gifts in excess of the annual gift tax exclusion amount?  
(Currently \$19,000 per person per recipient.)

☐ Yes

☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_

**PART 10**  
**ESTATE PLANNING GOALS AND OBJECTIVES**

Please be prepared to discuss the following with the attorney:

- Do you want to avoid probate?
- Do you want to eliminate Federal Estate Taxes in my/our estate?
- Does any of our beneficiaries have special needs (i.e. mental or physical disability, not good with finances, easily manipulated, etc.)?
- Do you need or want to transfer a family business?
- For Married Couples with Joint Trusts: After the death of one spouse, do you want to allow the surviving spouse to make changes in the estate plan of the deceased spouse?
- Do you want to include a Generation Skipping Trust to avoid probate in your beneficiaries' estate, to eliminate taxes in your beneficiary's estate and/or to protect your beneficiaries' inheritance from creditors or dissolution proceedings?
- List any specific goals that you may have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 11**  
**REFERRAL**

Who referred you to us: \_\_\_\_\_

**PART 12**  
**UPDATE QUESTIONS**  
**(for those who have existing estate plans)**

Y = Yes    N = No    Leave blank, if you're not sure

- \_\_\_\_\_ Are you a citizen of the United States?
- \_\_\_\_\_ Have you had any change in your family (death, birth, marriage, divorce) since you last updated your trust?
- \_\_\_\_\_ Did you update any of your documents with another law firm, do-it-yourself legal service, paralegal, etc.? If yes, please include copies of those documents.
- \_\_\_\_\_ Have you changed the *owner* on all assets to your trust using the letters we provided you (except retirement plans)?
- \_\_\_\_\_ Have you changed the *owner* and *beneficiary* of your life insurance to your trust using the letter we provided you?
- \_\_\_\_\_ Have you changed the *beneficiary* on your retirement plans?
- \_\_\_\_\_ Do you want to protect your children's inheritance from creditors, lawsuits and/or divorce?
- \_\_\_\_\_ Did you sign your Durable Power of Attorney for *Health Care* Decisions prior to 1/1/04?
- \_\_\_\_\_ Do you have a Durable Power of Attorney for Asset Management?
- \_\_\_\_\_ Are your present trustee appointments correct?
- \_\_\_\_\_ Are your present beneficiaries correct?
- \_\_\_\_\_ Do any of your beneficiaries have a mental or physical disability?
- \_\_\_\_\_ Do you have all of your *original* documents (trust, will, powers of attorney, deeds, etc.)?
- \_\_\_\_\_ Will your trustee be able to determine what you own after you've passed away?

***For Married Couples Only***

- \_\_\_\_\_ Is your *spouse* a citizen of the United States?
- \_\_\_\_\_ Do you have the right *type* of revocable living trust?
- \_\_\_\_\_ Do you want your spouse to have the flexibility of being able to change the distribution of your assets after you've passed away? If so, can your spouse leave it to anyone or just family?
- \_\_\_\_\_ Do you want your surviving spouse to have the power to change trustee after you're gone?
- \_\_\_\_\_ Have either you or your spouse been married before?
- \_\_\_\_\_ Do either you or your spouse have children from a previous marriage?
- \_\_\_\_\_ Do either you or your spouse have any separate property? If so, please note which assets are separate property on prior page.

**PART 13**  
**DOCUMENT CHECKLIST**

| <u>Item:</u>                                                                                                                           | <u>Y/N/Notes</u> |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <u>Estate Planning Documents:</u>                                                                                                      |                  |
| Your current estate planning documents, if any (trusts, amendments, restatements, wills, powers of attorney, etc.)                     | _____            |
| Trust created by someone else for your benefit                                                                                         | _____            |
| <u>Assets:</u>                                                                                                                         |                  |
| Grant Deed/Quitclaim Deed or Court Order granting to you each parcel of real property (not the Deed of Trust and not the Reconveyance) | _____            |
| Property tax bill (current year only) for each parcel of real property                                                                 | _____            |
| Current bank statements, bank book or any proof of ownership of a bank account, CD, etc.                                               | _____            |
| Stock or bond certificates or current statements for each brokerage account                                                            | _____            |
| Any document that proves <u>ownership, beneficiary and value</u> of an IRA, pension, 401k, 403b or any other retirement account        | _____            |
| Any document that proves <u>ownership, insured, beneficiary and death benefit</u> of any life insurance policy                         | _____            |
| Any document that proves <u>ownership, annuitant, beneficiary and value</u> of any annuity                                             | _____            |
| Business Agreements (i.e. Limited Partnerships, Buy/Sell Agreements)                                                                   | _____            |
| Any leases – where you are landlord                                                                                                    | _____            |
| Automobile, boat, motorhome, mobile home, and airplane registrations                                                                   | _____            |
| Promissory notes and/or deeds of trust where you are lender                                                                            | _____            |
| Any document that proves ownership of an asset not listed above                                                                        | _____            |
| Estimated value of each asset, if not already provided in documents                                                                    | _____            |

Liabilities:

Mortgage statement (most recent) \_\_\_\_\_

Credit card statement (most recent) \_\_\_\_\_

Taxes:

Income tax returns for past year \_\_\_\_\_

Any gift tax returns (Form 709) \_\_\_\_\_

Miscellaneous Issues:

Does anyone owe you money? If yes, who and how much? Please bring paperwork proving the debt (i.e. promissory note, schedule of payments, etc.)

Do you owe anyone money? If yes, who and how much? Please bring paperwork proving the debt (i.e., promissory note, schedule of payments, etc.)

Does anyone named in your trust or whom you propose to name as a beneficiary have a mental or physical disability? If so, are they receiving government benefits or assistance?

Does anyone named in your trust or whom you propose to name as a beneficiary have a drug or alcohol problem or any other reason that might hinder him/her from managing the assets he/she inherits from you?

Do you have questions about your trust, will or powers of attorney? If yes, please write down your questions and send them with this worksheet.

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Encino, CA 91436  
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We are located in the Atrium Building on Ventura Boulevard, just west of Hayvenhurst Avenue on the south side of the street.

If you choose to park in the Building, enter on Ventura Boulevard. Unfortunately, we do not validate. Metered and more affordable parking are available on adjoining streets. Please note parking restriction signs applicable to street parking.

