

LAW OFFICES OF VICTOR M. BARTHOLETTI

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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.

PART 2
INFORMATION ABOUT YOUR FAMILY

CHILDREN

# OF CHILD	NAME OF CHILD	CHILD OF (B) BOTH (H) HUSBAND (W) WIFE	BIRTHDATE	AGE
C1	_____	_____	_____	_____
C2	_____	_____	_____	_____
C3	_____	_____	_____	_____
C4	_____	_____	_____	_____
C5	_____	_____	_____	_____
C6	_____	_____	_____	_____

GRANDCHILDREN

NAME OF GRANDCHILD	CHILD OF (# OF CHILD FROM ABOVE)	BIRTHDATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

The Trustee 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. The Trustee 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:

Second Choice:

Third Choice:

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:

Second Choice:

Third Choice:

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:

(If married, usually your spouse)

Second Choice: ____

Third Choice: _____

SPOUSE

First Choice:

(If married, usually your spouse)

Second Choice: _____

Third Choice: _____

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)

<u>NAME OF BENEFICIARY</u>	<u>AGE</u>	<u>RELATIONSHIP TO YOU</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 \$15,000 per person per beneficiary.)

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?
- 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 to protect your beneficiaries' inheritance from creditors and/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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We are located 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.

