

JAN MARIE HALES WILLIAM P. GEORGE ----- RENÉE J. CONRAD	<b>HALES &amp; GEORGE</b> ATTORNEYS AT LAW 19040 COX AVENUE SUITE 3 SARATOGA, CA 95070 SARATOGA (408) 255-6292 SAN FRANCISCO (415) 296-9130 FACSIMILE (408) 865-1904 www.halesgeorge.com	OF COUNSEL ROBERT E. HALES
<b>ESTATE PLANNING – PROSPECTIVE CLIENT QUESTIONNAIRE</b>		

Please complete this information sheet to the best of your ability before our first meeting. You can either e-mail the document to us at [newclient@halesgeorge.com](mailto:newclient@halesgeorge.com) or bring it with you to our first meeting.

Please bring any previously prepared and executed estate planning documents i.e. Living Trusts and any Amendments thereto, Wills and any Codicils thereto, Powers of Attorney and *recorded* vesting deeds to any properties owned.

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**PART I. PERSONAL DATA**

- A. FULL LEGAL NAME:** \_\_\_\_\_
- Other Names Used: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Country of Citizenship: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Home Address: \_\_\_\_\_  
 \_\_\_\_\_
- Mailing Address:  
 (if different from above) \_\_\_\_\_  
 \_\_\_\_\_
- Home Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**B. SPOUSE'S FULL NAME:** \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**C. CURRENT MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_

Have you executed a prenuptial or postnuptial agreement? Yes No

If you are currently separated, please give the date of separation: \_\_\_\_\_

**D. INHERITANCE INFORMATION:**

Expectation of Inheritance of **Husband**? Yes No

From Whom? \_\_\_\_\_

Approximate Size of Inheritance \_\_\_\_\_

Expectation of Inheritance of **Wife**? Yes No

From Whom? \_\_\_\_\_

Approximate Size of Inheritance \_\_\_\_\_

**E. CHILDREN OF CURRENT MARRIAGE (natural and/or adopted)**

Please provide *full legal names*. Attach additional page(s) if necessary

Child 1 Name: \_\_\_\_\_

Date of Birth and/or Age: \_\_\_\_\_

Special Needs?      Yes                  No

Spouse's Name: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

Date of Birth and/or Age: \_\_\_\_\_

Special Needs?      Yes                  No

Spouse's Name: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_

Date of Birth and/or Age: \_\_\_\_\_

Special Needs?      Yes                  No

Spouse's Name: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_

Date of Birth and/or Age: \_\_\_\_\_

Special Needs?      Yes                  No

Spouse's Name: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_

Date of Birth and/or Age: \_\_\_\_\_

Special Needs?      Yes                  No

Spouse's Name: \_\_\_\_\_

**F. PREVIOUS MARRIAGE INFORMATION** (If none, please continue below)

Previous Marriage of **Husband**?      Yes              No  
Terminated by:                      Death              Divorce  
Date of Termination: \_\_\_\_\_

Previous Marriage of **Wife**?      Yes              No  
Terminated by:                      Death              Divorce  
Date of Termination: \_\_\_\_\_

**G. CHILDREN OF PREVIOUS MARRIAGE (natural and/or adopted)**

Please provide *full legal names*. Attach additional page(s) if necessary

Child 1 Name: \_\_\_\_\_

Child of Whom?      Husband      Wife  
Date of Birth and/or Age: \_\_\_\_\_  
Special Needs?      Yes              No  
Spouse's Name: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

Child of Whom?      Husband      Wife  
Date of Birth and/or Age: \_\_\_\_\_  
Special Needs?      Yes              No  
Spouse's Name: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_

Child of Whom?      Husband      Wife  
Date of Birth and/or Age: \_\_\_\_\_  
Special Needs?      Yes              No  
Spouse's Name: \_\_\_\_\_

**H. PREDECEASED CHILDREN INFORMATION**

Child's Name: \_\_\_\_\_

Child of Whom?      Husband      Wife

Date of Death: \_\_\_\_\_

Issue Surviving?      Yes      No

Child's Name: \_\_\_\_\_

Child of Whom?      Husband      Wife

Date of Death: \_\_\_\_\_

Issue Surviving?      Yes      No

**I. DEPENDENT PERSONS [any other persons dependent on you? (Parents or Others)]**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Special Needs?      Yes      No

Residence (City/State): \_\_\_\_\_

**J. OTHER INFORMATION**

1. Are you currently a Beneficiary to a Trust?      Yes      No

If yes, please bring a copy of said trust (if available)

2. Have you made gifts to any children, grandchildren or other individual(s), (other than your spouse) that have exceeded \$13,000.00 per person in any year?

Yes      No

If you answered, yes:

Did you file a gift tax return?      Yes      No

Were any gifts made prior to 1977?      Yes      No

**K. CONTACT INFORMATION**

Accountant/CPA:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Financial Advisor: (e.g. Stock Broker, Financial Planner, Insurance Agent, etc.)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PART II. FINANCIAL INFORMATION**

**A. REAL PROPERTY** [if convenient, please bring with you a copy of the deed(s)]

Address	How title is held	Original Price	Approximate Current Value	Approximate Current Mortgage











**F. BUSINESS INTERESTS** (Corporate or Sole Proprietorship)

Name of Business/Type of Entity	% Owned	How title is held	Current Value

**G. LIMITED OR GENERAL PARTNERSHIP INTERESTS OR LLCs**

Partnership Name	% Owned	How title is held	Original Price	Current Value



**I. LIFE INSURANCE**

Name of Company/Policy #	Owner of Policy	Insured	Beneficiary	Cash Value	Death Benefit Value





**K. MISCELLANEOUS PERSONAL PROPERTY OF SUBSTANTIAL VALUE**  
 (airplane, motor home, boat, automobiles of high value (over \$100,000.00), collections, etc.)

Nature of Asset	Original Price	Current Value

If you have a safe deposit box or storage rental unit please identify the box or unit by number and the name and address of the institution where the box or unit is located:

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Whom may we thank for referring you: \_\_\_\_\_

The first thirty (30) minutes of conference time with an attorney will allow you to become acquainted with this firm, its practices and personnel. If you terminate the meeting at the end of this time period and elect not to retain this law firm to prepare your estate plan or represent you, no fees will be charged.

All subsequent time used to determine if you have a legal problem, to analyze that problem and propose solutions will be chargeable to you.