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OF COUNSEL
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ESTATE PLANNING – PROSPECTIVE CLIENT QUESTIONNAIRE

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 reception@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.

PART I. PERSONAL DATA

A. CLIENT (1) FULL NAME: _____
Dr., Mr., Mrs., Ms.: (Please circle)

Other Names Used: _____

Date of Birth: _____

Country of Citizenship: _____

Last 4 of SSN: _____

Occupation: _____

Home Address: _____

County: _____

Work Telephone: _____

Cell Phone Number: _____

Fax Number: _____

E-Mail Address: _____

OK to use email to send document drafts YES NO

B. CLIENT (2) FULL NAME: _____

Other Names Used: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security Number: _____

Occupation: _____

Work Telephone: _____

Cell Phone Number: _____

E-Mail Address: _____

OK to use email to send document drafts YES NO

C. CURRENT RELATIONSHIP INFORMATION:

Date of Marriage/Domestic Partnership Agreement: _____

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 **Client (1)**? Yes No

From Whom? _____

Approximate Size of Inheritance _____

Expectation of Inheritance of **Client (2)**? Yes No

From Whom? _____

Approximate Size of Inheritance _____

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

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

Child 1 Name: _____ Male/Female

Date of Birth and/or Age: _____

Special Needs? Yes No

Spouse's Name: _____

Child 2 Name: _____ Male/Female

Date of Birth and/or Age: _____

Special Needs? Yes No

Spouse's Name: _____

Child 3 Name: _____ Male/Female

Date of Birth and/or Age: _____

Special Needs? Yes No

Spouse's Name: _____

Child 4 Name: _____ Male/Female

Date of Birth and/or Age: _____

Special Needs? Yes No

Spouse's Name: _____

Child 5 Name: _____ Male/Female

Date of Birth and/or Age: _____

Special Needs? Yes No

Spouse's Name: _____

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

Previous Marriage of **Client (1)**? Yes No
Terminated by: Death Divorce
Date of Termination: _____

Previous Marriage of **Client (2)**? Yes No
Terminated by: Death Divorce
Date of Termination: _____

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

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

Child 1 Name: _____

Child of Whom? Client (1) Client (2)
Date of Birth and/or Age: _____
Special Needs? Yes No
Spouse's Name: _____

Child 2 Name: _____

Child of Whom? Client (1) Client (2)
Date of Birth and/or Age: _____
Special Needs? Yes No
Spouse's Name: _____

Child 3 Name: _____

Child of Whom? Client (1) Client (2)
Date of Birth and/or Age: _____
Special Needs? Yes No
Spouse's Name: _____

H. PREDECEASED CHILDREN INFORMATION

Child's Name: _____

Child of Whom? Client (1) Client (2)

Date of Death: _____

Issue Surviving? Yes No

Child's Name: _____

Child of Whom? Client (1) Client (2)

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 partner) that have exceeded \$14,000.00 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

B. BANK ACCOUNTS (Savings, Checking, Money Market, CD's)

Name of Institution	Account Number	Type of Account/ Current Value	How title is held

C. BROKERAGE ACCOUNTS

Brokerage Account	Account Number	Current Value	How title is held

D. STOCKS, BONDS, TREASURIES

Stocks/Bonds/Treasuries	Account (or CUSIP) Number	Current Value	How title is held

E. NOTES RECEIVABLE (Money you have loaned to individuals. Not your debts)

Name of Borrower	Secured?	Who is note payable to?	Current outstanding balance

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

H. RETIREMENT PLANS, PENSION PLANS, QUALIFIED PLANS

Owner/Administrator/ Type of Plan	Beneficiary	Account Number/ Current Value

I. LIFE INSURANCE

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

J. ANNUITIES

Annuity/Contract #/Annuitized?	Owner	Annuitant	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:

Do you know of any family members that may be current Hales & George clients? If yes, please list them here: _____

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.