



Short Form Questionnaire

This questionnaire provides us with a quick picture of your situation.

Purpose of visit (check all that apply)

- I am not sure exactly what I need but would like to take the next step in creating my estate plan
- To protect my/our assets from lawsuits and future judgment creditors
- To reduce or eliminate estate taxes
- To have my/our existing estate plan reviewed
- To protect my loved ones' inheritance from divorces and creditors
- To reduce or eliminate the costs of probate
- To learn more about estate planning
- Other: _____

Client Information

Your name (how you sign legal documents)

Name you want us to call you

U.S. Citizen

Yes No

Date of Birth

Occupation (if retired, from what?)

Married

Yes No

Date of Marriage

Divorced

Yes, Date of Divorce: _____ No

Spouse (or Registered Domestic Partner) Information, If Applicable

Spouse's name (how he/she signs legal documents)

Name you want us to call your spouse

U.S. Citizen

Yes No

Spouse's Date of Birth

Spouse's Occupation (if retired, from what?)

Divorced

Yes, Date of Divorce: _____ No

Contact Information

Mailing Address

Contact Details

Phone
Spouse's Phone
Email address

Preferred to be contacted by:
Please rank by preference (1-2)

Email

Phone

Names of Children, if any

Name as should be listed in your estate plan		
Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age
If child has children, how many?		

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If child has children, how many?		

Other Potential Beneficiaries, if any

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Who Referred You To Our Office?

Name	Firm	Phone
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Successors

If you were incapacitated or deceased, who might you choose to administrate and distribute your estate?

Financial Agents/Trustees

Client and Spouse Response

Initial Choice:

Back Up #1:

If you were incapacitated for any period of time, who might you choose to make health care decisions for you?

Health Care Agents / "Helpers"

Client Response

Spouse Response

Initial Choice:

Back Up #1:

	<i>Client Response</i>	<i>Spouse Response</i>
Initial Choice:		
Back Up #1:		

Any specific instructions to your agent regarding your remains (e.g. burial, cremation, etc.)?

Organ Donor No Organ Donation

Who would you consider nominating to serve as guardian for your minor children (if any)?

Guardians

Client and Spouse Response

Initial Choice:

Back Up #1:

Advisors (list if you authorize us to communicate with them regarding your planning)

Accountant:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Financial Advisor:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Life Insurance Agent:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>

Your Assets

Please provide us with a rough estimate of the value of your estate by completing the following schedule. Use your best estimate of each asset's value, assuming you could cash it in or sell it today at a fair price. If you have any difficulty with this chart, we can address it when we meet in person.

ASSET	VALUE IN YOUR NAME	VALUE IN SPOUSE' NAME	VALUE IN JOINT NAMES W/ SPOUSE	AMOUNT OF DEBT ON ASSET
Real Estate: <i>Residence</i>				
Real Estate: <i>Investment</i>				
Business Interests				
Life Insurance				
Brokerage Accounts/ Mutual Funds				
Checking, Savings, Money Market				
Money Owed to You				
Annuities				
IRAs and other Retirement Plans				
Other				
APPROXIMATE TOTALS:				

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