

SIENNA PROBATE PARALEGAL

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CONFIDENTIAL CLIENT QUESTIONNAIRE

Please print your entries in the blank spaces, or check the appropriate box. If you are married, please fill in the spaces for your spouse as well. If you are single, please ignore the spaces for spouse. If you need more space, use another letter size sheet. If you are not certain about an answer leave the space blank.

THIS IS A SELF-HELP SERVICE. OUR PARALEGALS ARE NOT ATTORNEYS. ONLY ATTORNEYS CAN GIVE YOU LEGAL ADVICE. IF YOU HAVE A LEGAL QUESTION OR NEED LEGAL ADVICE, WE RECOMMEND THAT YOU RETAIN COUNSEL.

I. FAMILY FACTS

Date of Meeting: _____

1. First, Middle and Last Name: _____
Other names (i.e. Maiden name, Nick names): _____
USA Citizen: YES ☐ NO ☐
Date of Birth: _____ Social Security Number: _____
2. Spouse's Full Name: _____
Other names (i.e. Maiden name, Nick names): _____
USA Citizen: YES ☐ NO ☐
Spouse's Date of Birth: _____ Social Security Number: _____
3. Residence address:
Street: _____
City: _____ Zip _____
County of Residence: _____

Business address:
Street: _____

City: _____ Zip: _____

4. Phone: Residence () _____
Business () _____
Business () _____

Email Client 1: _____

Email Client 2: _____

4.A. Occupation:

Email Client 1: _____

Email Client 2: _____

4.B. CPA/Tax Preparer: _____

4.C. Financial Advisor: _____

5. Marriage Date: _____ Place: _____

6. Marital agreements: (If Yes, give a copy to your attorney)

Before marriage (prenuptial)? YES ☐ NO ☐

After marriage (postnuptial)? YES ☐ NO ☐

7. Prior marriages, if any:

Name of prior spouse _____, prior Spouse of Husband

Terminated by: Divorce ☐ Date of Final Judgment _____

Any current obligation arising from that divorce?

If yes, please state the nature of that obligation:

Death ☐ Date _____

Other ☐ Date _____

Name of prior spouse _____, prior Spouse of Wife

Terminated by: Divorce ☐ Date of Final Judgment _____

Any current obligation arising from that divorce?

If yes, please state the nature of that obligation:

Death ☐ Date _____

Other ☐ Date _____

If you need additional space, please provide the requested information on a letter-sized sheet and mark this box ☐.

8. Children, if any, **of this marriage**:

If no children from this marriage or from any other marriage, please mark this box

☐.

Name, Address and Tel. No.

of each Child

Date of Birth of Child

A)

If the above child is married, Name of Spouse: _____

B) _____

If the above child is married, Name of Spouse: _____

C) _____

If the above child is married, Name of Spouse: _____

D) _____

If the above child is married, Name of Spouse: _____

E) _____

If the above child is married, Name of Spouse: _____

If you need additional space, please attach a separate sheet entitled additional children, and mark this box ☐.

9. Number of Children, of prior marriage, if any: **Please Show on a separate sheet and mark this box** ☐.

10. Deceased children, if any: _____
Please indicate date of death of the deceased child or children: _____

11. Proposed GUARDIAN of minor children, if any:
1st: _____ 2nd: _____ 3rd: _____
If joint guardians, please check here, ☐

12. Grandchildren:

Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____
Names:	_____	(Parent)	_____	Age:	_____

13. Parents:

Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____

If a parent is deceased , please provide the name and indicate deceased.

14. Brothers and sisters: (If deceased, Please indicate dec. next to name)

Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____
Yours:	_____	Spouse's	_____

II. DOCUMENT DECISIONS AND INFORMATION:

15. Executors of your Wills: (If spouse wishes different executors, please indicate on a separate sheet).

EXECUTORS OF YOUR WILL:

1st : _____

Add: _____

Tel.: _____

2nd: _____

Add: _____

Tel.: _____

3rd _____

Add: _____

Tel.: _____

USE THIS COLUMN ONLY IF
DIFFERENT EXECUTORS ARE
REQUESTED BY YOUR SPOUSE

1st : _____

Add: _____

Tel.: _____

2nd: _____

Add: _____

Tel.: _____

3rd _____

Add: _____

Tel.: _____

16. Living Revocable Trust (or other Trust) Decision: YES ☐ NO ☐

Name of trust: _____

17. Starting Trustee or Co-Trustees: _____

(Primary Trustees are usually both spouses)

Successor Trustee1 _____

Address _____

Tel.: _____

Successor Trustee2 _____

Address _____

Tel.: _____

Special Trustee, if any _____

For Office Use Only:

18. Durable Power of Attorney--Asset Management- FOR YOU:
1st Agent: _____ Alternate Agent _____
***Your Spouse is the first Agent , if available.**
19. Durable Power of Attorney--HEALTH CARE FOR YOU:
1st Agent: _____ Alternate Agent _____
Life Support: _____ Anatomical Donations: _____
20. Durable Power of Attorney--Asset Management- FOR YOUR SPOUSE:
1st Agent: _____ Alternate Agent _____
21. Durable Power of Attorney--HEALTH CARE FOR YOUR SPOUSE:
1st Agent: _____ Alternate Agent _____
Life Support: _____ Anatomical Donations: _____
22. Nomination of Conservator, if ever needed: See Durable Powers of Attorney. If same persons selected please so indicate by marking yes ☐. If different persons requested, please state their names. _____
23. IF THERE ARE PRESENT WILLS OR TRUSTS OR BOTH IN EXISTENCE, PLEASE BRING THEM WITH YOU TO OUR MEETING. Living Trust in existence? YES ☐ NO ☐; Revocable? Irrevocable? If yes, list assets that are in it.
24. Are all of your beneficiaries in Good health? (Mental and Physical).

We do not prepare Special Needs Trusts with our basic trust plan.
We recommend that you obtain attorney advice regarding any beneficiary who is on Medi-Cal or SSI.

Are any of your beneficiaries on Medi-Cal or SSI?

25. TO WHOM WOULD YOU LIKE TO DISTRIBUTE YOUR TRUST: _____

26. Summary of Value of Assets:

Bank Accounts: \$ _____

IRA Accounts: \$ _____

Stock/Bond Accounts: \$ _____

Annuity Accounts: \$ _____

Life Insurance Policies: \$ _____

Other Personal Property: \$ _____

Your Home: \$ _____

Other Real Estate: \$ _____

ADDRESS OF PROPERTY TO TRANSFER TO TRUST:

APN FROM YOUR PROPERTY TAX BILL: _____