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For Estate Planning Clients
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Caitlin E. Ross
ATTORNEY AT LAW

*Please bring this completed questionnaire to your initial
consultation. Thank you for your cooperation.*

ESTATE PLANNING, TAX PLANNING, TRUST ADMINISTRATION & PROBATE 919 RESERVE
DRIVE, SUITE 103 • ROSEVILLE, CA • 95678
PHONE: (916) 724-1696 • FAX: (916) 724-1695
EMAIL: CAITLIN@CAITLINROSSLAW.COM • WEBSITE: WWW.CAITLINROSSLAW.COM

Client Information

Home Address _____

Date of Marriage _____ Home Telephone _____

Best times / place to reach us _____ It is okay to communicate with us via E-mail.

HUSBAND

Legal Name _____ aka _____

Birth date _____ US Citizen? _____ INS Status: _____

Employer _____ Position _____

Business Address _____ Daytime Telephone _____

E-mail: _____ Driver's License # _____ Exp: _____

Previously Married? Date of Death or Divorce: _____ Support Order in Place? _____

WIFE

Legal Name _____ aka _____

Birth date _____ SS# _____ US Citizen? _____ INS Status: _____

Employer _____ Position _____

Business Address _____ Daytime Telephone _____

E-mail: _____ Driver's License # _____ Exp: _____

Previously Married? Date of Death or Divorce: _____ Support Order in Place? _____

** If you are not a U.S. citizen, please provide our office with copies of your passport and, if applicable, your visa or other residency documents.*

Legal Plan Coverage _____

Children

Full Legal Name	Birth date	Social Security #
1. _____	_____	_____
Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
2. _____	_____	_____
Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
3. _____	_____	_____
Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
4. _____	_____	_____
Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

Concerns or special needs of children: _____
If you have more than three children, please use the reverse side to provide information about them.

YOUR ADVISORS

Advisor Contact Information	Advisor Contact Information
Attorney: Firm: Address: Tel:	Accountant/CPA: Firm: Address: Tel:
Financial Advisor: Firm: Address: Tel:	Insurance Agent: Firm: Address: Tel:

Please sign here if we have your permission to contact your other advisors: **X**

OUR U.S. ASSETS

Title is extremely important in determining how to best manage that property in the context of your estate plan. Please use the initials of the owner and the following designations when listing the "Owner."

- CP Community property, which is property acquired by one or both spouses while married to each other.
- S For property owned by one spouse prior to marriage (or received by gift or inheritance) and kept **separate** from CP.
- JTS Joint tenancy between spouses and no other person.
- JTO Joint tenancy with another person besides your spouse.

REAL ESTATE

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

Address	Type	Market Value	Mortgage	Equity
Total				

Please attach copies of deeds and mortgage information.

PERSONAL PROPERTY

List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)		
Total		

AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:

Type or Description	Owner	Market Value	Loan	Equity
Total				

MONEY OWED TO YOU

Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Note Date	Maturity	Owed to	Value
Total				

BANKING & SAVINGS ACCOUNTS

Checking Account "C", Savings Account "S", Certificates of Deposit "CD", Money Market "MM"

Please note that retirement accounts are listed elsewhere on this questionnaire. If Account is in your name for the benefit of a minor, please specify the minor's name. Please detail all interests in foreign bank accounts.

Financial Institution	Type	Owner	Acct. Number	Value
Total				

INVESTMENT ACCOUNTS, STOCKS & BONDS

TYPE: *List stocks and bonds. If held in a brokerage account, list the accounts, not the holdings.*

Financial Institution	Type	Owner	Acct. Number	Value
Total				

RETIREMENT PLANS

Tax-deferred retirement accounts, including IRA, Roth IRA, 401(k), 403(b), Pension (P), Profit Sharing (PS), etc.

Custodian (Financial institution)	Beneficiary	Type	Owner	Account Number	Value
Total retirement investments					

LIFE INSURANCE POLICES & ANNUITIES

Term, whole life, split dollar, group life, annuity.

Insurance Company & Agent	Beneficiary	Insured	Owner	Contract #/Type	Face Value
Total coverage					

BUSINESS INTERESTS

General and Limited Partnerships, LLS interests, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your % interests, and the estimated value of the interests.

Name and Type	Owner	Market Value
Total		

ANTICIPATED INHERITANCE, GIFT, LAWSUIT JUDGMENT OR OTHER ASSETS

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.

Description _____

Total estimated value _____

WHO YOU TRUST TO MAKE DECISION FOR YOU:

In designing your estate plan, we will need the names, addresses and telephone numbers of the individuals you will designate to act on your behalf in a number of different roles:

1. Financial decision-makers in the event of your incapacity or death
2. Health Care decision-makers in the event of your incapacity
3. Caregivers for any minor children
4. Primary Care Physician, if you have one

Please think of alternate individuals for each role. If you know what role you want an individual to have, please note that below. If you need more room, please feel free to use the back side of this page. Also, if any person that you wish to name is not a citizen of the United States of America, please designate the country of citizenship and their residency status.

HUSBAND

Name, Address & Telephone	Relationship and Citizenship	Role
Tel:		Financial Decision-Makers: 1. _____ 2. _____ 3. _____ Medical Decision-Makers: 1. _____ 2. _____ 3. _____ Caregivers for Minor Children: 1. _____ 2. _____ 3. _____
Tel:		
Tel:		
Dr. Clinic: Address: Tel:	Primary Care Physician	

WIFE

Name, Address & Telephone	Relationship and Citizenship	Role
Tel:		Financial Decision-Makers: 1. _____ 2. _____ 3. _____ Medical Decision-Makers: 1. _____ 2. _____ 3. _____ Caregivers for Minor Children: 1. _____ 2. _____ 3. _____
Tel:		
Tel:		
Dr. Clinic: Address: Tel:	Primary Care Physician	