

GOLDSMITH & GUYMON

A Professional Law Corporation

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NEW CLIENT QUESTIONNAIRE FOR ESTATE PLAN Married Couple with Adult Children

The following information will assist the attorney in the initial interview and will save time (and, therefore, fees). Please print legibly. If you do not have sufficient room to complete an answer, please write on the back of the page (and so indicate). Answer to the best of your ability. Feel free to skip a question if you are unsure. At the time of the consultation, the attorney will help you to determine what your estate planning needs are.

GENERAL INFORMATION:

YOUR NAME: _____ DATE: _____

YOUR SPOUSE'S NAME: _____

MAILING ADDRESS: _____

CONTACT INFORMATION FOR YOU:

HOME: _____ BUSINESS: _____

CELLULAR: _____ FAX: _____

E MAIL ADDRESS: _____

PHONE(S) FOR YOUR SPOUSE:

HOME: _____ BUSINESS: _____

CELLULAR: _____ FAX: _____

E MAIL ADDRESS: _____

YOUR SOCIAL SECURITY NO. _____

OCCUPATION: _____

SPOUSE'S SOCIAL SECURITY NO. _____

OCCUPATION: _____

WHO REFERRED YOU TO GOLDSMITH & GUYMON? _____

TO WHOM WERE YOU REFERRED? _____

ARE YOU A U.S. CITIZEN? Yes /No, If no, Citizen of _____

IS YOUR SPOUSE A U.S. CITIZEN? Yes /No, If no, Citizen of _____

ESTATE PLANNING INFORMATION:

What is the primary purpose of the consultation today? _____

1. How long have you been married to one another? _____
2. Have you (Husband) been married before? Yes / No
3. Have you (Wife) been married before? Yes / No
4. Do you know what you want to call your Trust? If so what name:

5. Do you both want to remain in charge of your assets for so long as you are able to do so? Yes / No
6. If you and your spouse cannot serve as Trustee, who do you want to be Trustee and be in charge of the Trust: _____
7. Why have you chosen the person or company named in #6: _____

9. Does the value of these assets exceed Three Million Dollars? Yes / No

If no, does the net value of these assets exceed One Hundred Thousand Dollars?
Yes/No

Does the net value of these assets exceed Two Hundred Thousand Dollars? Yes/No

Questions Related to Children 10-15. If no Children, please skip to Question 16.

10. Number of Children of Wife/woman: _____

11. Number of Children of Husband/man: _____

12. Children of Wife/woman (give full names, birth dates and present residence location):

COMPLETE NAME(S)	BIRTH DATES	PLACE OF RESIDENCE

13. Children of Husband/man (give full names, birth dates and present residence location):

COMPLETE NAME(S)	BIRTH DATE(S)	PLACE OF RESIDENCE

14. If you (Husband) cannot make your financial decisions and your spouse is unable to do so, who do you want to make those financial decisions for you (Name and Address):

15. Who is the second choice (Name and Address): _____

16. If you (Wife) cannot make your financial decisions and your spouse is unable to do so, who do you want to make those financial decisions for you (Name and Address):

17. Who is the second choice (Name and Address): _____

18. If you (Husband) cannot make your health care decisions and your spouse is unable to do so, who do you want to make health care decisions for you (Name, Address and Phone Number):

19. Who is the second choice (Name, Address, Phone Number):

20. If you (Wife) cannot make your health care decisions and your spouse is unable to do so, who do you want to make health care decisions for you (Name, Address and Phone Number):

21. Who is the second choice (Name, Address, Phone Number)
