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# MCKENZIE LEGAL & FINANCIAL

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FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

THOMAS L. MCKENZIE, JD, RFC  
2631 Copa De Oro Drive  
Los Alamitos, CA 90720  
TEL: (562) 594-4200 ♦ Fax: (562) 394-9512  
Website: [www.ThomasMcKenzieLaw.com](http://www.ThomasMcKenzieLaw.com)

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*WEALTH PRESERVATION, ESTATE PLANNING, FINANCIAL CONSULTING AND ELDER LAW STRATEGIES*

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## TRANSMITTAL MEMO

Greetings!

Enclosed you will find our confidential estate planning questionnaire. This questionnaire is used to gather the information necessary to properly plan your estate. Please answer all applicable questions as completely as you can. The more information you can provide, the better I can answer your questions, and, if you have decided to establish your estate plan through this office, draft your documents in accordance with your wishes. However, accuracy to the exact dollar is not necessary.

If you have not scheduled an appointment, but would like one, please call our office at (562) 594-4200.

If you have scheduled a meeting, please bring **the completed questionnaire, any existing estate planning documents** (e.g. trusts, wills, etc.), as well as a **copy of the deed(s) to any real property** that you own, if any, along with a **copy of the latest property tax statement(s)** on such properties, and any **financial information or investments** that you would like reviewed (e.g. statements, annuity contracts, etc.).

If you live in Leisure World, please also bring your Leisure World Stock Certificate and Active Membership certificate to our meeting.

**Please note that no attorney-client relationship is established until an Agreement for legal services has been executed by yourself and a representative of the firm, and the required deposit, if any, is paid in full.**

Thank you for your cooperation,

THOMAS L. MCKENZIE

TLM:nam



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### Thomas L. McKenzie JD, RFC Financial and Legal Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics and real estate. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first try, Tom established *McKenzie Legal & Financial*, and went on to practice in the areas of estate planning, financial consulting, elder law and real estate.



Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. He is also a member of ElderCounsel, a network of attorneys who serve the needs of the disabled and elderly. Tom is also a member of the Orange County Bar's "Master's Division," comprised some of the most experienced attorneys in Orange County. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.

Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, real estate, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. He is a member of the Financial Planning Association of Orange County, and the International Association of Registered Financial Consultants. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by *Los Angeles Magazine*, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in **Newsweek Magazine's** "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in *Orange Coast Magazine* as one of Orange County's top wealth managers, and he received the award again in 2019.

Finally, Tom is a licensed real estate broker, a Realtor®, and a member of the National Association of Realtors®, as well as the California Association of Realtors®. He has been in the real estate business since 1998, and is the broker/owner of **NextHome Estates Realty Group**, a part of the NextHome family of US franchises. He holds many advanced real estate certifications and designations. For example, he is a Real Estate Negotiation Expert (RENE®), Pricing Strategy Analyst (PSA®), First-Time Buyer Specialist (FTBS®), Resort & Second Home Specialist (RSPS®), and Senior Real Estate Specialist (SRES®). With an understanding of legal, financial and real estate issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age 18; Ryan, age 17; Cody, age 12; and Noah, age 10. The firm offers estate planning, long-term care planning, financial consulting, real estate brokerage and educational services to consumers throughout California.



OF ORANGE COUNTY



**MCKENZIE LEGAL & FINANCIAL – DRIVING INSTRUCTIONS**  
**2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA**  
**(562) 594-4200**

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

**From the 5 Freeway or the 605 Freeway traveling South:** If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

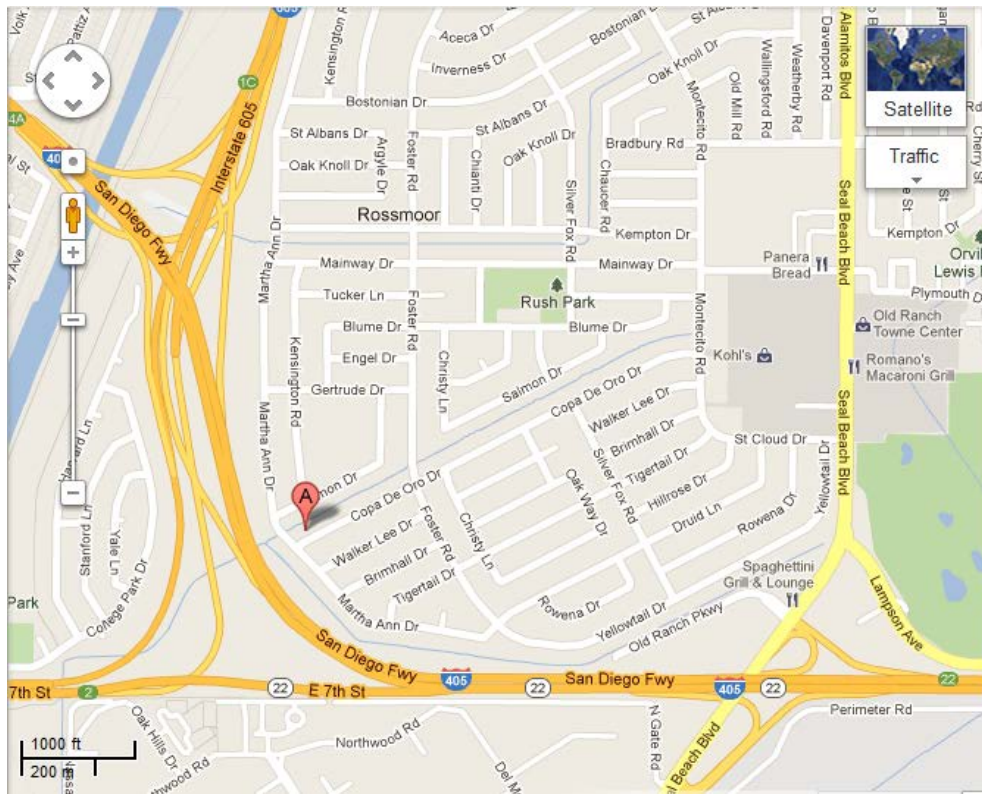
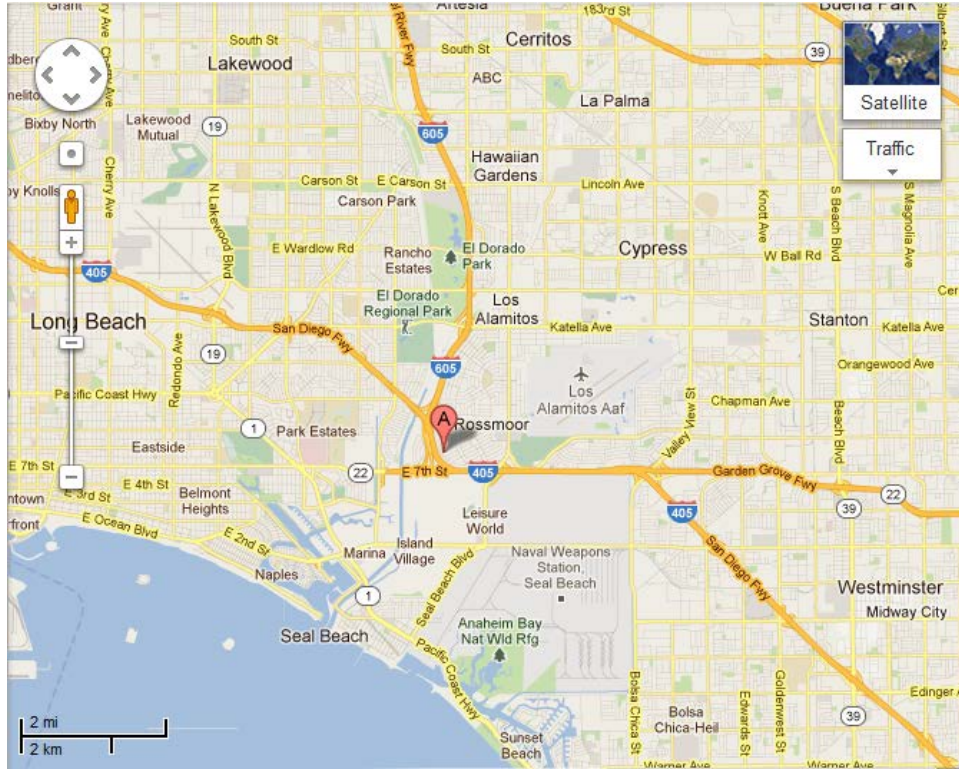
**From the 405 Freeway traveling South:** Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 405 Freeway traveling North:** Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 22 Freeway traveling West:** Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

**From the 91 Freeway traveling West towards the 605 Freeway.** Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

# 2631 Copa De Oro Drive, Los Alamitos, CA 90720







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## Confidential Estate and Financial Worksheet

Please Complete and Bring To Your First Appointment

Date You Filled Out This Questionnaire: \_\_\_\_\_

Name of Person or Firm Who Referred You To This Office:  
\_\_\_\_\_

### PART ONE -- PERSONAL INFORMATION INSTRUCTIONS:

1. Please print or type.
2. Please verify name spellings, addresses and telephone numbers to be sure they are correct.
3. Many of the questions below may not apply to you; if they do not, please leave them blank. Also, if you are not sure about a question, please leave it blank.
4. This questionnaire may seem rather complicated, but it serves as a starting point for our discussions when we meet. When filling it out, please do the best you can. We will discuss any questions at our meeting.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(per Driver's License)

Legal AKA (if any) \_\_\_\_\_ Prefer to be called: \_\_\_\_\_  
(AKA = Also Known As)

Country of Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Ph. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Spouse/Domestic Partner \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(per Driver's License)

Legal AKA (if any) \_\_\_\_\_ Prefer to be called: \_\_\_\_\_  
(AKA = Also Known As)

Country of Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Work Ph. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

### Children (living or deceased)

	Full Name	Sex	Birthdate	Age or Date of Death	Parent			# of Their Children
					Ours	His	Hers	
1.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	M F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any management problems with children? \_\_\_\_\_

Do you have any disabled children or beneficiaries who would be potential beneficiaries of your estate?

Yes  No If so, please state his or her name and the nature of the disability: \_\_\_\_\_  
Age: \_\_\_\_\_

If this beneficiary is on any governmental benefits (e.g. SSI, SSDI, etc.), please describe: \_\_\_\_\_

If you have any deceased children, did they leave children surviving? \_\_\_\_\_

Do you anticipate your beneficiaries having serious disagreements upon your passing? \_\_\_\_\_

### Your Current Estate and Long-Term Care Plan

- |   | <u>YOU</u>     | <u>SPOUSE OR DOMESTIC PARTNER</u> |
|---|----------------|-----------------------------------|
| 1. Do you have a will?  | ___ Yes ___ No | ___ Yes ___ No                    |
| 2. Do you have a trust?   | ___ Yes ___ No | ___ Yes ___ No                    |
| 3. Do you have a power of attorney for finances?  | ___ Yes ___ No | ___ Yes ___ No                    |
| 4. Do you have a power of attorney for health?  | ___ Yes ___ No | ___ Yes ___ No                    |
| 5. Do you have a living will?   | ___ Yes ___ No | ___ Yes ___ No                    |
| 6. Do you have a plan for the possibility of a disabling injury or illness that may necessitate long-term care? | ___ Yes ___ No | ___ Yes ___ No                    |

7. Please describe your health.

Health Problems (You): \_\_\_\_\_

Health Problems (Spouse or Domestic Partner): \_\_\_\_\_

8. Do you have long-term care insurance? (you) \_\_\_ Yes \_\_\_ No (spouse) \_\_\_ Yes \_\_\_ No

**If so, please fill out the following:**

Insurance Carrier: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Maximum Coverage (years) : \_\_\_\_\_ Maximum Daily Benefit Level (for example, \$100 per day): \_\_\_\_\_

Is Nursing Home care, Home Health Care, or Both covered under this policy? \_\_\_\_\_

9. If you are female, would you prefer to be addressed as: \_\_\_ Miss \_\_\_ Ms. \_\_\_ Mrs.

10. If you are married, please answer the following questions:  
 What is the **date, city and state of your marriage**? \_\_\_\_\_  
 Since what date have you lived together in California as man and wife? \_\_\_\_\_  
 Do you have a premarital agreement? \_\_\_ Yes \_\_\_ No  
 Do you consider your property to be community property (owned equally by both of you)? \_\_\_ Yes \_\_\_ No  
 If not, please explain \_\_\_\_\_

11. Any prior marriages?	Reason for Termination of Prior Marriage (e.g. death, divorce)	Year of Final Divorce Decree or Date of Death
<b>You</b> -Name of Former Spouse		
_____		
<b>Spouse</b> -Name of Former Spouse	Reason for Termination of Prior Marriage (e.g. death, divorce)	Year of Final Divorce Decree or Date of Death
_____		

12. If you have an incurable and irreversible condition that will result in your death within a relatively short time, or has produced an irreversible coma or persistent vegetative state, and you are no longer able to make decisions regarding your medical treatment, do you want life support systems to be:

(you)	___ Terminated	___ Used to maintain your life
(spouse or domestic partner)	___ Terminated	___ Used to maintain your life

13. Are you a Veteran?  
 (you) \_\_\_ Yes \_\_\_ No  
 (spouse or domestic partner) \_\_\_ Yes \_\_\_ No

14. If you live in Leisure World, please fill out below:  
**Stock Certificate No.:** \_\_\_\_\_ **Series Letter:** \_\_\_\_\_ **Mutual No.:** \_\_\_\_\_  
**Date of Stock Certificate:** \_\_\_\_\_  
**Active Membership No.:** \_\_\_\_\_ **Date of Active Membership Certificate:** \_\_\_\_\_  
**Name(s) As Shown On Certificates:** \_\_\_\_\_

15. Client's CA Driver's Lic. or Senior Citizen ID number: \_\_\_\_\_  
 Date of expiration: \_\_\_\_\_  
 Wife's (or Domestic Partner) CA Driver's Lic. or Senior Citizen ID number: \_\_\_\_\_  
 Date of expiration: \_\_\_\_\_

### Professional Advisors

	Name	Address	Telephone
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Financial Advisor:	_____	_____	_____
Insurance Agent:	_____	_____	_____
Other:	_____	_____	_____

## PART TWO -- FINANCIAL FACT GATHERING SECTION

Understanding your financial planning preferences and goals can be an important component in developing your overall plan. In addition, clients of our firm may have the option of becoming members of our "Platinum Club." Those who develop their estate plan through our office, and receive coordinated financial advisory services by maintaining a minimum investment in an investment advisory account with our firm, are automatically "members" of our Platinum Club. There are no additional fees or charges involved, and membership is strictly voluntary. Platinum Club members are entitled to ongoing legal and financial advice, as well as discounted (or even free) legal services for themselves, and their families. If you would like more information about our Platinum Club services and benefits, we would be happy to provide a complementary consultation to discuss them. In the meantime, please answer all of the following questions as best you can.

1. Your investment objective summarizes the primary purpose of your financial plan. It serves to define how assets should be managed. While asking yourself "What do I want most to accomplish?", select the objective that best fits the purpose of your financial plan.
  - Preserve asset value
  - Generate high current income
  - Achieve asset growth with moderate current income
  - Achieve strong asset growth with nominal income
  - Achieve maximum capital appreciation
2. Please check the box that indicates your response to the following statement: I am comfortable with investments that may lose money from time to time, if they offer the potential for higher returns.
  - Strongly disagree
  - Disagree
  - Somewhat agree
  - Agree
  - Strongly agree
3. When it comes to your investments, how would you characterize your tolerance for risk?
  - No risk tolerance at all
  - Moderate risk tolerance
  - Moderate to high risk tolerance
  - Highest risk tolerance
4. Your investment time horizon is an important variable to consider when constructing your portfolio. How long will it be before you begin making withdrawals of principal?
  - Under 3 years
  - 3 to 6 years
  - 7 to 10 years
  - Over 10 years
  - Only in case of emergencies
5. Once you begin drawing money out of your investments, what percent per year will you choose to withdraw per year?
  - Do not plan on taking withdrawals
  - Under 3%
  - 3% to 4%
  - 4% to 7%
  - 7% to 13%
  - Over 13%



6. If you were to invest in the near future, what would be your primary goal for the money invested? (check all that apply)
- Short-term "safe money"
  - "Safe money" put away for potential long-term care costs or uncovered medical expenses (e.g. home care, nursing care, etc)
  - Immediate income
  - Growth with some immediate income
  - Long-term growth
7. Assume that the stock market falls in value by 40%, and your stock market investments also fell by 40%. What are you most likely to do?
- Liquidate more than half of your stock market investments and move your money into less risky assets such as CD's or annuities
  - Liquidate less than half of your stock market investments and move your money into less risky assets such as CDs or fixed annuities
  - Retain your stock market investments
  - Increase your investments in the stock market
8. How long could you cover monthly living expenses with the cash you currently have on hand?
- 1 month or less
  - 1 - 3 months
  - 3 - 6 months
  - 6 - 12 months
  - 12 months or more
9. What is your outlook for your future income from sources other than investments over the next 10 years?
- It will greatly decrease
  - It will decrease, but not by much
  - It will stay the same
  - It will increase, but not by much
  - It will greatly increase
10. What is your approximate net worth (i.e. assets minus liabilities)? \$ \_\_\_\_\_
11. What is your approximate gross estate (i.e. everything you own)? \$ \_\_\_\_\_
12. What is the "liquid" amount of your net worth (excluding your residence) which can be readily accessed.
- \$50,000 or less
  - \$50,000 to \$100,000
  - \$100,000 to \$250,000
  - \$250,000 to \$500,000
  - \$500,000 to \$1,000,000
  - \$1,000,000 or more
13. How old are your parents, or how old were they when they passed away?
- |                                       |  |
|---------------------------------------|--|
| Client (or Husband/Domestic Partner): | Father's current age or age at death _____ |
|                                       | Mother's current age or age at death _____ |
| Spouse or Domestic Partner:           | Father's current age or age at death _____ |
|                                       | Mother's current age or age at death _____ |
14. Have you invested in any of the following? (please mark all that apply)
- Bank CDs
  - Fixed annuities
  - Money market accounts
  - Life insurance
15. Are you now or have you in the past invested in individual equities (e.g. stocks) or funds contained equities?
- Yes, and the risk was tolerable
  - Yes, and the risk was intolerable
  - No, but the risk will be tolerable
  - No, because the risk will be intolerable



25. Which investments, if any, have been disappointments?  
\_\_\_\_\_  
\_\_\_\_\_

26. If you have CDs, how long have you been rolling them over? \_\_\_\_\_

27. Do you anticipate a specific use for your savings in the next year? \_\_\_\_\_  
Within the next five years? \_\_\_\_\_  
Within the next ten years? \_\_\_\_\_  
Within the next fifteen years? \_\_\_\_\_

28. Do you have a financial advisor or broker? \_\_\_ Yes \_\_\_ No  
Name and firm: \_\_\_\_\_  
How often do you meet with your financial advisor? \_\_\_\_\_

29. What are the most significant issues that you (and your spouse or domestic partner) want personal financial planning to help you resolve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. If there were techniques you could use to lower your taxes, improve your financial position, and/or increase your financial security, what would be your level of interest?  
 I would be very interested  
 I would be moderately interested  
 I would not be interested

**Note: If you are interested in a free review of your current financial plan, please bring copies of your latest financial statements (e.g. mutual fund statements, brokerage statements, etc.) to your appointment.**

## Your Living Trust/Estate Planning Team

Please indicate the individuals or entities you would like to manage your personal and financial affairs, if you pass away or become incompetent. Please note that if you are married, and unless otherwise stipulated by you, it will be assumed that your first "back-up" would be your spouse.

1. **Initial Trustee(s)** -- The Trustee manages the assets in the Trust. **Usually, you** (or you and your spouse, if you are married) **are the initial Trustee(s) of your Trust.** If you would like someone **other than yourself** to manage the assets of your Trust, please list that person or corporation below:

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2. **Back-up Trustees** -- Your Successor Trustees under your **Living Trust** will step in at your disability or upon your death to manage your trust. Usually, the Successor Trustee(s) are either your adult children, trusted friends, or a corporation. **Please list your choice for your Successor Trustees, in order of preference:**

#1 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Note:** If you have opted to have only a Last Will, rather than a Living Trust, then those individuals you name above will act as your Executors under your Will, at the time you pass away.

3. **Back-up Agents** -- Your Successor Agents under your Durable Power of Attorney for Property Management will step in at your disability or upon your death to manage your financial needs. If you are married, usually your initial agent is your spouse. In any event, if your agents under your Durable Power of Attorney will be persons **other than those listed above** as your Successor Trustees, please fill out below:

### Husband or Client #1

#1 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### Spouse or Client #2

#1 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

4. **Back-up Health Care Agents** -- Your Successor Agents under your Advance Health Care Directive will step in upon your disability to assist you with health care decisions. If you are married, usually your initial agent is your spouse. In any event, if your agents under your Advance Health Care Directive will be persons **other than those listed above** as your Successor Trustees, please fill out below:

**Husband or Client #1**

#1 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Spouse or Client #2**

#1 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

5. **Guardians For Minor Children** -- If you have minor children, please list, **in order of preference**, responsible adult(s) who you would like to raise your children if something happens to you.

#1 Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#2 Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

#3 Choice: Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_





### Beneficiary's Identification information

(For all beneficiaries listed on the prior page, please fill out as much of the following identification information you may have, so that these individuals or entities may be contacted by your Successor Trustees, if necessary)

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Tel: #: \_\_\_\_\_

## Additional Questions Regarding Gifting, and Medi-Cal Planning

At times, it can be advantageous to allow your agent under your power of attorney to make gifts of your property on your behalf to your spouse, if you are married, or to your children. This might be appropriate if, for example, you have lost the capacity to make such gifts yourself, and your estate might be subject to estate tax upon your death. In that event, gifting a portion of your assets while you are alive could enable you to decrease your estate tax liability.

Another example of where gifting powers could be beneficial is in the area of Medi-Cal planning. Often, when someone requires long-term care in their lifetime, assets must be spent down in order to qualify for Medi-Cal benefits for nursing home care. Under current law, a portion or all of certain assets can be preserved if they are gifted to a well spouse, if any, or to your children. Allowing your trustee under your trust, and your agent under your durable power of attorney to make such gifts would be beneficial in the event that you could not make them yourself, due to injury or illness.

Please note, however, that in the event of your incapacity, the person or persons holding these powers would have almost unlimited power over your assets. Therefore, gifting powers **should not** be contained in your trust and your power(s) of attorney unless you have **complete confidence** in the person(s) you have named as your successor trustees and your agents.

Understanding the above, do you wish to have gifting powers in your trust and your durable power of attorney for property management? (you) \_\_\_ Yes \_\_\_ No (spouse) \_\_\_ Yes \_\_\_ No

Understanding the above, do you wish to have Medi-Cal planning gifting powers in your trust and your durable power of attorney for property management? (you) \_\_\_ Yes \_\_\_ No (spouse) \_\_\_ Yes \_\_\_ No

### Notes:

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## For Those Who Possess Firearms

If you possess firearms for sport, self-defense or collection purposes, you may wish to consider establishing a "Gun Trust," which is a Trust which is specifically designed to hold firearms, assist you and your Successors in handling firearms in a lawful manner, and assists in transferring your firearms to your beneficiaries in compliance with the various federal and state laws. Without such protections, it is possible, for example, that your Successors may accidentally violate gun-related laws, some of which are felonies with serious criminal penalties. If you would like more information about establishing a "Gun Trust," please indicated here: \_\_\_ Yes \_\_\_ No.

## For Those Who Have Substantial Interests in IRA Accounts

Those who have substantial interests in IRA accounts (for example, \$100,000 or more), may wish to consider an "IRA Inheritance Trust." This is a revocable and amendable Trust which is established by the IRA owner, which is like a "Living Trust" for your IRA's. Some of the benefits of such a trust are as follows: (1) Maximizes ("stretches out") tax deferral and wealth accumulation for your beneficiaries; and (2) Can protect beneficiaries against divorce, lawsuits, creditors, poor financial decisions, bankruptcy, or even losing government benefits. If you would like more information about establishing an "IRA Inheritance Trust," please indicated here: \_\_\_ Yes \_\_\_ No.

## PART THREE – PLANNING CONCERNS AND ANXIETIES

*In filling out this questionnaire, your job is to teach us about you, your family, your assets, and your goals and objectives; our job is to teach you about the law, and how to accomplish those objectives.*

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
<b>TAX CONCERNS</b>				
Risk of the IRS "inheriting" half of the estate when I/we die . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of my/our children or beneficiaries not taking advantage of tax preferred or 'stretch-out" treatment of my/our IRA's upon my/our death . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY CONCERNS</b>				
Risk of persons other than those we select will gain custody of any minor children . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits, or to a divorcing spouse . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for crucial governmental benefits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that assets left to my spouse (whether by joint tenancy or by Will) might not pass to my intended heirs as a result of my spouse remarrying . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of estate passing unequally due to nature of assets owned, such as where a business comprises most of the value of the estate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that heirs will not fully appreciate the values and virtues used to create the inheritance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that my parents, who may need financial assistance, are not provided for . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level of Concern (if any)  
None    Low    Medium    High

**DISABILITY AND LONG-TERM CARE CONCERNS**

- Risk of loss of control over assets in the event of disability .....
- Risk of involuntary conservatorship in the event of disability .....
- Risk of unnecessary court procedures due to improper planning .....
- Risk of unwanted efforts made to save my life if I feel that it's best to  
cease efforts and die peaceably and without pain .....
- Risk that health care personnel will not disclose health information to loved  
ones due to recent HIPAA privacy rules and lack of HIPAA releases .....
- Risk that my wishes will not be carried out if I become unable to manage my affairs . .
- Risk of unnecessary conservatorship over an incapacitated adult child  
in order to make health care or other decisions for that child .....
- Risk of loss of assets due to long-term nursing home costs .....
- Risk of loss of family home due to long-term nursing home costs .....
- Risk of diminished income due to long-term care costs .....
- Risk of being forced to reside in a nursing home, rather than at home due to  
a lack of funds to pay for home care .....
- Risk that my spouse will suffer a diminished standard of living if  
I should require expensive long-term nursing or custodial care .....

**FINANCIAL CONCERNS**

- Risk that I will outlive my assets .....
- Risk that I will suffer losses if the stock market should drop .....
- Risk that my current rate of return is not adequate to provide for my future  
support and the support of my spouse (if I am married) .....
- Risk that my current portfolio is not properly balanced .....
- Risk that all or most of my assets are in low-yielding fixed assets, and that I  
may not have enough growth in my portfolio for future needs .....

**POST-DEATH CONCERNS**

- Risk of unnecessary costs and delays associated with my estate passing  
through an unnecessary probate .....
- Risk of having to sell assets in a "fire sale" manner, in order to create the  
liquidity needed to pay taxes and expenses .....
- Risk of private matters unnecessarily being made public .....

**PART FOUR -- ASSET INFORMATION:**

**INSTRUCTIONS:**

1. Please print.
2. Be as specific as you can with regard to account names.
3. Account balances will vary, please just list the approximate balance of each account.
4. Watch for REMINDERS regarding papers we would like you to bring in.

**Real Estate**

***REMINDER . . . Please bring the most recent GRANT DEED or QUITCLAIM DEED and a recent PROPERTY TAX BILL for each property. If you own property in Leisure World, please bring in your stock certificate and active membership certificate.***

	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____ _____ Name(s) on Title: _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Years left on mortgage (if any): _____			
2. _____ _____ Name(s) on Title: _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Years left on mortgage (if any): _____			
3. _____ _____ Name(s) on Title: _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Years left on mortgage (if any): _____			
4. _____ _____ Name(s) on Title: _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Years left on mortgage (if any): _____			

**TOTAL NET VALUE: \$ \_\_\_\_\_**

## Amounts in Banks, Savings & Loans and Credit Unions -- (Not IRA's)

Checking, CD's, Savings, Money Market, etc.

*(Please list IRA and other retirement accounts separately on Page 11)*

Name of Institution	Type of Account (checking, savings, CD)	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

TOTAL VALUE: \$ \_\_\_\_\_

## Mutual Funds and/or Brokerage Accounts -- Not IRA's

Name of Firm or Fund	Amt. Invested	Present value
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____

Total Value: \$ \_\_\_\_\_

## Stocks -- Not in Brokerage Account

*(Where you actually have the Certificates)*

<u>Number of Shares</u>	<u>Company</u>	Amount Invested	Present Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total Value: \$ \_\_\_\_\_



## Bonds -- Not in Brokerage Account

*(Where you actually have the Certificates)*

Value	Description
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Total Value: \$ \_\_\_\_\_

## Promissory Notes and Trust Deeds Owed To You

*(Where someone is paying you on a note)*

Balance Due	Debtor	Date Due	Face Amount	Date Signed
\$ _____	_____	___/___/___	\$ _____	___/___/___
\$ _____	_____	___/___/___	\$ _____	___/___/___

## Limited or General Partnerships

Name of Partnership	Is It a Limited or General Partnership?	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Life Insurance

*[Please list policies in which client or spouse is the insured party].*

### Policy One:

Insurance company: \_\_\_\_\_ Life insured: \_\_\_\_\_

Owner of policy: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Type of policy (e.g. whole life, term, etc.): \_\_\_\_\_

Face value (i.e. death benefit) of policy less borrowed amounts, if any: \$ \_\_\_\_\_

Surrender value of policy: \$ \_\_\_\_\_ Current Rate of Return: \_\_\_\_\_%

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

**Policy Two:**

Insurance company: \_\_\_\_\_ Life insured: \_\_\_\_\_

Owner of policy: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Type of policy (e.g. whole life, term, etc.): \_\_\_\_\_

Face value (i.e. death benefit) of policy less borrowed amounts, if any: \$ \_\_\_\_\_

Surrender value of policy: \$ \_\_\_\_\_ Current Rate of Return: \_\_\_\_\_%

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

**Policy Three:**

Insurance company: \_\_\_\_\_ Life insured: \_\_\_\_\_

Owner of policy: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Type of policy (e.g. whole life, term, etc.): \_\_\_\_\_

Face value (i.e. death benefit) of policy less borrowed amounts, if any: \$ \_\_\_\_\_

Surrender value of policy: \$ \_\_\_\_\_ Current Rate of Return: \_\_\_\_\_%

Primary Beneficiary(ies): \_\_\_\_\_

Contingent Beneficiary(ies): \_\_\_\_\_

**Annuities**

*(Not Part of a Retirement Plan)*

**Policy One:**

Insurance company: \_\_\_\_\_

Name of product (if any): \_\_\_\_\_

Owner of policy: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Amount invested \$ \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Surrender value: \$ \_\_\_\_\_ Current interest rate: \_\_\_\_ %

Beneficiary(ies): \_\_\_\_\_

**Policy Two:**

Insurance company: \_\_\_\_\_

Name of product (if any): \_\_\_\_\_

Owner of policy: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Amount invested \$ \_\_\_\_\_

Current value: \$ \_\_\_\_\_ Surrender value: \$ \_\_\_\_\_ Current interest rate: \_\_\_\_ %

Beneficiary(ies): \_\_\_\_\_

**Policy Three:**

Insurance company: \_\_\_\_\_  
Name of product (if any): \_\_\_\_\_  
Owner of policy: \_\_\_\_\_  
Annuitant: \_\_\_\_\_  
Date of purchase: \_\_\_\_\_ Amount invested \$ \_\_\_\_\_  
Current value: \$ \_\_\_\_\_ Surrender value: \$ \_\_\_\_\_ Current interest rate: \_\_\_\_ %  
Beneficiary(ies): \_\_\_\_\_

**IRA Accounts and Other Retirement Plans**

*(deferred compensation plans, IRA's, etc.)*

**Name of plan participant:** \_\_\_\_\_ **Type of plan (e.g. IRA, etc.):** \_\_\_\_\_  
Value: \$ \_\_\_\_\_ **Beneficiary(ies):** \_\_\_\_\_  
Type of investment (e.g. mutual fund, annuity, CD, etc.): \_\_\_\_\_  
Name of Fund or Investment: \_\_\_\_\_  
Where Held? (*Bank, Broker, Employer*): \_\_\_\_\_

**Name of plan participant:** \_\_\_\_\_ **Type of plan (e.g. IRA, etc.):** \_\_\_\_\_  
Value: \$ \_\_\_\_\_ **Beneficiary(ies):** \_\_\_\_\_  
Type of investment (e.g. mutual fund, annuity, CD, etc.): \_\_\_\_\_  
Name of Fund or Investment: \_\_\_\_\_  
Where Held? (*Bank, Broker, Employer*): \_\_\_\_\_

**Name of plan participant:** \_\_\_\_\_ **Type of plan (e.g. IRA, etc.):** \_\_\_\_\_  
Value: \$ \_\_\_\_\_ **Beneficiary(ies):** \_\_\_\_\_  
Type of investment (e.g. mutual fund, annuity, CD, etc.): \_\_\_\_\_  
Name of Fund or Investment: \_\_\_\_\_  
Where Held? (*Bank, Broker, Employer*): \_\_\_\_\_

**Name of plan participant:** \_\_\_\_\_ **Type of plan (e.g. IRA, etc.):** \_\_\_\_\_  
Value: \$ \_\_\_\_\_ **Beneficiary(ies):** \_\_\_\_\_  
Type of investment (e.g. mutual fund, annuity, CD, etc.): \_\_\_\_\_  
Name of Fund or Investment: \_\_\_\_\_  
Where Held? (*Bank, Broker, Employer*): \_\_\_\_\_

**Active Business/Profession**

DBA: \_\_\_\_\_

Value: \$ \_\_\_\_\_ [ ] community property [ ] separate property

Address: \_\_\_\_\_

Type (corporation, partnership, sole proprietorship, other): \_\_\_\_\_

Articles, Bylaws, Partnership Agreement: [ ] Yes [ ] No

Percentage owned by you: \_\_\_\_\_% Buy-sell? Yes No

**Other Assets**

(Including unusually valuable personal items)

Description of Asset	Present value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please estimate the total net value of your estate: \$ \_\_\_\_\_

**Questions You Would Like Answered**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES:** I/We hereby represent to McKenzie Legal & Financial that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I/We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate. Please sign below to verify the accuracy of the above information.

Signature verification of client \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature verification of spouse \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AN APPOINTMENT:** Appointments can be made by telephoning the office at (562) 594-4200.