VILLANUEVA LAW GROUP
www.galegalpro.com

Offices in Atlanta and New York

404-383-3290
646-291-8989

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE – TRUST

Please fill out this questionnaire. It is important that you answer each question **FULLY**.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

224 West 35th Street
Suite 500
New York, NY 10001
Tel 646-291-8989

2296 Henderson Mill Rd.
Suite 116
Atlanta, GA 30345
Tel 404-383-3290

PERSONAL INFORMATION

1. Please give your *full* name, date and place of birth, and Social Security number.

Name: _____
Preferred Name: _____
Alias Names/Previous Names (Maiden) (if any): _____
Street Address: _____
City: _____ County: _____
State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____
Place of Birth (City, County, State): _____
Social Security Number: _____
Drivers License: _____

2. Where are you living now, and what is your phone number?

Address: _____
City: _____
County: _____ State: _____ Zip: _____
Home phone: _____ Mobile: _____
Email Address: _____
Emergency Contact: _____ Phone Number: _____

3. At what address do you wish to receive mail from this office?

_____

4. How do you prefer that we contact you?

Address: _____
Phone: _____
Fax: _____
Mobile phone: _____
Email Address: _____

5. How were you referred to this office (please check one)?:

☐ Personal reference: _____
☐ Internet – Website: _____
☐ Other: _____

6. Have you consulted any other attorneys on this matter before coming to this office? _____
If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

8. Please give any spouse's *full* name, date and place of birth, and Social Security number, if applicable.

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____
Place of Birth (City, County, State): _____
Social Security Number: _____
Drivers License: _____
Previous Names (Maiden): _____

9. Please give any former spouse's *full* name, date and place of birth, and Social Security number, if applicable.

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____
Place of Birth (City, County, State): _____
Social Security Number: _____
Drivers License: _____
Previous Names (Maiden): _____
Date and place of marriage/domestic partnership: _____
Status of Former Spouse (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

PERSONAL DATA OF DEVISEES

NAME of BENEFICIARY:

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Drivers License: _____
Relationship : _____
Status of Beneficiary (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

NAME of BENEFICIARY:

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Drivers License: _____
Relationship : _____
Status of Beneficiary (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

NAME of BENEFICIARY:

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Drivers License: _____
Relationship : _____
Status of Beneficiary (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

NAME of BENEFICIARY:

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Drivers License: _____
Relationship: _____
Status of Beneficiary (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

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Street Address: _____
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City: _____ State: _____ Zip: _____
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Work Phone: _____ Fax number: _____
E-mail: _____
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Social Security Number: _____
Drivers License: _____
Relationship : _____
Status of Beneficiary (circle one): Living ☐ Deceased ☐ Under Guardianship ☐

ASSETS

ASSETS TO BE FILED(VALUE, APPOX. VALUE, DEBT ASSOCIATED WITH ASSET):

IMPORTANT NOTES REGARDING ESTATE (Designation of Beneficiaries, Co-Ownership, Community Property vs. Separate Property):

DESCRIPTION OF DISTRIBUTION OF ASSETS UPON TERMINATION OF TRUST:

FAMILY TREE OR NAMED/IDENTIFIED HEREIN

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State ZIP: _____
Phone Number: _____
Email: _____

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State ZIP: _____
Phone Number: _____
Email: _____

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State _____
ZIP: Phone Number: _____
Email: _____

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State _____
ZIP: Phone Number: _____
Email: _____

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State _____
ZIP: Phone Number: _____
Email: _____

Name: _____
Relationship to Trustor: _____
Street Address: _____
City, County, State _____
ZIP: Phone Number: _____
Email: _____

*** If more individuals to be named, please print extra page.

TRUSTEE NAMED IN WILL

Name of Trustee #1: _____
Relationship to You: _____
Co-Appointment (Jointly): _____

Name of Trustee #2: _____
Relationship to You: _____
Co-Appointment (Jointly): _____

Name of Trustee #3: _____
Relationship to You: _____
Co-Appointment (Jointly): _____

Name of Trustee #4: _____
Relationship to You: _____
Co-Appointment (Jointly): _____