

**CONFIDENTIAL QUESTIONNAIRE**

Occupation \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Husband's Name \_\_\_\_\_  
Wife's Name \_\_\_\_\_  
(Maiden Name) \_\_\_\_\_ Any prior marriages for either spouse? \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address(es): \_\_\_\_\_

Children/Beneficiaries (use a separate page if necessary):

Name	Relationship	Age	Comments: (if child of one spouse, H or W?)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Do you currently have a Revocable Living Trust? (yes - no) If yes, does it require any changes? (yes - no)

2. Do you want some portion of your estate to be used for charitable purposes? Please explain.

\_\_\_\_\_

3. Does either spouse expect to receive any inheritance? \_\_\_\_\_

4. Have you ever been a defendant in any lawsuit?  Yes  No  
Are you involved — directly or indirectly — in any current or potential litigation?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are both spouses U.S. citizens?  Yes  No If not, please explain. \_\_\_\_\_

\_\_\_\_\_

Does this person plan on becoming a U.S. citizen? \_\_\_\_\_ If yes, when? \_\_\_\_\_

6. Please rank the importance to you of the following topics (1 being the most important, 8 the least):

- |  |                           |
|--|---------------------------|
| _____ Asset Protection from lawsuits, claims, etc. | _____ Charitable Planning |
| _____ Estate Planning                              | _____ Estate Taxes        |
| _____ Probate Avoidance                            | _____ Income Taxes        |
| _____ Business Planning                            | _____ Other: _____        |

7. ESTIMATED VALUES OF ASSETS TO PROTECT:

<u>ASSETS:</u>	<u>LIABILITIES:</u>
Cash: _____	Home Mortgage: _____
Money Market Accounts: _____	Other R/E Mortgages: _____
Savings Accounts & CD's: _____	Other: _____
Stocks: _____	Other: _____
Mutual Funds: _____	Other: _____
Bonds: _____	Other: _____
Metals (gold, silver...): _____	
Home(s)* _____	TOTAL LIABILITIES: _____
Investment Real Estate* _____	
Business Interests** _____	<b>NET WORTH:</b> _____
Automobiles: _____	
IRA Assets: _____	Insurance on Husband _____
Other Retirement Assets: _____	Insurance on Wife _____
Other Assets: _____	Last Survivor Insurance _____
Other Assets: _____	TOTAL INSURANCE _____
<b>TOTAL ASSETS:</b> _____	

**\*Please provide details on each property (e.g., how titled, how used, amount of equity, etc.)**  
**\*\*Please provide details (type of entity, nature of business, offices held, percentage ownership, etc.)**

**ADDITIONAL DETAILS, GOALS, OTHER CONCERNS:**

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*We certify that to the best of our knowledge, the foregoing is true, correct and complete. You may rely on this information in providing advice and preparing documents for our estate and business plans.*

Date: \_\_\_\_\_, 2009 \_\_\_\_\_  
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Please return to:  
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 SCOTT L. SOELBERG, P.C.  
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