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### Quick View Client Information Summary

*Please complete this Quick View Summary and  
return it to our office at least 3 days prior to your initial consultation.*

**This questionnaire provides us with a summary picture of your situation. Please check as many  
boxes below that describe the purpose of your visit.**

- I am not sure exactly what I need but would like to take the next step
- To have my/our existing estate plan reviewed/updated
- To learn more about Estate Planning
- To reduce or eliminate the cost and hassle of probate
- Other:
- To learn more about Medicaid Planning for myself or for my parents
- To protect my children or grandchildren from divorces and creditors
- To start a gift program to children, grandchildren, or others
- To protect my/our assets from lawsuits and future judgment creditors
- To plan for a child or family member with special needs
- To reduce or eliminate Federal and state estate taxes
- To fully integrate my IRA or other retirement plans into my/our estate plan
- To reduce or eliminate the possibility of guardianship or conservatorship

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**YOU and, if married, YOUR SPOUSE**

Your legal name	Name you want us to call you	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Your date of birth	Your Health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Spouse's Legal Name	Name you want us to call spouse	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Social Security Number	Spouse's Date of Birth	Spouse's Health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Your address		Date of marriage
Email		County
Home phone	Business Phone	Other phone
Your current occupation. If retired, from what?		Spouse's current occupation. If retired, from what?

**YOUR CHILDREN, if any**

Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	If child has children, how many?
Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	If child has children, how many?
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Legal name	Whose child is this? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	Date of Birth	Age	If child is married, Spouse's name	If child has children, how many?

**Who referred you to us?**

Name	Firm	Phone
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**YOUR ADVISORS (In case we need to consult with them)**

Accountant	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Financial Advisor	Name	Firm	Phone
Life Insurance Agent	Name	Firm	Phone
Attorney, if other than us	Name	Firm	Phone

**YOUR ASSETS**

Please provide us with an estimate of the value of your estate by completing the following schedule. Use your best estimate of each asset's value, assuming you could cash it in or sell it today at a fair price. Disregard what you paid for the asset or what it was worth when you inherited it.

<b>ASSET</b>	<b>VALUE IN YOUR NAME</b>	<b>VALUE IN SPOUSE'S NAME</b>	<b>VALUE IN JOINT NAMES W/ SPOUSE</b>	<b>AMOUNT OF DEBT ON ASSET</b>
Real Estate: <i>Personal Residence</i>				
Real Estate: <i>Investment/Rental</i>				
Money Owed to You				
Business				
Death Benefit of Life Insurance				
Annuities				
IRAs and other Retirement Plans				
Brokerage Accounts/ Mutual Funds				
Individually-held Stocks & Bonds				
Checking, Savings, Money Market				
Vehicles, Boats & Planes				
Household Goods				
Other Personal Effects				
Other				
<b>Totals</b>				

*Note: We will need you to complete a more comprehensive questionnaire in the future.*