



Date Completed: \_\_\_/\_\_\_/\_\_\_

## ESTATE PLANNING QUESTIONNAIRE

Thank you for selecting our firm to assist you with your estate planning. Please take the time to complete this questionnaire as it is designed to provide us with basic information to further assist us in understanding your particular situation.

**THIS QUESTIONNAIRE IS MOST HELPFUL IF IT IS RETURNED TO OUR OFFICE PRIOR TO YOUR SCHEDULED APPOINTMENT. THEREFORE, PLEASE COMPLETE AS MUCH OF IT AS POSSIBLE. ANY UNANSWERED QUESTIONS OR CONCERNS MAY BE ADDRESSED DURING OUR MEETING.**

**PLEASE BRING COPIES OF ALL DOCUMENTS REQUESTED AT THE END OF THE QUESTIONNAIRE, AS THIS WILL FACILITATE THE PREPARATION OF YOUR DOCUMENTS. PLEASE ALSO BRING YOUR ADDRESS BOOK AS WE MAY REQUIRE NAMES AND ADDRESSES OF INDIVIDUALS NOT SPECIFICALLY ADDRESSED BY THIS QUESTIONNAIRE.**

### ***PART I: PERSONAL INFORMATION***

	<u>Husband or Single Man:</u>	<u>Wife or Single Woman:</u>
Full Name		
Other Names ( <i>Maiden, alias, nicknames</i> )		
Occupation ( <i>if retired, list former occupation and check box</i> )	<input type="checkbox"/> Retired	<input type="checkbox"/> Retired
Date of Birth		
Place of Birth		
Citizenship		
Social Security Number		
Date and Place of Marriage		

ADDRESS AND TELEPHONE INFORMATION

	<u>Address:</u>	<u>Telephone and Facsimile Number:</u>
Home		
Employer for Husband or Single Man		
Employer for Wife or Single Woman		
Other Telephone Numbers	Cell: Other:	

Send mail to:  Home  Business Other Address \_\_\_\_\_

	<u>Husband or Single Man:</u>		<u>Wife or Single Woman:</u>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Any Prior Marriage(s)?				
If yes to prior marriages, please provide name of former spouse and date and manner in which the marriage ended ( <i>i.e., death or divorce</i> ).				
Any Children by prior marriage(s)?				
Any adopted children?				
Any children out of wedlock?				
Do (either of) you own real estate or personal property located in another state?				
**If married, do you have a written marital agreement? (Prenuptial or postnuptial)				
Date that you came to California.				

**\*\*If yes, please provide copy of the written marital agreement for our initial meeting.**

***PART II: FAMILY INFORMATION*****CHILDREN OF THIS MARRIAGE:**

<u>Full Name:</u>	<u>Date of Birth:</u>	<u>Address:</u>	<u>Telephone:</u>

**CHILDREN OF PRIOR MARRIAGE(S):**

<u>Full Name:</u>	<u>Date of Birth:</u>	<u>Address:</u>	<u>Telephone:</u>

**Children's Special Needs.** Do any of your children have special needs that you would like to address in your estate plan?

YES       NO

**ANY DECEASED CHILDREN:**

<u>Full Name:</u>	<u>Date of Birth:</u>	<u>Date of Death:</u>

**SPOUSES OF CHILDREN:**

<b><u>Name of Your Child:</u></b>	<b><u>Name of Spouse of Child:</u></b>

**GRANDCHILDREN:**

<b><u>Name of Grandchild:</u></b>	<b><i>Date of Birth:</i></b>	<b><i>Name of Parents:</i></b>

**LIVING PARENTS:**

<b><u>Husband or Single Man's Parents:</u></b>	<b><i>Father:</i></b>	<b><i>Mother:</i></b>
Name:		
Address:		
Telephone Number:		
Date of Birth (or date of death if deceased):		

<b><u>Wife or Single Woman's Parents:</u></b>	<b><i>Father:</i></b>	<b><i>Mother:</i></b>
Name:		
Address:		
Telephone Number:		
Date of Birth (or date of death if deceased):		

	<u>Husband or Single Man:</u>		<u>Wife or Single Woman:</u>	
	Yes	No	Yes	No
Brothers &/OR Sisters?				
Name, Address, Phone Number for Brother(s)				
Name, Address, Phone Number for Sister(s)				

***PART III: CEMETERY DECISIONS***

	<u>Husband or Single Man:</u>	<u>Wife or Single Woman:</u>
Location of Ownership: (Deed for cemetery property)		
Name and Address of Cemetery:		
Type of Cemetery Property:	<input type="checkbox"/> Mausoleum <input type="checkbox"/> Lawn Crypt <input type="checkbox"/> Ground Space <input type="checkbox"/> Cremation <input type="checkbox"/> Memorialization	<input type="checkbox"/> Mausoleum <input type="checkbox"/> Lawn Crypt <input type="checkbox"/> Ground Space <input type="checkbox"/> Cremation <input type="checkbox"/> Memorialization
Special Instructions:		

**PART IV: INFORMATION FOR CREATION OF ESTATE PLANNING DOCUMENTS**

Do you have current wills?       YES       NO

Do you have current trusts?       YES       NO

**1. EXECUTORS OF YOUR WILLS.** In order of preference, please list the full names, relationships to you and addresses of your selected Executors:

If married, your Spouse First:       YES       NO

<u>Name of Successor Executors of Husband or Single Man's Wills (in order of priority):</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>
(1)		
(2)		
(3)		

<u>Name of Successor Executors of Wife or Single Woman's Wills (in order of priority):</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>
(1)		
(2)		
(3)		

**2. TRUSTEE OF TRUST.** In order of preference, please list the full names, relationships to you and addresses of your selected Trustees:

Same as Executor:       YES       NO

<u>Name of Trustee(s) of Your Trust (in order of priority):</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>
(1)		
(2)		
(3)		



Wife/Single Woman: Same as Executor(s):  YES  NO  
 If no, Spouse First:  YES  NO

<u>Name of Husband/Single Man's Agent for Advance Health Care Directive</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>

<u>Name of Wife/Single Woman's Agent for Advance Health Care Directive</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>

a. Anatomical Gifts: Do you wish to donate organs?

Husband/Single Male:  YES  NO

Wife/Single Female:  YES  NO

b. End of Life Decisions: Do you wish to receive life sustaining treatment (i.e., artificial nutrition and hydration and all other forms of health care to keep you alive) if (1) you have an incurable and irreversible condition that will result in your death within a relatively short-time; or (2) you become unconscious and, to a reasonable degree of medical certainty, you will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits?

Husband/Single Male:  YES  NO

Wife/Single Female:  YES  NO

c. Disposition of Remains:

Husband/Single Male:  Cremation  Burial

Wife/Single Female:  Cremation  Burial

d. Do you have any specific wishes for Funeral or Memorial Service?

Husband/Single Male: \_\_\_\_\_

Wife/Single Female: \_\_\_\_\_

**6. DISINHERITANCE.** Do you wish to specifically disinherit an individual or group of people?

YES                       NO

If yes, please list their full names, relationship to you and addresses.

<u>Name of Individual to be Disinherited:</u>	<u>Relationship to You:</u>	<u>Address and Telephone Number:</u>

You may also provide a brief explanation of why you wish to disinherit the individual if you wish:

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**7. DISPOSITION UPON DEATH.** Desired disposition of your property on your death and/or on your spouse's death:

**A. IF MARRIED:**

**1. SPECIFIC BEQUESTS.** Please list any specific bequests you or your spouse would like to make, if any, indicating the item to be given and to whom. In the event that the individual or organization does not survive you, please specify if the gift will be distributed to that individual's issue or to someone else or if you wish for the gift to lapse and be distributed as part of the residue of your estate.

As an example:

Diamond Ring to my daughter, Debbie Daughter, but if Debbie should predecease me then to my granddaughter, Gina Granddaughter.

The sum of \$1,000 to the American Red Cross, 123 Red Cross St., Anytown, USA, or to its successor. If American Red Cross or its successor is not in existence at the time of my death, this gift shall lapse.

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**2. BALANCE OF ESTATE:**

All to your spouse on your death.  YES  NO

Transfer to your spouse:  YES  NO

To your children in equal shares on your spouse's death:  YES  NO

If none of the above apply, to whom do you wish to leave your property, and in what proportions (please list full names and address)?

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**3. TO CHILDREN.** When should your children receive their distributions?

Outright on your death.  YES  NO

Outright on your spouse's death.  YES  NO

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed as specified age(s):

For example:

Age 25 1/3 of share

Age 30 2/3 of share

Age 35 Remainder of Share

Your Wishes:

<u>Specified Age for Distribution</u>	<u>Fractional or Percentage Interest of Share</u>

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive your child's distribution?

YES  NO

If yes, do you wish their issue to receive their distribution outright or in the same manner as your child (at same ages and in same manner as listed above):

**B. IF SINGLE:**

**1. SPECIFIC BEQUESTS.** Please list any specific bequests you would like to make, if any, indicating the item to be given and to whom. In the event that the individual or organization does not survive you, please specify if the gift will be distributed to that individual's issue or to someone else or if you wish for the gift to lapse and be distributed as part of the residue of your estate.

As an example:

Diamond Ring to my daughter, Debbie Daughter, but if Debbie should predecease me then to my granddaughter, Gina Granddaughter.

The sum of \$1,000 to the American Red Cross, 123 Red Cross St., Anytown, USA, or to its successor. If American Red Cross or its successor is not in existence at the time of my death, this gift shall lapse.

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**2. DISTRIBUTION OF BALANCE OF ESTATE:** Please indicate your relationship with the individuals you have selected and the percentage or set amount of money to be distributed to that individual:

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***PART IV: PROFESSIONAL ADVISORS***

<b><u>Advisor:</u></b>	<b><u>Name and Company:</u></b>	<b><u>Address and Telephone Number</u></b>
Accountant		
Insurance Agent		

Stockbroker/Financial Advisor		
Other		

**PART V: LIST OF ASSETS**

**PERSONAL PROPERTY:** Please list all personal property of significant value and give the approximate value of each. Include antiques, artwork, other collectibles, jewelry, etc. Unless particularly valuable, estimate the total value only do not list individual items. If additional space is needed, please attach separate page with additional information to this questionnaire.

<u>Item</u>	<u>Approximate Value</u>

**TOTAL:** \_\_\_\_\_

Do you own a safe deposit box? If yes, please provide location.

\_\_\_\_\_

\_\_\_\_\_

Who has access? \_\_\_\_\_

**SCHEDULE "A"**

**REAL PROPERTY IN CALIFORNIA**

Please provide information about all real property (including timeshares, rental property or farmland) that you own as individuals (not as a general or limited partner), and please provide a photocopy of the most recent Grant Deed and any Deed of Trust for the property.

<u>Property Address</u>	<u>**Title</u>	<u>Property Status</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>
		<input type="checkbox"/> Residence			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			
		<input type="checkbox"/> Rental <input type="checkbox"/> Vacation Home <input type="checkbox"/> Vacant			

**TOTAL SCHED. "A": \_\_\_\_\_**

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<b>J/T</b> - Joint Tenants	<b>TIC</b> - Tenants in Common
<b>SPH</b> - Separate Property of Husband	<b>SPW</b> - Separate Property of Wife
<b>CP</b> - Community Property	

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**SCHEDULE "B"**

**REAL PROPERTY OUTSIDE OF CALIFORNIA**

Please provide information about all real property that you own outside of California (including timeshares, rental property or farmland) that you own as individuals (not as a general or limited partner), and please provide a photocopy of the most recent Grant Deed and any Deed of Trust for the property.

<u>Property Address</u>	<u>**Title</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>

**TOTAL SCHED. "B": \_\_\_\_\_**

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- |   |  |
|---|--|
| <b>J/T</b> - Joint Tenants                | <b>TIC</b> - Tenants in Common         |
| <b>SPH</b> - Separate Property of Husband | <b>SPW</b> - Separate Property of Wife |
| <b>CP</b> - Community Property            |  |

**SCHEDULE "C"**

**CASH, BANK ACCOUNTS, MONEY MARKET FUNDS, CREDIT UNION ACCOUNTS**

<b><u>Name of Institution</u></b>	<b><u>**Title</u></b>	<b><u>Amount</u></b>

**TOTAL SCHED. "C":** \_\_\_\_\_

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<b>J/T</b> - Joint Tenants	<b>TIC</b> - Tenants in Common
<b>SPH</b> - Separate Property of Husband	<b>SPW</b> - Separate Property of Wife
<b>CP</b> - Community Property	

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**SCHEDULE "F"**

**BUSINESS INTERESTS (Partnerships, Closely-held corporation, LLCs, Unincorporated Business)**

<b><u>Name of Business:</u></b>	<b><u>Type of Entity:</u></b>	<b><u>Percent of Ownership:</u></b>	<b><u>**Title:</u></b>	<b><u>Approximate Value:</u></b>

**TOTAL SCHED. "F": \_\_\_\_\_**

*Please provide in the description the full name of each retirement account and the account number, if any.*

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- |   |  |
|---|--|
| <b>J/T</b> - Joint Tenants                | <b>TIC</b> - Tenants in Common         |
| <b>SPH</b> - Separate Property of Husband | <b>SPW</b> - Separate Property of Wife |
| <b>CP</b> - Community Property            |  |
-

**SCHEDULE "G"**

**LIFE INSURANCE**

	<b>Policy No. 1</b>	<b><u>Policy No. 2</u></b>	<b>Policy No. 3</b>	<b>Policy No. 4</b>
Company				
Policy Number				
Type of Policy ( <i>whole life, variable, universal, etc.</i> )				
Insured				
Beneficiary				
Face Amount				
Annual Premium				
Net Cash Value				

**TOTAL SCHED. "G": \_\_\_\_\_**

**SCHEDULE "H"**

**OTHER PROPERTY – PERSONAL EFFECTS**

<b><u>Asset:</u></b>	<b><u>Owner:</u></b>	<b><u>Approximate Value:</u></b>
Automobiles:		
Boats:		
Motorcycles:		
Household Furnishings:		
Jewelry:		
Antiques/Collectibles:		
Others:		

**TOTAL SCHED. "H":** \_\_\_\_\_

**SCHEDULE "I"**

**NOTES/OBLIGATIONS PAYABLE TO YOU**

<b><u>Description:</u></b>	<b><u>Amount:</u></b>

**TOTAL SCHED. "I": \_\_\_\_\_**

**FINANCIAL SUMMARY**

The following pages contain forms to assist you in compiling a brief financial summary for use in our estate planning conference. I use this information to estimate your estate taxes and your estate settlement and probate costs in connection with the evaluation of estate planning alternatives and, therefore, the numbers do not need to be exact. The summary also serves as a checklist of your assets, for my use in the analysis of title ownership, that is an integral part of any estate plan.

**FINANCIAL SUMMARY**  
(Transfer Information from Schedules)

<b><u>Schedule:</u></b>	<b><u>Approximate Value:</u></b>
Schedule A – Real Property in California	
Schedule B – Real Property Outside of California	
Schedule C – Cash, Bank Accounts, etc.	
Schedule D – Publicly Traded Securities	
Schedule E – Retirement Benefits	
Schedule F – Business Interests	
Schedule G – Life Insurance	
Schedule H – Other Property	
Schedule I – Notes/Obligations Payable to You	

**TOTAL**      \$ \_\_\_\_\_

**PLEASE COLLECT COPIES OF THE MOST CURRENT DOCUMENTS DESCRIBED BELOW AND BRING THEM WITH YOU FOR OUR INITIAL MEETING:**

1. Previously executed Trust and Amendments (if any).
2. Previously executed Wills and Codicils (if any).
3. Previously executed Powers of Attorney and Amendments (if any).
4. Financial Statements.
5. Deed for each parcel of real property with the street address attached.
6. Real property tax bill for each parcel of real property.
7. Stock brokerage and mutual fund account statements.
8. Stock certificates for closely held corporations.
9. Promissory notes and deed of trusts, which secure any loans you, have made to others.
10. Statements for your bank accounts, money market funds, credit union accounts, and retirement accounts.
11. Registration certificate for your automobiles.
12. First page of each of your life insurance policies.

**TYPE OF TRUST (OFFICE USE ONLY)**

1. SIMPLE TRUST \_\_\_\_\_

2. A-B TRUST \_\_\_\_\_

3. ABC TRUST \_\_\_\_\_

4. Explanation to client as to Irrevocable nature of the Bypass and QTIP Trust?

\_\_\_\_\_ Yes or \_\_\_\_\_ No

Client's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Husband's wishes for restrictions on Bypass Trust:

\_\_\_\_\_  
\_\_\_\_\_

a. Use of Income?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Use of Principal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Five /Five Power?

(YES) \_\_\_\_\_ (NO) \_\_\_\_\_

**TYPE OF TRUST (OFFICE USE ONLY)**  
***CONTINUED***

6. Wife's wishes for restrictions on Bypass Trust:

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a. Use of Income?

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b. Use of Principal?

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7. Husband's wishes for restrictions on QTIP Trust:

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a. Use of Income?

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b. Use of Principal?

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**TYPE OF TRUST (OFFICE USE ONLY)**  
***CONTINUED***

8. Wife's wishes for restrictions on QTIP Trust:

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a. Use of Income?

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b. Use of Principal?

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9. Exhaustion of Survivors Trust prior to use of Bypass Trust and QTIP Trust Principal:

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