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Client: _____ Date: _____ File No. _____

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Please use "N/A" to indicate "not applicable."

Full name: _____ Any other name(s) used (currently): _____

Home Address: _____ Any other name(s) used (in the past): _____

_____ [] Own [] Rent How long have you resided there? _____

TELEPHONES: Work: _____ Cell Phone: _____

Home: _____ Fax Number: _____

Message: _____ Other: _____

E-mail Address: _____

Date of Birth: _____ Are you a United States citizen? [] Yes [] No

Place of Birth: _____ If "NO," country of citizenship: _____

Social Security Number: _____

Employer's Name: _____

Marital Status: [] Married [] Single [] Divorced [] Widowed Name of Current Spouse: _____

Address of Spouse (if different than yours): _____

Date & Place of Marriage: _____

If married, are you creating a joint estate plan with your spouse? [] Yes [] No

If "Yes," (a) Will your spouse wish to have separate counsel? [] Yes [] No

OR (b) Will you both be represented by this firm? [] Yes [] No

If "Yes," your spouse should complete a second questionnaire for her/his information and dispositive wishes.

PRIOR MARRIAGE(S)

Name of former spouse: _____ Date & Place of Prior Marriage: _____

If marriage ended by divorce, list date of final judgment: _____

If marriage ended by death, list date of death and location of death certificate: _____

HEALTH/SPECIAL NEEDS

Do either you or your spouse have health concerns? **Yes** **No**

If "yes," please explain: _____

Do any of your children have special needs you would like to address in your estate plan? **Yes** **No**

If "yes," please explain: _____

Do you have other family members with special needs who are, or may be, dependant upon you (such as elderly parents)? **Yes** **No**

If "yes," please explain: _____

Do you wish to provide for such family members in the event of your death or incapacity? **Yes** **No**

If "yes," please explain: _____

LIVING CHILDREN AND OTHER RELATIVES

Please provide the following information for your children, now living, on the lines below:

- Child's name, date of birth, social security number, and gender.
- If the child is not living with you, the child's address.
- If the child is married, list the name of the child's spouse and the names of their children, if any.
- If your child is from a prior marriage, indicate so and give name of other parent.
- If any of your children are adopted, list the date of adoption and the location of documents.
- If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

GUARDIANS OF MINOR CHILDREN

In order of preference, please list the full names, relationships, and address of Guardians of any minor children. Married couples may be named together as Guardians; however, you may designate one spouse as the primary Guardian in the event of divorce:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____

DECEASED CHILDREN

List deceased child's full name and date of death:

List any living issue of this child, grandchild's name and date of birth:

ADMINISTRATION OF YOUR ESTATE

EXECUTORS: (The Executor is the person(s) named under your Will to handle the administration of your estate and probatable assets.)

In order of preference, please list the full names, relationships, and address(es) of your Executors:

Your spouse first: **Yes** **No**

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____

INITIAL TRUSTEE: Who will be the initial trustee(s) of your trust?

- You alone
- You and another person or entity as co-trustees
- You and your spouse, as co-trustees
- Other (Please give name & address)

If there are initial co-trustees of your trust,
shall your co-trustee serve alone upon your death? **Yes** **No**

TRUSTEES: (The Trustee(s) is/are the person(s) designated by your trust to manage your trust assets upon your incapacity or death - often the same person as your Executor.)

In order of preference, please list the full names, relationships and address of your Trustees:

Same as Executor(s): **Yes** **No** If not same as Executor(s), then whom?

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____

CHILDREN'S AGES AND SHARES FOR DISTRIBUTIONS

If you are leaving anything to your children, how and when should your children receive their distributions?

Outright **In Trust**

If in Trust, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

<i>For example:</i>	<u>Name of Child</u>	<u>Age</u>	<u>Fractional or % Interest of Share</u>
	Jane Alexandra Smith	21	1/3 of Share
		24	1/2 of remaining Share
		30	All remainder of Share

If your children's distribution is to be in trust, what may the trustee use the trust for during the term of the trust?

- Child's Health, Education, Support and Maintenance **OR**
 Child's Happiness and Comfort

IF A CHILD (OR CHILDREN) OF YOURS PREDECEASE(S) YOU

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

Yes **No**

If "yes," should they receive it outright or in trust until _____ age? (Up to 25)

SIMULTANEOUS DEATH

Desired disposition of estate in the event you, your spouse and your descendants die simultaneously:

- Examples:*
- 1) **Your heirs** (“next of kin” as determined by California law)
 - 2) **Specific named individuals** (other than your heirs generally)
 - 3) **A specific charity** (Red Cross, Boy’s Town, Girl Scouts)

1. _____

2. _____

3. _____

SPECIFIC BEQUESTS

List specific bequests you wish to make, if any, to individuals, charities, or other organizations, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual’s issue or successor organization or another similar organization, to someone else, or if the gift will lapse and become a part of the residue of your estate. Also, please indicate, if you are married, whether the items bequeathed should be given upon your death or upon your spouse’s death (if after your death). Here are some examples:

- 1. Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2. Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California. If Mary Doe is also not living, this gift shall lapse.
- 3. Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4. The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America, or its successor is not an organization at the time of my death, this gift shall lapse.

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people? **Yes** **No**

If "yes," please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____
Explanation: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____
Explanation: _____

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____
Explanation: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____
Explanation: _____

“GUESSTIMATE” OF NET WORTH

CATEGORY	AMOUNT	OWNERSHIP
		Husband or Wife _____ (as sole & separate property) (H or W)
		<u>or</u> Joint Tenants (JT)
		<u>or</u> Community Property (CP)
Residence (less mortgage).....	\$ _____	\$ _____
Total Additional Real Property (less mortgages)....	\$ _____	\$ _____
Total Cash, CD's, Money Markets.....	\$ _____	\$ _____
Total Investment Accounts..... (mutual funds, brokerage accounts)	\$ _____	\$ _____
Securities - stocks and bonds..... (held outside of brokerage accounts)	\$ _____	\$ _____
Notes Receivable, Deeds of Trust.....	\$ _____	\$ _____
Automobiles, mobile homes, boats, trailers.....	\$ _____	\$ _____
Total Valuable Personal Property..... (art, jewelry, collectibles, antiques, etc.)	\$ _____	\$ _____
Total IRAs & Retirement Plans.....	\$ _____	\$ _____
Total Life Insurance (face amounts) & Annuities...	\$ _____	\$ _____
Total Business Interests..... (what you'd sell for - less debt)	\$ _____	\$ _____
Total Additional Assets not included above.....	\$ _____	\$ _____
<u>TOTAL ESTIMATED VALUE</u>	\$ _____	
There may be future inheritances possibly totaling	\$ _____	

REMEMBER: Please provide copies of all documents related to your assets!

FINANCIAL INFORMATION (Use separate sheet of paper where necessary)

A. Location of home and other real estate owned (attach current property deeds).

1. **Primary Residence** _____

Date Acquired: _____ Purchase Price: _____

Current Market Value: _____ Mortgage Balance: _____

2. **Additional Real Property Owned** _____

Date Acquired: _____ Purchase Price: _____

Current Market Value: _____ Mortgage Balance: _____

B. List other titled property owned, such as a car, boat, etc. (attach copies of current registration cards).

1. **Description:** _____

Year: _____ Make: _____ Model: _____

Current Market Value: _____

Vin: _____

Lic: _____

2. **Description:** _____

Year: _____ Make: _____ Model: _____

Current Market Value: _____

Vin: _____

Lic: _____

3. **Description:**

Year: _____ Make: _____ Model: _____

Current Market Value: _____

Vin: _____

Lic: _____

4. **Description:**

Year: _____ Make: _____ Model: _____

Current Market Value: _____

Vin: _____

Lic: _____

C. List Cash: Checking/Savings, Certificates of Deposit, Money Market Accounts (attach current statements for each account).

1. Name of Institution: _____ 2. Name of Institution: _____

Account Number: _____ Account Number: _____

3. Name of Institution: _____ 4. Name of Institution: _____

Account Number: _____ Account Number: _____

D. List Investment Accounts: mutual funds, brokerage accounts (attach copies of current statements from accounts).

1. Description: _____ 2. Description: _____

Name of Institution: _____ Name of Institution: _____

Number of Shares: _____ Number of Shares: _____

Purchase Price: _____ Purchase Price: _____

Current Value: _____ Current Value: _____

Account Number (if applicable): _____ Account Number (if applicable) _____

E. List Securities - stocks, bonds and stock options, held outside brokerage accounts (attach copies of certificates, company statements).

Bonds:

1. Name of Institution: _____ 2. Name of Institution: _____

Amount: _____ Amount: _____

Issue Date: _____ Issue Date: _____

Certificate number(s): _____ Certificate number(s): _____

Stocks:

1. Name of Company: _____
Shares Issued: _____
Shares Vested: _____
Shares Outstanding: _____

2. Name of Company: _____
Shares Issued: _____
Shares Vested: _____
Shares Outstanding: _____

Stock Options:

1. Name of Company: _____
Options Issued: _____
Options Vested: _____

2. Name of Company: _____
Options Issued: _____
Options Vested: _____

F. List any profit sharing, IRAs, 401(k), or other pension/retirement plans (attach copy of the plan and account statements).

1. Type: _____
Account Number: _____
Beneficiary: _____
Current Value: _____
Name on the Account: _____

2. Type: _____
Account Number: _____
Beneficiary: _____
Current Value: _____
Name on the Account: _____

G. List any life insurance policies or annuities (attach copy of the policy or contract, including beneficiary designations).

1. Name of Company: _____
Policy Number: _____
Face Value: _____
Type (Term, whole life or annuity): _____
Owner: _____
Insured: _____
Beneficiary: _____

2. Name of Company: _____
Policy Number: _____
Face Value: _____
Type (Term, whole life or annuity): _____
Owner: _____
Insured: _____
Beneficiary: _____

H. Describe other notables, such as business(es) owned, partnership interests, notes receivable, money owed to you, Deeds of Trust, etc. (attach copy of relevant documents, including partnership agreements, promissory notes, etc.).

I. Describe/list valuable personal property such as antiques, collections, jewelry, etc. (attach copy of appraisals, etc.).

J. List any debts other than the ones listed above, such as personal/bank loans & credit cards (attach relevant documents).

1. Description: _____	2. Description: _____
Account Number: _____	Account Number: _____
Amount Owed: _____	Amount Owed: _____

SAFETY DEPOSIT BOXES

1. Name of Bank: _____	2. Name of Bank: _____
Address: _____	Address: _____
Full name(s) of person(s) entitled to access: _____ _____	Full name(s) of person(s) entitled to access: _____ _____

REMEMBER: Please provide copies of all documents related to your assets as requested above.