

ESTATE PLANNING QUESTIONNAIRE

GENERAL INFORMATION

Your Full Name: _____

Your Date of Birth: _____

Your Social Security Number: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Spouse's Social Security Number: _____

Address: _____

Phone Number: _____

Do you have any Children? _____

How Many Children? _____

Names and Date of Birth of Each Child:

Addresses and Phone Numbers for Each Child:

Have you previously Been Married? _____

If Yes,

Full Name of Former Spouse(s): _____

Did the Marriage end by Divorce or Death?

If death, what was the date of death? _____

If divorce, what was the date of your final Decree? _____

Other Information:

	Yes	No
Are you and your spouse U.S. Citizens?	_____	_____
Do you have a premarital agreement?	_____	_____
Do you have any deceased children?	_____	_____
Do you have any children from a prior marriage?	_____	_____
Do you have any stock options?	_____	_____
Do you have current will or trust?	_____	_____
Do you have an interest in a partnership?	_____	_____
Do you currently receive income from a trust?	_____	_____
Are you involved in litigation?	_____	_____
Are you expecting an inheritance within the next six months?	_____	_____
Do you own any copyrights, patents or trademarks?	_____	_____
Do you own your own business?	_____	_____

ASSETS

Real Property

List the address of all real property owned by you:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach a copy of the deed(s).

Bank Accounts

List all savings accounts in your name including the account number:

_____	_____
_____	_____
_____	_____

List all checking accounts in your name including the account number:

_____	_____
_____	_____
_____	_____

List all credit union and other accounts in your name including the account number:

_____	_____
_____	_____
_____	_____

Retirement and Pensions

List all retirement accounts or pensions (for example: IRA or 401k) including the account number and plan administrator:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Investments

List all investments accounts (for example: Mutual Funds or Stock Accounts) including the account number and investment firm or individual broker:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Stocks:

List all stock certificates you hold. Attach copies of those certificates.

_____	_____
_____	_____
_____	_____
_____	_____

Other Property:

List all assets of which you are the title holder: (cars, boats, trailers)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Financial Advisors:

Accountant: Name: _____ Phone: _____

Company: _____

Address: _____

Life Insurance: Name: _____ Phone: _____

Company: _____

Address: _____

Investment Adv: Name: _____ Phone: _____

Company: _____

Address: _____

QUESTIONS FOR THE CREATION OF A TRUST

1. Who do wish to name as trustee of your trust:

You may want to be the initial trustee of your trust and name someone to replace you as the successor trustee if you become incapacitated or when you pass away. You may designate more than one trustee, for example you and your spouse. You may also designate more than one successor trustee.

Trustee: _____ Relationship to you: _____

Address: _____ Phone: _____

_____ Age: _____

Trustee: _____ Relationship to you: _____

Successor Trustee: _____ Relationship to you: _____

Successor Trustee: _____ Relationship to you: _____

Successor Trustee: _____ Relationship to you: _____

Successor Trustee: _____ Relationship to you: _____

2. How do you want to devise your estate?

For example: I want to leave all of my property to my children equally.

3. Is there a specific age at which a beneficiary may receive his portion of the estate?

For example, My daughter Susie's share shall be held in trust for her benefit until she reaches the age of 25.

QUESTIONS FOR THE CREATION OF A WILL

1. Who will be the executor of your estate (you may name more than one person):

Executor: _____ Relationship to you: _____

Address: _____ Phone: _____

Executor: _____ Relationship to you: _____

You may want to designate an alternate executor should your first choice be unable to act as executor.

2. Do you want to make any specific gifts to an individual(s)?

For example: I leave my antique gold watch to my nephew, John Doe.

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Beneficiary: _____ Gift: _____

Is there a specific age a beneficiary must attain before receiving his or her inheritance?

QUESTIONS FOR THE CREATION OF A DURABLE POWER OF ATTORNEY

1. Who do you want as your attorney in fact for **property** in case of incapacity?

Attorney in Fact: _____ Relationship to you: _____

Attorney in Fact: _____ Relationship to you: _____

It is preferable to name a second person to act as your attorney in fact should the initial person you choose be unable to act as your attorney in fact.

Address and Phone Number of Attorney in Fact and Alternate:

_____	_____
_____	_____
_____	_____
_____	_____

2. Who do you want as your attorney in fact for **health care** in case of incapacity?

Attorney in Fact: _____ Relationship to you: _____

Attorney in Fact: _____ Relationship to you: _____

It is preferable to name a second person to act as your attorney in fact should the initial person you choose be unable to act as your attorney in fact.

Address and Phone Number of Attorney in Fact and Alternate:

_____	_____
_____	_____
_____	_____
_____	_____

GIFTS AND DISTRIBUTIONS

- a. Do you wish to be an organ donor? _____
- b. Do you want to be cremated, buried or other? _____
- c. Who will take care of your pets? _____
Name: _____
Address: _____

Phone: _____
- d. Do you want to remain in your home for as long as practicable both financially and physically? _____

END OF LIFE DECISIONS

California law allows competent adults the right to refuse medical treatment. Below are alternative desires for end of life care: the first is broadest statement, the second and third request that treatment be terminated only in specific circumstances, the last requests that care be provided as long as possible. Please initial the one you choose.

1. I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery and my death is likely to occur within several months, or if I require life support as the result and an irreversible condition, even if that life support might prolong my life for a sustained period.

2. I want to receive medical treatment that prolongs and sustains my life unless I am in an irreversible coma.

3. If I am in a terminal condition, I do not want any life-sustaining procedures to be used to prolong my life.

4. I want to live as long as possible; therefore, I want to receive all medical treatment that will prolong and sustain my life within the limits of generally accepted health care standards.

Is there any other information you believe would be helpful in planning your estate?
