

L A W O F F I C E S O F
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ESTATE PLANNING QUESTIONNAIRE

A. Client(s)

1. FULL Legal Name:
Also known as:
2. Date of Birth:
3. Birthplace:
4. How long have you lived in California?
5. Are you a U.S. citizen?

If married, please complete the following:

1. Spouse's FULL Legal Name:
Also known as:
2. Spouse's Date of Birth:
3. Spouse's Birthplace:
4. How long has spouse lived in California?
5. Is spouse a U.S. Citizen?

B. Marital Status

1. If married, date and place of current marriage:
2. Any prior marriages? If so, please provide name of former spouse and approximate dates of marriage, and whether divorce or death terminated marriage. If divorced, please provide the date of dissolution and the county where the proceeding occurred.
3. Are there any pre- or post-marital property agreements? If so, provide a copy.

C. Family

1. Please list all children, including deceased children if applicable:

Full Name	Address	Date of Birth

If you do not have children, please complete the following questions:

2. Please list all living parents, and those of your spouse if applicable.

3. Please list all living brothers and sisters, and those of your spouse if applicable.

D. Asset Information

Real Property (Provide copy of the grant deed)

Address	Title <u>SP</u> <u>CP</u> <u>JT</u> *	Market Value

* SP=separate property CP=community property JT=joint tenancy

Investments: Stocks/Mutual Funds/Bonds/Annuities/Brokerage Accounts (Provide copy of most recent account statement)

Company/Brokerage	Title <u>SP</u> <u>CP</u> <u>JT</u>	\$ Value

Cash/Savings/CD's (Provide copy of most recent account statement)

Account Type	Bank/Institution	\$ Balance	Name(s) on account

**Life Insurance (indicate whether term or whole life)
(Provide copy of declarations page)**

Insurance Company	Life Insured	Primary/Secondary Beneficiary	Face \$ Value

Tangible Personal Property of significant value: art, antiques, etc.

Description	\$ Value

**Retirement Assets (IRA's, 401K's, 403B's, etc.)
(Provide copy of most recent account statement)**

Account Type	Primary/Secondary Beneficiary	\$ Value

1. Do you have long term care insurance?
2. Do you have umbrella insurance to protect your personal assets?
3. Do you own/have an interest in any businesses (corporations or partnerships)?
4. Do you have an interest in any copyrights, patents, or mineral rights?
5. Do you own any other particular assets of value which you would like to mention?

E. Liability Information

Description	\$ Balance
Secured Real Property Loans (mortgage, equity lines, etc.)	
Pending liabilities (lawsuits, claims against you, etc.)	
Unsecured Loans/Credit Card Debt/Tax Debt/Other Debt	

F. Executors/Trustees (in order of preference)

Name	Relationship	Address & Phone

G. Guardians for minor children (in order of preference)

Name	Relationship	Address & Phone

H. Additional Information

1. Are you the beneficiary or trustee of a trust?
2. To your knowledge, do you hold the power to appoint assets presently subject to a trust?
3. Do you expect an inheritance or gifts in the immediate future?
4. Have you given any large cash gifts or transfers of property during your lifetime?
5. Are you interested in having a corporate trustee or private independent fiduciary be your trustee/executor and manage your estate after your death? (co-trustee is an option too)

I. Distribution Information and Desires

1. Do you already have any of the following estate planning documents?

Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney for Health Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney for Financial Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Do you want any specific household possessions or items of personal value (specific tangible personal property) to be distributed to anyone? If so, describe.

3. Do you want to give specific amounts of cash or specific property (such as real property) to any individuals? to any charities, schools, or institutions? If so, describe.

4. How would you like to distribute the rest of your property upon your death or, if applicable, the first spouse to die?

5. If applicable, how would you like to distribute the rest of your estate upon the death of your spouse?

6. If you have minor children, their respective shares of your estate can be held in trust for their benefit to a certain age. We can discuss your options, some of which are as follows:

[all at 21] ____ [all at 24] _____ [1/2 at 21, 1/2 at 24] ____ [1/2 at 24 and 1/2 at 30] _____

7. Do you have any children with any special needs issues? _____ If so, we can discuss some options like special needs trusts.

8. Are there any possible contestment issues between the beneficiaries of your estate or with your relatives/heirs?

9. Please describe any additional distribution provisions, desires, or issues:

J. Professional Advisor Info

Financial Advisor(s)	Address	Phone

Accountant(s)/Tax Preparer	Address	Phone

Insurance Broker(s)	Address	Phone