

L A W   O F F I C E S   O F  
**DAVID A. ARIETTA**

700 YGNACIO VALLEY ROAD, SUITE 150  
WALNUT CREEK, CALIFORNIA 94596

TELEPHONE: (925) 472 - 8000  
FACSIMILE: (925) 472 - 5925  
E-MAIL: David@Ariettalaw.com

## **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?

## 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 (Use back of sheet for additional space)

### Real Property (Please provide copies of all grant deeds)

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

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

### Stocks/Mutual Funds/Bonds

Number of Shares	Company	Title <u>SP</u> <u>CP</u> <u>JT</u>	Market Value

**Cash/CD's**

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

**Promissory Notes**

Balance Due	Debtor	Date Due	Face Amount	Date

**Life Insurance**

Insurance Company	Life Insured	Beneficiary	Face \$ Value

**Tangible Personal Property (of significant value, including vehicles)**

Description	Present \$ Value
Art/Antiques	
Vehicles	
Other (please describe)	

**Employee Benefits (including 401 K's & deferred compensation)**

Type of Plan	Beneficiary	Present \$ Value

**IRA's**

Bank/Brokerage Firm	Description	\$ Value	Beneficiary

1. Do you have an interest in any closely held businesses (including family businesses) or are you the owner of any copyrights, patents, or mineral rights? If so, please describe your interest.

## E. Liability Information

Description	\$ Balance
Secured Real Property Loans	
Secured Personal Property Loans	
Unsecured Loans/Other Debt	

## F. Lifetime Gifts Made

\$ Amount	Interest Given	Date	Beneficiary

## G. Executors/Trustees (in order of preference)

Name	Relationship	Address & Phone

## H. Guardians for minor children (in order of preference)

Name	Relationship	Address & Phone

## I. 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? If so, please explain.

## J. Distribution Information

1. Do you have any of the following estate planning documents?  
Will  Yes  No  
Trust  Yes  No  
Power of Attorney for Health Care  Yes  No  
Power of Attorney for Financial Management  Yes  No
2. Do you want to give specific amounts of cash or property to specific individuals or institutions? If so, describe.
3. How do you want the rest of your property to be distributed?
4. How do you want your miscellaneous household possessions (tangible personal property) to be distributed?
5. Do you wish any of your property to go to charity? If so, please describe.
6. Please describe any additional distribution provisions:

## K. Advisor Information

Financial Advisors	Address	Phone

Accountants	Address	Phone