

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? 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<br><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<br><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)? If so, explain.
4. Do you have an interest in any copyrights, patents, or mineral rights? If so, explain.
5. Do you own any other particular assets of value which you would like to mention? If so, list.

## 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? An outright distribution? Or do you want to hold any property in trust for anyone?
  
5. If applicable, how would you like to distribute the rest of your estate upon the death of your spouse? Again, an outright distribution? Or in trust for anyone?
  
6. If you have minor children, their respective shares of your estate can be held in trust for their benefit to a certain age. Their share is held in trust and your trustee can make discretionary distributions of income and principal until a certain age. We can discuss your options, some of which are as follows:  
  
[all at 21] \_\_\_\_\_[all at 24] \_\_\_\_\_[½ at 21, ½ at 24] \_\_\_\_\_ [½ at 24 and ½ at 30]\_\_\_\_\_
  
7. Do you have any children with any special needs issues? \_\_\_\_\_If so, we can discuss some options like special needs trusts.
  
6. Are there any possible contestment issues between the beneficiaries of your estate or with your relatives/heirs? Do your children/heirs get along?  
  
Are you concerned with the ability of any beneficiary of your estate to manage money? If so, explain.  
  
Do you want to exclude anyone from receiving any portion of your estate? If so, why?
  
9. Please describe any additional distribution provisions, desires, or issues:

## J. Professional Advisor Contact Information

### 1. Financial and Investment Advisor(s)

| Name/Company | Address/Email | Phone |
|--------------|---------------|-------|
|              |               |       |
|              |               |       |

### 2. Accountant(s) and Tax Preparer(s)

| Name/Company | Address/Email | Phone |
|--------------|---------------|-------|
|              |               |       |
|              |               |       |

### 3. Insurance Broker(s)

| Name/Company | Address/Email | Phone |
|--------------|---------------|-------|
|              |               |       |
|              |               |       |