LAW OFFICES OF

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ESTATE PLANNING QUESTIONNAIRE

1. Provide your best contact information: address for mailing purposes, telephone number(s) and email address(es):____

____

____

2. Do you already 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

A. Client(s)

1. FULL Legal Name:

   Also known as:

2. Date of Birth/Birthplace:
3. How long have you lived in California?
4. 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/Birthplace:
3. How long has spouse lived in California?
4. 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. Children:

Full Name	Address	Date of Birth

Any deceased children who left descendants surviving?

Do any children have any disabilities or special needs?

Do any children have financial, debt management, or creditor issues?

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

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

Full Name	Address

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

Full Name	Address

D. Asset Information (use back side if need more room)

Real Property (Provide copy of the grant deed)

Address	Title SP CP JT*	$ Value

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

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

Company/Brokerage	Title SP CP JT	$ Value

Cash/Savings/CD's
(Provide copy of the first page of recent account statement)

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

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 the first page of recent account statement)

Account Name/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 expect an inheritance or gifts in the immediate future that may significantly increase your estate value?
5. Have you made any large gifts or transfers of property from your estate?
6. 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.)	
Other liabilities (unsecured loans, credit card and tax debt)	

F. Executors/Trustees (in order of preference) *

Name	Relationship	Address & Phone

*Note that who you choose as trustee is very important. That person assumes a significant amount of responsibility and must devote a lot of time and energy in administering your estate after your death. Your trustee must be fair and equitable and be trusted by your beneficiaries. Your trustee immediately assumes various duties under California law and takes on significant liability. We can discuss your options such as utilizing the resources of a professional trustee or an independent fiduciary. Professional trustees can be a great option as you could appoint a person to be a co-trustee with a professional fiduciary.

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

Name	Relationship	Address & Phone

H. Distribution Information and Desires

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

2. 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, list and describe.

3. 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? Do you want your property to be held in trust for your spouse?

4. 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 any beneficiary?

5. 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 or mandatory distributions of income and principal until a certain age. We can discuss your options; some examples are as follows:

[all at 21] ____[all at 24] _____[½ at 21, ½ at 24] ____ [½ at 24 and ½ at 30]____

6. If you have any children with any special needs issues describe how you would like his or her share to be distributed. A special needs trust may be required.

7. Are there any possible contestment issues between the beneficiaries of your estate or with your relatives? Do your children/beneficiaries get along? Will they get along with your trustee?

8. Are you concerned with the ability of any beneficiary of your estate to manage money or are concerned that your inheritance may be subject to their creditor claims? If so, explain.

9. Do you want to exclude anyone from receiving any portion of your estate? If so, why?

10. Is your distribution between the children not equal? If so, why? If your distribution is equal will your property or the proceeds thereof be able to be equally divided?

1. If your named beneficiaries (spouse, children, etc.) are all not surviving, then what?

14. Pet considerations: Would you like to provide for the care of your pet(s) upon death? Specific provisions can be included for care.

2. Any additional distribution provisions, desires, or issues?

I. 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

NOTE: THE PURPOSE OF THIS FORM IS GET SOME BACKGROUND INFORMATION FROM YOU AND MAKE YOU START THINKING ABOUT THE STRUCTURE OF YOUR ESTATE PLAN. WE WILL HAVE MORE IN DEPTH DISCUSSIONS OF YOUR DESIRES AT OUR FIRST APPOINTMENT.