

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Date: _____

Please use "n/a" to indicate not applicable.

GENERAL INFORMATION

Client 1

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If "no," country of citizenship: _____

Client 2 (Spouse of Client 1)

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If "no," country of citizenship: _____

Date and Place of Marriage: _____

Location of Marriage Certificate: _____

Address and Telephone Information:

Home telephone number: _____

Business telephone number:

Client 1: _____

Client 2: _____

Fax:

Client 1: _____

Client 2: _____

E-mail address:

Client 1: _____

Client 2: _____

Permanent residence:

Address: _____

Own or rent? _____

How long have you resided there? _____

Other residence(s): _____

Own or rent? _____

If you have residences in more than one state:

State in which you are registered to vote: _____

When did you first register to vote in that state? _____

State in which your car is registered: _____

Address used on your federal tax return: _____

Address to which your credit card bills are sent: _____

Names and addresses of clubs and associations to which you belong:

If any of these memberships are on a non-residence basis, please list:

Describe each home in each state (size of building, land, etc).

Residence 1: _____

Residence 2: _____

PRIOR MARRIAGE(S)

Client 1:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers: ____

If marriage ended by death, list date and location of death certificate: ____

Client 2:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers: ____

If marriage ended by death, list date and location of death certificate: ____

CHILDREN AND OTHER RELATIVES

Living Children And Grandchildren

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

1. If the child is not living with you, the child's address.
2. If the child is married, list the name of the child's spouse and the names of their children, if any.
3. If you have children from a prior marriage, indicate with whom the child resides if not with you.
4. If any of your children are adopted, list the date of adoption and the location of documents.
5. If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

Children of Existing Marriage:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

3. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

4. Full name: _____
Address: _____

Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Prior Marriage(s):

Client 1:

1. Full name: _____
Address: _____

Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____
Address: _____

Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

Client 2:

1. Full name: _____
Address: _____

Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

Deceased Children

Client 1:

Child's Full Name: _____
Date of death: _____
Spouse's Name: _____
Address: _____

Any living issue of this child? Yes No

a. Name of grandchild: _____
Date of birth: _____
b. Name of grandchild: _____
Date of birth: _____

Client 2:

Child's Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child? Yes No

a. Name of grandchild: _____

 Date of birth: _____

b. Name of grandchild: _____

 Date of birth: _____

People Raised by Client(s)

Are there people you and/or your spouse have raised as children who are not legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: _____

 Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child? Yes No

2. Full name: _____

Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered
your child? Yes No

Other Family Members

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify. If you have friends that you consider as close as family members, include them here.

Client 1:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

Client 2:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

Power of Attorney for Health Care (Advance Directive), Directive to Physician and/or Living Will Yes No If "yes," please provide me with a copy.

If any powers of attorney have been granted by you to another:

Date: _____

Holder of power: _____

State where executed: _____

Special powers granted or withheld: _____

Location of original(s): _____

Number of originals executed: _____

Other Death-Related Documents

Funeral And Burial Arrangements: _____

Cemetery Plot and Deed To Plot: _____

Organ Donation Direction: _____

Personal Documents

Birth Certificate: _____

Marriage Certificate: _____

Divorce Decree: _____

Premarital Agreements (please provide me with copies): _____

Community Property Agreement(s) (please provide me with copies): _____

Marital Property Agreement(s) (please provide me with copies): _____

Naturalization or Citizenship Documents: _____

Passport: _____

Your Children's Birth Certificates: _____

Your Children's Adoption Papers: _____

Military Service Records (Discharge Papers): _____

Employment Records: _____

Tax Returns

Copies of Income Tax Returns: _____

Copies of Gift Tax Returns: _____

Asset And Liability Related Documents

Brokerage Statements: _____

Stock Certificates and Bonds (Not Held in a Brokerage Account): _____

Deed to Residence and/or Vacation Home: _____

Lease to Residence: _____

Credit Card Information List (Issuers and Account Numbers): _____

Insurance Policies

Life Insurance Policies: _____

Property Insurance Policies: _____

Disability Insurance Policy: _____

DISTRIBUTION OF YOUR ESTATE

Executors:

In order of preference, please list the full names, relationships and address of your

Executors:

Your spouse first: Yes No

1. Name: _____

 Relationship: _____

 Address: _____

2. Name: _____

 Relationship: _____

 Address: _____

Trustees:

In order of preference, please list the full names, relationships and address of your

Trustees:

Same as above: Yes No

If not same as above:

1. Name: _____

 Relationship: _____

 Address: _____

2. Name: _____
Relationship: _____
Address: _____

Guardians Of Minor Children:

In order of preference, please list the full names, relationships, and address of guardians of any minor children.

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Durable Power Of Attorney, Asset Management

In order of preference, please list the full names, relationships and address of your agents for your general durable power of attorney (asset management if you are incapacitated):

Same as Executors: [] Yes [] No

If no, spouse first: [] Yes [] No

If neither of the above or as alternates:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

4. Name: _____

Relationship: _____

Address: _____

Durable Power Of Attorney, Health Care

In order of preference, please list the full names, relationships and address of your agents for your general durable power of attorney (health care management if you are incapacitated):

Same as executors: [] Yes [] No

If no, spouse first: [] Yes [] No

If neither of the above or as alternates:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

4. Name: _____

Relationship: _____

Address: _____

Health/Special Needs

Do either you or your spouse have any special health concerns?

Yes No

If "yes," please explain: _____

Do any of your children have special needs you would like to address in your estate plan? Yes No

If "yes," please explain: _____

Disinheritance

Do you wish to specifically disinherit an individual or group of people?

Yes No

If "yes," please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____

Relationship: _____

Address: _____

Explanation: _____

2. Name: _____

Relationship: _____

Address: _____

Explanation: _____

3. Name: _____

Relationship: _____

Address: _____

Explanation: _____

Distribution Of Property On Death

In General

What is your desired disposition of your property on your death and/or your spouse's death?

If Married:

All to your spouse on your death? Yes No

To your children in equal shares on you spouses death? Yes No

If Not Married:

To your children in equal shares? Yes No

If neither of the above, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: _____
Address: _____

Proportion: _____

2. Name: _____
Address: _____

Proportion: _____

3. Name: _____
Address: _____

Proportion: _____

Children's Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No

Outright on your spouses death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

EXAMPLE:

Name of Child: Jane Alexandra Smith

<u>Age</u>	<u>Fractional or % Interest of Share</u>
<u>age 21</u>	<u>1/4 of share</u>
<u>age 24</u>	<u>1/2 of share</u>
<u>age 30</u>	<u>Remainder of share</u>

1. Name of Child: _____

<u>Age</u>	<u>Fractional or % Interest of Share</u>
_____	_____
_____	_____
_____	_____

2. Name of Child: _____

<u>Age</u>	<u>Fractional or % Interest of Share</u>
_____	_____
_____	_____
_____	_____

3. Name of Child: _____

<u>Age</u>	<u>Fractional or % Interest of Share</u>
_____	_____
_____	_____
_____	_____

4. Name of Child: _____

Age

Fractional or % Interest of Share

If a child or children of yours predecease you would you like their issue (your grandchildren) to receive their distribution? Yes No

If yes, at same ages listed above? Yes No

Simultaneous Death

Desired disposition of estate in the event you, your spouse and your issue die simultaneously:

EXAMPLES:

- 1) Your heirs (determined by California law)
- 2) Specific named individuals (other than your heirs generally)
- 3) A specific charity (Red Cross, Boy's Town, Girl Scouts)

1. _____

2. _____

3. _____

Specific Bequests

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) Ermine stole, Hobie catamaran, and the sum of \$ 5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.
- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4) The sum of \$ 1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

1. _____

2.

3.

4.

5.

KEY ADVISORS

Lawyer:

Name and address: _____

Telephone number: _____

Fax number: _____

If listing this office:

Who referred you to this office?

Name, address and telephone number: _____

Relationship to you or to office staff: _____

Other Lawyer:

Name and address: _____

Telephone number: _____

Fax number: _____

Accountant:

Name and address: _____

Telephone number: _____

Fax number: _____

Stockbrokers/Investment Advisors:

1. Name and address: _____

Institution: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

2. Name and address: _____

Institution: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

Insurance Agents:

1. Name and address: _____

Company: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
Type of insurance coverage: _____

2. Name and address: _____

Company: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
Type of insurance coverage: _____

Trust Officer (Primary Banker):

Name and address of institution: _____
Name of contact person: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
Account number: _____

Pension Plan Administrator:

Name and address of plan: _____
Name of contact person: _____
Telephone number: _____
Fax number: _____
E-mail address: _____
Account number(s): _____

Doctor:

Name and address: _____

Telephone number: _____

SAFETY DEPOSIT BOXES

1. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

2. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

3. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____
