

**PRELIMINARY ESTATE PLANNING QUESTIONNAIRE**

Thank you for choosing to have our firm assist you with your estate planning. Please take the time to complete this questionnaire. It is designed to provide us with basic information that we will need in order to understand your particular situation. Do not be concerned if you are unable to answer all of the questions, we will go over the questionnaire at any time should you have any questions.

The questionnaire is most helpful if it is returned before our scheduled conference. Please be complete. We are relying on the information you provide us.

Please bring to the conference copies of: deeds to real property, a statement or declarations page from your life insurance policy, a recent brokerage or bank account statement, marital property and premarital agreements, your existing Will, Trust and any Codicils or Amendments to them, and a recent statement from your IRA, pension, and/or annuity.

**A. BACKGROUND INFORMATION**

**1. Your Name:**

**2. Spouse's Name:**

*All names should be exactly as you wish them to appear in your documents. If you are known by other names, or by a nickname, please indicate.*

**3. Social Security Numbers**

Yours:

Spouse's:

**4. Addresses:**

Residence:

Mailing (if different from residence):

**5. Telephone Numbers and E-mail Addresses:**

**Yours**

Home:

Work:

Cell:

E-mail:

**Spouse's**

Home:

Work:

Cell:

E-mail:

**6. Date, Place of Birth and Citizenship**

You:

Spouse:

**7. Date Came to California**

You:

Spouse:

**8. Date And Place of Marriage**

**9. Prior Marriages, If Any, Date, And How Terminated**

You:

Spouse:

**10. Children Of This Marriage, If Any (Indicate If Any Are Adopted Or Are Now Deceased):**

**Full Name of Child**

**Date of Birth**

**11. Children Not Of This Marriage, If Any (Indicate If Any Are Adopted Or Are Now Deceased):**

**You:**

**Full Name of Child**

**Date of Birth**

**Spouse:**

**Full Name of Child**

**Date of Birth**

**B. DESIGNATIONS**

**12. Name, Address And Approximate Age Of A Primary GAURDIAN And A Secondary Guardian To Be Appointed For Minor Children. Give Relationship To You, If Any:**

**Primary:**

Name:

Address:

Relationship to you:

**Secondary:**

Name:

Address:

Relationship to you:

**13. If Any Of Your Children Are Married, Give The Name Of His Or Her Spouse. List The Names And Birth Dates Of All Of Your Grandchildren.**

**14. Name And Address Of A Primary Executor And A Secondary Executor To Be Named In Your WILL. Give Relationship To You, If Any.**

You

Primary (After Spouse):

Secondary (After Primary):

Spouse

Primary (After Spouse):

Secondary (After Primary):

**15. Name And Address Of A Primary Trustee And A Secondary Trustee To Be Named In Your TRUST. Give Relationship To You, If Any.**

Primary (After Spouse):

Secondary (After Primary):

**16. Name And Address Of A Primary Agent And A Secondary Agent To Be Named In A DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS. (A Person To Assist You With Certain Property Transactions). Give Relationship To You, If Any.**

You

Primary (After Spouse):

Secondary (After Primary):

Spouse

Primary (After Spouse):

Secondary (After Primary):

**17. Name, Address And Phone Number Of A Primary Agent And A Secondary Agent To Be Named In A DURABLE POWER OF ATTORNEY FOR HEALTHCARE. (A Person To Make Your Medical Care Decisions If You Are Incapacitated). Give Relationship To You, If Any.**

You

Primary (After Spouse):

Secondary (After Primary):

Spouse

Primary (After Spouse):

Secondary (After Primary):

**C. DISPOSITION OF PROPERTY**

**18. Briefly, How Do You Now Think You Want Your Property Disposed Of At Your Death? Also, Give Any Other Information You Think Is Pertinent To Your Estate Plan.**

**D. ASSETS & DEBTS**

**19. Approximate Yearly Income:**

You:

Spouse:

**20. List Your Assets (If Possible, Indicate When Acquired, Cost, Present Value, Liens Or Mortgages And How Title Is Held).**

a. Real Estate (Include Address And General Description Of Property, Such As "Residence" Or "40 Acres Of Avocados"):

b. Cash: Savings And Checking (Include Balance, Account Type Account Number, Bank Name And Location):

c. Stocks And Bonds (Include Balances And Brokerages, If Any):

d. Tangible Personal Property Such As Cars, Boats, And Paintings (Include Value):

e. Life Insurance:

**i. Name of Insured:**

Beneficiary:

Owner:

Insurance company:

Policy number:

Face Value:

**ii. Name of insured:**

Beneficiary:

Owner:

Insurance company:

Policy number:

Face Value:

**iii. Name of insured:**

Beneficiary:

Owner:

Insurance company:

Policy number:

Face Value:

f. Retirement, IRA And Death Benefits (From Employment, Lodge Membership, And So On); Indicate Present Value And Identify Beneficiary:

You:

Spouse:

g. Business interests:

h. Debts Owed To You Or Your Spouse:

i. Other Assets (Collections, Heirlooms, And So On):

**21. Have You Or Your Spouse Entered Into An Agreement Regarding The Community Property/Separate Property Character Of Any Of The Above Assets (These Are Commonly Referred To As "Premarital" Or "Marital" Property Agreements)? If So, Briefly Describe It, And Bring A Copy Of The Agreement To Our Conference.**

**22. Give Details Of Any Gifts Or Inheritances You Or Your Spouse Have Received In The Past.**

**23. Give Details Of Any Gifts Or Inheritances You Or Your Spouse Might Receive In The Future.**

**24. List Any Major Debts.**

**25. Have You Or Your Spouse Ever Made Any Gifts Of A Substantial Value (More Than \$3,000 To One Person In Any Year)? If So, List Recipients, Dates And Amounts:**

**26. Are You Or Your Spouse The Creator, The Trustee, Or The Beneficiary Of Any Trust (Oral Or Written), Or Do You Have A Power Of Appointment (A Right To Direct The Disposition Of Certain Property)? If So, Give Details:**

**E. OTHER INFORMATION**

**27. Location Of Safe Deposit Boxes (Provide Name Of Bank, Branch And Address):**

**28. Location Of Present Wills, If Any (Provide Place And Address):**

**29. Name And Address Of Attorney Who Drafted Present Wills:**

**30. Name, Address And Phone Number Of Other Professional Advisors:**

Attorney:

Accountant:

Investment Advisor:

Insurance Broker:

**31. Name And Address Of Your Primary Care Physician:**

You:



Spouse:

**32. Names And Addresses Of Persons To Be Notified Of Death Of You And Your Spouse:**

You:

Spouse:

**33. Funeral Or Burial Instructions, If Any:**

You:

Spouse:

**34. Are There Any Internal Family Conflicts You Wish To Discuss?**

**35. Do You Have Any Particular Concerns That You Wish To Discuss?**

**36. We Can Keep Your Original Documents In Our Office, Or You Can Keep Them In A Safe Deposit Box. Where Would You Like To Keep Them?**

**37. Who Referred You To Our Firm?**