

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Date _____, _____

Please use n/a to indicate not applicable.

GENERAL INFORMATION

CLIENT 1

Full name: _____

Any other name(s) used: _____

Formal name on legal documents (please print):

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: _____

CONTACT INFORMATION:

Home telephone number: _____

Business telephone number:

Client 1: _____

Client 2: _____

E-mail address: _____

Permanent residence:

Address: _____

Own or rent? _____

How long have you resided there? _____

Other residence(s): _____

Own or rent? _____

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:

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

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:

Childs Full Name: _____

Date of death: _____

Spouses Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Client 2:

Childs Full Name: _____

Date of death: _____

Spouses Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

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: _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "n/a" next to it.

ESTATE PLANNING DOCUMENTS

Document

Location

WILL

Yes No

If yes, please provide me with a copy.

TRUST

Yes No

If yes, please provide me with a copy.

DURABLE POWER OF ATTORNEY

FOR ASSET MANAGEMENT

Yes No

If yes, please provide me with a copy.

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

Document	Location
FUNERAL AND BURIAL ARRANGEMENTS	_____

CEMETERY PLOT and DEED TO PLOT	_____
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ORGAN DONATION DIRECTIONS _____

PERSONAL DOCUMENTS

Document	Location
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

Location

COPIES OF INCOME TAX
RETURNS

COPIES OF GIFT TAX RETURNS

ASSET AND LIABILITY RELATED DOCUMENTS

Location

BROKERAGE STATEMENTS

STOCK CERTIFICATES AND BONDS
(not held in a brokerage acct)

DEED TO RESIDENCE and/or
VACATION HOME

LEASE TO RESIDENCE

CREDIT CARD INFORMATION
LIST (issuers and account numbers)

INSURANCE POLICIES

Location

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: _____

3. Name: _____

Relationship: _____

Address: _____

TRUSTEES:

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

Same as above: Yes No

1. Name: _____

Relationship: _____

Address/Phone Number(s): _____

2. Name: _____

Relationship: _____

Address/Phone Number(s): _____

3. Name: _____

Relationship: _____

Address/Phone Number(s): _____

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/Phone Number(s): _____

2. Name: _____

Relationship: _____

Address/Phone Number(s): _____

3. Name: _____

Relationship: _____

Address/Phone Number(s): _____

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

1. Name: _____

Relationship: _____

Address/Phone Number(s): _____

2. Name: _____

Relationship: _____

Address/Phone Number(s): _____

3. Name: _____

Relationship: _____

Address/Phone Number(s): _____

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

1. Name: _____

Relationship: _____

Address/Phone Number(s): _____

2. Name: _____

Relationship: _____

Address/Phone Number(s): _____

3. Name: _____

Relationship: _____

Address/Phone Number(s): _____

HEALTH/SPECIAL NEEDS

Do either you or your spouse have health concerns? Yes No

If yes, please explain:

END-OF-LIFE DECISION

What are your wishes regarding your treatment should you fall into an irreversible coma, are terminally ill, or the burdens of the treatment outweigh the expected benefits?

ORGAN DONATION

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 spouses death?

If married:

All to your spouse on death Yes No

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

If not married:

To your children in equal shares Yes No

If neither of the above apply, 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: _____

Childrens 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):

Age	Fractional or % Interest of Share
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EXAMPLE:

Name of Child: Jane Alexandra Smith

<u>age 21</u>	<u>1/4 of share</u>
<u>age 24</u>	<u>« of share</u>
<u>age 30</u>	<u>Remainder of share</u>

Name of Child: _____

_____	_____
_____	_____
_____	_____

Name of Child: _____

_____	_____
_____	_____
_____	_____

If a child or children or 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 client, spouse and 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, Boys 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 individuals 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) _____

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4)
