

WILLS AND TRUST CLIENTS - ESTATE PLANNING QUESTIONNAIRE
(Married or Cohabiting Persons)

This questionnaire is intended as a check list. Do not be concerned if you cannot fill in all the spaces or answer all the questions. We will fill in the open spaces when we meet.

Bring copies of existing Wills or Trusts to the conference.

I. FAMILY FACTS

1. Name: _____

Birth date: _____

Spouse: _____

Birth date: _____

Other names used by either of you:

Social Security Numbers:

Marriage Date: _____ Place: _____

Cohabitation or marital property agreements (before or after marriage): YES NO
(If yes, give copy to attorney)

2. Residence address:

Street: _____ City: _____

County: _____ Zip: _____

Do you live in another state or country for part of the year? YES NO

3. Phones: Resid. () _____

Bus. () _____

Cell () _____

4. Children of present marriage or relationship:

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_____ Age ____; _____ Age: ____
_____ Age: ____; _____ Age: ____

5. Prior marriages:

Husband: _____ Wife: _____
(Name of prior spouse) (Name of prior spouse)

Supply dates of dissolution of marriage and reason (death, court proceedings).

6. Children of prior marriages or relationships:

_____ Age ____, other parent _____

_____ Age ____, other parent _____

7. Grandchildren:

Name: _____ Age ____ (Parent) _____

Name: _____ Age ____ (Parent) _____

8. Any obligations from prior marriages? YES NO. If YES, bring us a copy of your divorce decree and property settlement. State amount of obligation for:
Child support \$_____; Spousal support \$_____; Life Ins. Premiums \$_____;
Retirement Plan Payments \$_____.

9. Proposed GUARDIAN of minor children:

1st choice: _____ 2nd: _____

Address Choice No. 1: _____

Phone: () _____

Address Choice No. 1: _____

Phone: () _____

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10. Spouses of children:

Name of child	Name of spouse	Age
_____	_____	_____
_____	_____	_____

11. Deceased children and dates of death: _____

12. Living parents:

_____ Age ____; _____ Age: ____
_____ Age ____; _____ Age: ____

13. Brothers and sisters:

_____ Age ____; _____ Age: ____
_____ Age: ____; _____ Age: ____
_____ Age ____; _____ Age: ____
_____ Age: ____; _____ Age: ____

14. Special family considerations such as mental or physical disability for a spouse, child, grandchild, or parent:

YES NO If yes, attach separate sheet with details

II - FINANCIAL INFORMATION

Please bring income tax returns for the last three years for yourself and any business you own and operate, plus any personal financial statements prepared during the period (in connection with loan applications, for instance).

1. Occupation and Employer:

a. Occupation: _____
Employer: _____
Address: _____
Annual Income: - \$ _____

b. Occupation: _____
Employer: _____
Address: _____
Annual Income: - \$ _____

2. Summary of Assets (Married couples having separate and community property should use separate sheets for the community property and for each spouses' separate property. We do not need full details, but you may wish to provide us with recent brokerage or other statements.

REAL ESTATE:*

<u>Address or Description</u>	<u>How Title Is Held</u>	<u>Cost</u>	<u>Current Mkt. Value</u>	<u>Liens or Mortgages</u>	<u>Net Value</u>
Residence					

Non-residential Real Estate:

* Bring copies of grant deeds or title policies for each parcel of real estate owned by either of you

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SECURITIES, BANK ACCOUNTS, OTHER ASSETS do not itemize - attach additional information

How Title Is Held	Approximate Value
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Marketable
Securities
(

Bank Accounts,
Savings, CD's
(do not itemize)

Partnerships and Limited Liability Companies:

Corporations (closely held or family corporation including "S" corporations:

SCHEDULED PAYMENTS TO EITHER OF YOU

Annuities - (describe)

Alimony? State length of order, frequency of payment, amount:

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List Promissory Notes
(money due, e.g. 2d T.D.s)

Non-Competition Agreement Payments:

Royalties:

Residuals:

PERSONAL PROPERTY :

	<u>Brief Description</u>	<u>Cost</u>	<u>Approximate Present Value</u>
Autos			
Boats			
Jewelry			
Art			
Collectibles			

C. Life Insurance (If there is insurance on the life of either of you, list the following information, or bring in the policies):

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<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Face</u> <u>Amount</u>	<u>Policy</u> <u>Loans</u>	<u>Net</u> <u>Proceeds</u>
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D. Retirement Benefits (If either of you is a participant in any pension plan, profit sharing, 401K, IRA or Self Employed Plan, list:

<u>Participant</u>	<u>Name of Plan</u>	<u>Amount Vested</u>	<u>Present</u>	<u>Beneficiary</u>
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E. Names & Ages of Beneficiaries:

Please list and include non-family members and give their dates of birth and nationality and address:

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Nationality</u>
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F. Miscellaneous Information:

Trusts - If either of you is a beneficiary or trustee of a trust, please bring a copy of the document to our conference.

Is either of you likely to receive a substantial (over \$100,000) inheritance from anyone?

YES NO If so, please supply details at conference

Has either of you made gifts exceeding \$12,000 to one person in any one year ?

YES NO If so, supply details at conference and bring latest gift tax return.

Do you own a burial plot or mausoleum?

If you maintain a safety deposit box, please list the institution [s] and the addresses.*

* If you use passwords to protect any of your bank accounts, computer information or brokerage account access, you should write down those passwords and place them in your safe deposit box in case access is needed due to mental incapacity, medical emergency, or death. Your estate planning file in our office should contain a notation of the location of all safety deposit boxes, so that access can be arranged in an emergency.

III HEALTH CARE INFORMATION. We advise our clients to select an agent to make health care decisions for the client based on the client's statements contained in an "Advance Health Care Directive" under Calif. Probate Code §4701 (commonly known as a "living will" or "health care power"). Please supply the following information:

1. Primary agent (if married usually a spouse):

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Name: _____
Address: _____

Home Ph: _____
Bus. Ph: _____
Cell Ph: _____

2. Alternate agent:

Name: _____
Address: _____

Home Ph: _____
Bus. Ph: _____
Cell Ph: _____

3. Primary physician:

Name: _____
Address: _____

Home Ph: _____
Bus. Ph: _____
Cell Ph: _____

4. Alternate physician (optional):

Name: _____
Address: _____

Home Ph: _____
Bus. Ph: _____
Cell Ph: _____