

WILLS AND TRUST CLIENTS - ESTATE PLANNING QUESTIONNAIRE
(Single 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. If you are not certain about an answer leave the space blank and note your question.

Bring copies of existing Wills or Trusts to the conference.

I. FAMILY FACTS

1. Name: _____

Birth Date: _____

Other names used by you:

Social Security Number _____

2. Residence address:

Street: _____ City: _____

County: _____ Zip: _____

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

4. Phone: Resid. () _____

Bus: () _____

Cell () _____

5. Prior marriages: _____(Name of prior spouse)

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

6. Children:

Wills and Trust Clients

Page 2

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

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 any minor children:

1st choice: _____ 2nd. _____

10. Spouses of children:

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

11. Deceased children and dates of death: _____

12. Living parents:

_____ Age ____; _____ Age: ____

13. Brothers and sisters:

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

Wills and Trust Clients

Page 3

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

YES NO If yes, supply 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:

Occupation: _____
Employer: _____
Address: _____

Annual Inc: \$ _____

B. Summary of Assets (We do not need full details, but you may provide us with recent brokerage or other statements, or attach sheets, if you wish).

REAL ESTATE:*

Address or How Title Cost Current Liens or Net
Description Is Held Mkt. Value Mortgages Value

Residence

Other Real Estate

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

SECURITIES, BANK ACCOUNTS, OTHER ASSETS

Wills and Trust Clients

Page 4

<u>How Title Is Held</u>	<u>Approximate Value</u>
------------------------------	------------------------------

**Marketable
Securities**
(do not itemize)

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

Partnerships and Limited Liability Companies:

Corporations:

Do you own stock in any closely held or family corporation?

Do you own stock in any S Corporation?

SCHEDULED PAYMENTS TO YOU

<u>Period (i.e. Monthly)</u>	<u>For How Long</u>	<u>Amount</u>
------------------------------	---------------------	---------------

Annuities:

Alimony:

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

Wills and Trust Clients

Page 5

Non-
Competition

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 your life, list the following information, or bring in the policies):

<u>Company</u>	<u>Face</u>	<u>Policy</u>	<u>Net</u>			
<u>Pol. #</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Amount</u>	<u>Loans</u>	<u>Proceeds</u>

D. Retirement Benefits (If you participate in any pension plan, profit sharing, 401K, IRA or Self Employed Plan, list:

<u>Name of Plan</u>	<u>Amount Vested</u>	<u>Present Beneficiary</u>
---------------------	----------------------	----------------------------

E. Names & Ages of Beneficiaries:

Wills and Trust Clients

Page 6

Please list any beneficiaries who are non-family members and give their dates of birth and nationality:

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Nationality</u>
-------------	----------------	------------	--------------------

F. Miscellaneous Information:

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

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

YES NO If so, please supply details at conference

Have you made gifts exceeding \$14,000 to one person in any one year?

YES NO If so, please 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. The following information is required for the preparation of an “Advance Health Care Directive” under Calif. Probate Code §4701 (commonly known as a “living will” or “health care power”):

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:

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: _____