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A Professional Corporation

TRUST AND ESTATE LAW

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***CONFIDENTIAL***

**ESTATE PLANNING QUESTIONNAIRE**

Date: \_\_\_\_\_

All information provided is ***strictly confidential***.

Please bring the completed questionnaire to our office when you come to your appointment.

**PART I  
 PERSONAL PROFILE**

|   | <b>CLIENT ONE</b> | <b>CLIENT TWO</b> |
|---|-------------------|-------------------|
| Full legal name: (first, middle, last)                    |                   |                   |
| Other name(s) used  |                   |                   |
| How would you like your name to appear on your documents? |                   |                   |
| Social Security Number                                    |                   |                   |
| Date of birth and birthplace                              |                   |                   |
| Citizenship   |                   |                   |
| Driver's License number, state of issuance                |                   |                   |
| Cell telephone number                                     |                   |                   |
| Email address   |                   |                   |

Home Address: \_\_\_\_\_

Home Telephone number: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Second Residence: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address (**Client One**): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Address (**Client Two**): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Business Email: \_\_\_\_\_

**MARITAL INFORMATION**

If you are unmarried, do you plan to marry in the near future?  Yes  No

If you are currently married, or registered as domestic partners, please provide the date and place of marriage or registration: \_\_\_\_\_

Since your marriage or registration, have you or your spouse resided outside of California?

Yes  No If, yes, date and place: \_\_\_\_\_

Have you executed a prenuptial or post-marital agreement?  Yes  No

**Client One Former Spouse**

**Client Two Former Spouse**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Ended by death or divorce? Date?

\_\_\_\_\_  
Ended by death or divorce? Date?

**CHILDREN OF CURRENT MARRIAGE OR RELATIONSHIP**

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Who do you trust to raise your children if you could not raise them yourself?**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**Age of distribution to young beneficiaries**

**Percent**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Do any of your children have special educational, medical, or physical needs?  Yes  No

Do any of your children receive governmental support or benefits?  Yes  No

**OTHER FAMILY**

**Children of Prior Marriage or Relationship**

**CLIENT ONE**

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## CLIENT TWO

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of  Birth  Adoption: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grandchild: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do any children of your prior marriage have special educational,  Yes  No  
medical, or physical needs?

Do any of your children receive governmental support or benefits?  Yes  No

**PARENTS**

**CLIENT ONE**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**CLIENT TWO**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**SIBLINGS**

**CLIENT ONE**

Sibling's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_

**CLIENT TWO**

Sibling's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_

Do any want to disinherit any person or group of people?  Yes  No

Please identify whom you want to disinherit: \_\_\_\_\_

### Current Estate Planning

| (Please check "Yes" or "No" for your answer) |  | Yes | No |
|--|--|-----|----|
| 1.   | Have you (or your spouse) completed a previous will, trust, or other estate planning document?<br><br><i>Please furnish copies of these documents.</i>             |     |    |
| 2.   | Are you (or your spouse) currently the beneficiary of anyone else's trust?<br><br><i>If so, please explain below.</i>  |     |    |
| 3.   | Have you (or your spouse) ever filed federal or state gift tax returns?<br><br><i>Please furnish copies of these returns.</i>                                      |     |    |
| 4.   | Do you support any charitable organizations now that you wish to make provisions for at the time of your death?<br><br><i>If so, please explain below.</i>         |     |    |
| 5.   | Do you have a safe deposit box?<br><br><i>If so, please provide the name and branch of the bank and identify all persons with access to the box.</i>               |     |    |
| 6.   | Have you made any pledges to charity, promising future gifts?  |     |    |
| 7.   | Do you have a prepaid burial, cremation or funeral plan?   |     |    |
| 8.   | Do you or any of your descendants have sperm or ovum on deposit at a laboratory or in vitro fertilization clinic?  |     |    |
| 9.   | Do you keep a list of your passwords? If reluctant to disclose, who knows where you keep a list of your passwords?<br><br><i>Please identify the person below.</i> |     |    |





**Part II**  
**FINANCIAL PROFILE**

**For every parcel of real property you own, please provide an address and if possible an Assessor's Parcel Number. Also, bring to our meeting a copy of your title insurance policy.**

Property address: \_\_\_\_\_  
Assessor's Parcel Number (APN): \_\_\_\_\_  
Amount of Loan Outstanding: \_\_\_\_\_  
Net equity: \_\_\_\_\_

Property address: \_\_\_\_\_  
Assessor's Parcel Number (APN): \_\_\_\_\_  
Amount of Loan Outstanding: \_\_\_\_\_  
Net equity: \_\_\_\_\_

Property address: \_\_\_\_\_  
Assessor's Parcel Number (APN): \_\_\_\_\_  
Amount of Loan Outstanding: \_\_\_\_\_  
Net equity: \_\_\_\_\_

**For every financial account you own, please attach a recent statement.**

Examples of financial accounts include bank accounts, brokerage accounts, and any IRA accounts.

**Please list every life insurance policy that you own and provide a current annual statement.**

Insurer and Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Owner of Policy \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Insurer and Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Owner of Policy \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_  
Insurer and Policy Number: \_\_\_\_\_

Insurer and Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Owner of Policy \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**Please list any retirement plans that you have through a current or former employer.**

Participant's Name: \_\_\_\_\_  
Name of Plan: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Name of Plan: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  
Name of Plan: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_  
Approximate Value: \_\_\_\_\_

**For any IRA or other retirement account please provide:**

Owner:  
Name of Institution and Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Owner:  
Name of Institution and Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Owner:  
Name of Institution and Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Owner:  
Name of Institution and Account No: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**Please describe all businesses in which you own an interest.**

Name and address of Business: \_\_\_\_\_  
Your Percentage Ownership Interest: \_\_\_\_\_  
Approximate Value of Your Interest: \_\_\_\_\_  
Other Business Owners: \_\_\_\_\_

Name and address of Business: \_\_\_\_\_  
Your Percentage Ownership Interest: \_\_\_\_\_  
Approximate Value of Your Interest: \_\_\_\_\_  
Other Business Owners: \_\_\_\_\_

Name and address of Business: \_\_\_\_\_  
Your Percentage Ownership Interest: \_\_\_\_\_  
Approximate Value of Your Interest: \_\_\_\_\_  
Other Business Owners: \_\_\_\_\_

**Please mark the type of business document that applies to your business and provide a copy with this questionnaire.**

Corporations:

Articles of Incorporation     Bylaws     Buy-sell agreement

Limited Liability Companies (LLCs):

Articles of Organization     Operating Agreement     Buy-sell Agreement

Partnerships:

Partnership Agreement     Buy-sell agreement

**Liabilities**

Average credit card debt: \_\_\_\_\_ Other debts \_\_\_\_\_

**Part III**

**FIDUCIARIES: PERSONS TO ACT FOR YOUR FINANCIAL DOCUMENTS**

Will each of you act as successor to the other in the event of death or incapacity?  Yes  No

Who do you wish to name as successor fiduciaries, when you are both no longer able to act?

| Name:         | Address | Relationship to you: |
|---------------|---------|----------------------|
| First: _____  | _____   | _____                |
| Second: _____ | _____   | _____                |
| Third: _____  | _____   | _____                |

**Part IV**  
**SPECIFIC GIFTS**

**Please list any specific gifts of real estate or cash gifts you wish to make to either individuals or charities, and indicate whether these gifts are to be made even if the other spouse is alive.**

**FOR CLIENT ONE:**

| Individual or Charity | Amount or Property | Contingent on Client Two predeceasing? |
|-----------------------|--------------------|--|
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |

**FOR CLIENT TWO:**

| Individual or Charity | Amount or Property | Contingent on Client One predeceasing? |
|-----------------------|--------------------|--|
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |
| _____                 | _____              | _____                                  |

