



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**

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: _____

Telephone number: _____ Business Email: _____

MARITAL INFORMATION

Do you plan to marry in the near future? Yes No

Former Spouse

Name

Ended by death or divorce? Date?

CHILDREN

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

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

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

PARENTS

Mother's Name: _____ Date of Birth: _____

Address: _____

Father's Name: _____ Date of Birth: _____

Address: _____

SIBLINGS

Sibling's Name: _____

Sibling's Name: _____

Sibling's Name: _____

Do you 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 completed a previous will, trust, or other estate planning document? <i>Please furnish copies of these documents.</i>		
2.	Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
3.	Have you ever filed federal or state gift tax returns? <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? <i>If so, please explain below.</i>		
5.	Do you have a safe deposit box? <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? <i>Please identify the person below.</i>		

Professional Advisors

Your accountant: _____

Your financial planner/stock broker: _____

Additional Information

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: _____

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Assessor's Parcel Number (APN): _____
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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: _____

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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

Who will act as successor to you in the event of death or incapacity? Yes No

Who do you wish to name as successor fiduciary, when you are 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.

Individual or Charity	Amount or Property
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or want to discuss:
