

## Confidential Estate Planning Questionnaire

Please answer the following questions. Your answers provide a basis for discussing your specific estate plan needs and intentions. The answers will be used to draft your documents. If certain questions do not apply to you, please mark them as "N/A." All information supplied is strictly confidential and necessary to provide you with proper advice.

**You do not need to answer each question** if it is too time consuming or if you want to discuss it further. We can answer these questions when we meet. We will also discuss any questions you have about the requested information.

1. Your legal name: \_\_\_\_\_  
Your occupation: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Citizenship:  U.S. Citizen  Other: \_\_\_\_\_
  
2. Spouse's legal name: \_\_\_\_\_  
Spouse's occupation: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Citizenship:  U.S. Citizen  Other: \_\_\_\_\_
  
3. Home address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
County:  Los Angeles  Orange  Other: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Best way to contact you? \_\_\_\_\_
  
4. Is this your first marriage?  Yes  No  
If "No" did prior marriage end in  death or  divorce Year: \_\_\_\_\_
  
5. Is this spouse's first marriage?  Yes  No  
If "No" did prior marriage end in  death or  divorce Year: \_\_\_\_\_

6. Please provide your children's full names, address and phone number for each child of your marriage, from a prior relationship of either you or your spouse.

Information for each child:	Sex	Date of Birth	This Marriage	Client's Child	Spouse's Child
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Please also use the space below to indicate if any child has special needs or if you have any children who may have predeceased you.

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(Use other side if additional space is needed)

**Specific Bequests of Property to Specific Persons**

In many situations a person tells family members how (s)he wants the personal property divided. Generally, these items are not specifically mentioned in the will. This leaves you free to create a separate list that you may change whenever you like without having to rewrite your will. You can use the will to make a specific bequest if you are concerned your wishes will not be honored. A specific bequest may also be appropriate if you intend to leave an item to a non-family member.

7. Please indicate the specific item(s) you want distributed and the name of the person(s) to whom you are leaving the item(s).

Name	Relationship	Items(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use other side if additional space is needed)

**Beneficiaries of Your Estate**

Please think about whom you want to name to inherit your separate property portion of the estate, if not your spouse. Example: Do you want everything to go to your spouse? Your children? Grandchildren? Other family members?

8. Name the person(s) to whom you want to leave your separate property estate:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

(Use other side if additional space is needed)

9. Name the person(s) you wish to be the alternate beneficiary of your estate:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

(Use other side if additional space is needed)

10. **GUARDIANSHIP OF MINOR CHILDREN.** If you have children under the age of 18, please consider naming a guardian in the event something happens to you. Natural parents have priority in these matters. If you do not name a guardian, and there is no other natural parent, the probate court will appoint one for any minor child(ren).

a. First choice for guardian:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

b. Alternate choice for guardian:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

11. **EXECUTOR/SUCCESSOR TRUSTEES.** Every will needs someone to act as the executor. Likewise, every trust needs someone to act as successor trustee. The executor and successor trustees are generally the same individuals.

They are responsible for collecting all the property at the time of death and paying all legal debts, taxes, and expenses out of the property collected. They are also responsible for distributing the remaining property to the people named in your will or designated in your trust.

You can nominate anyone over the age of eighteen or an institution. It is advisable to name an alternate executor/successor trustee in case the first person is unable or unwilling to accept the responsibility. We will review the differences between a will and trust when we meet.

a. First choice for executor/successor trustee:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

b. Alternate choice for executor/successor trustee:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

12. As part of your estate plan, we will prepare a **durable power of attorney** for financial matters. A durable power of attorney is a written document in which the principal (you) appoints someone else (a loved one) called the attorney-in-fact to act on their behalf. All powers of attorney expire when the principal dies.

a. Who do you want to name as your attorney-in-fact to manage your financial affairs in the event you are unable to do so?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

b. Who should be your alternate attorney-in-fact?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

13. Additionally, as part of your estate plan, we will prepare an **advance health care directive**. An advance health care directive is a written document that allows you to (1) appoint an agent who has power of attorney to make health care and decisions on your behalf, and (2) give instructions about your end of life wishes.

Please check here if your health care agents will be same as listed above for your durable power of attorney.

a. Who do you want to name as your health care agent to make medical decisions for you in the event you are unable to do so?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

b. Who should be your alternate health care agent?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

14. **TAX ISSUES.** In order to determine if tax planning is required for your estate it is important to estimate the overall value of your accumulated property. This includes life insurance and all property listed in your name. The current exemption for federal estate tax is \$5.4 million for potential 2015 deaths. If your total estate is over \$5.3 million more extensive estate planning may be required. We will discuss the alternatives at the interview. Estimated value of your total assets at present: (Check one)

- a.  Under \$5.4 million
- b.  Over \$5.4 million
- c.  Over \$10.8 million

**Assets**

As part of estate planning, it is important to assess and identify all of your assets to ensure that there are not other issues that need to be addressed such as community property issues and tax planning. You only need to give a round estimate of the values; it is not necessary to be precise. (Again, please just estimate "off the top of your head.")

15. a. **REAL PROPERTY** (e.g., residence, vacant land, rental property, vacation home or timeshares). **Please bring all of your grant deeds or property tax bills with you for your first meeting.**

Address: \_\_\_\_\_  
Purchase price: \_\_\_\_\_  
Market value: \_\_\_\_\_  
Mortgage balance: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Character:         Community Property     Separate Property

Address: \_\_\_\_\_  
Market value: \_\_\_\_\_  
Market value: \_\_\_\_\_  
Mortgage balance: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Character:         Community Property     Separate Property

Address: \_\_\_\_\_  
Purchase price: \_\_\_\_\_  
Market value: \_\_\_\_\_  
Mortgage balance: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Character:         Community Property     Separate Property  
(Use other side if additional space is needed)

**b. BANK ACCOUNTS** (Indicate whether checking, savings, brokerage)

Financial Institution: \_\_\_\_\_  
Address/location: \_\_\_\_\_  
Account balance: \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
Address/location: \_\_\_\_\_  
Account balance: \_\_\_\_\_

(Use other side if additional space is needed)

**c. IRAs, RETIREMENT PLANS** (including 401k, 403b & pensions)

Financial Institution: \_\_\_\_\_  
Address/location: \_\_\_\_\_  
Account balance: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Name of beneficiary: \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
Address/location: \_\_\_\_\_  
Account balance: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Name of beneficiary: \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
Address/location: \_\_\_\_\_  
Account balance: \_\_\_\_\_  
Name of account holder: \_\_\_\_\_  
Name of beneficiary: \_\_\_\_\_

(Use other side if additional space is needed)

**d. INDIVIDUAL HOLDINGS IN STOCKS, BONDS, MUTUAL FUNDS,  
INCLUDING U.S. SAVINGS BONDS**

Name(s) of stocks/bonds/funds: \_\_\_\_\_  
How holdings are held: \_\_\_\_\_  
# of shares/approximate value: \_\_\_\_\_

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# of shares/approximate value: \_\_\_\_\_

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How holdings are held: \_\_\_\_\_  
# of shares/approximate value: \_\_\_\_\_

Name(s) of stocks/bonds/funds: \_\_\_\_\_  
How holdings are held: \_\_\_\_\_  
# of shares/approximate value: \_\_\_\_\_  
(Use other side if additional space is needed)

e. **TITLED VEHICLES** (list all cars, trucks, boats, and motorcycles):

Year/make/model: \_\_\_\_\_  
Titled owner: \_\_\_\_\_  
Approximate value: \_\_\_\_\_

Year/make/model: \_\_\_\_\_  
Titled owner: \_\_\_\_\_  
Approximate value: \_\_\_\_\_

Year/make/model: \_\_\_\_\_  
Titled owner: \_\_\_\_\_  
Approximate value: \_\_\_\_\_  
(Use other side if additional space is needed)

f. **OTHER ASSETS** (e.g., stamp/coin/other collections, antiques, guns, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Use other side if additional space is needed)

g. **LIFE INSURANCE POLICIES**

Name(s) on policy: \_\_\_\_\_  
Face value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Name(s) on policy: \_\_\_\_\_  
Face value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
(Use other side if additional space is needed)



**h. BUSINESS INTERESTS**

Corporation: \_\_\_\_\_  
S Corporation: \_\_\_\_\_  
Partnerships: \_\_\_\_\_  
LLCs: \_\_\_\_\_  
Sole Proprietorship: \_\_\_\_\_  
Minority Interests: \_\_\_\_\_  
Other: \_\_\_\_\_  
(Use other side if additional space is needed)

**i. OTHER ASSETS**

Beneficial interests in trusts: \_\_\_\_\_  
Powers of Appointment: \_\_\_\_\_  
Expected inheritances: \_\_\_\_\_  
Expected gifts from parents: \_\_\_\_\_  
Expected death benefits from retirement plans: \_\_\_\_\_  
Annuities: \_\_\_\_\_  
Promissory notes: \_\_\_\_\_  
Copyrights/patents: \_\_\_\_\_  
Mineral rights: \_\_\_\_\_  
(Use other side if additional space is needed)

**Other Information**

Safety Deposit Box?  Yes  No \_\_\_\_\_  
Bank/Location: \_\_\_\_\_  
Who has access? \_\_\_\_\_

Any existing Wills?  Yes  No \_\_\_\_\_  
Any existing Trusts?  Yes  No \_\_\_\_\_  
Community Property Agreements?  Yes  No \_\_\_\_\_

\_\_\_\_\_  
If Yes, please bring these documents to your meeting.

Do you have an accountant?  Yes  No \_\_\_\_\_  
If yes, name and contact information: \_\_\_\_\_

