

# GOLD LAW, A Professional Corporation

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## ESTATE PLANNING QUESTIONNAIRE

Dated:

**A. HUSBAND'S INFORMATION:**

1. Full Name: \_\_\_\_\_  
AKA: \_\_\_\_\_
2. Cell phone: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Principal residence address: \_\_\_\_\_  
\_\_\_\_\_
6. Home telephone number: \_\_\_\_\_
7. Birthdate: \_\_\_\_\_
8. Birthplace: \_\_\_\_\_
9. Citizenship status: \_\_\_\_\_
10. Employment:
  - a. Occupation: \_\_\_\_\_
  - b. Position or title: \_\_\_\_\_
  - c. Employer's name: \_\_\_\_\_
  - d. Employer's address: \_\_\_\_\_
  - e. Telephone number: \_\_\_\_\_
11. Are you currently married? \_\_\_\_\_ If so, please complete Parts B and C
12. Have you ever been married before? \_\_\_\_\_ If so please complete Part D.
13. Have you ever had children? \_\_\_\_\_ If so, please complete Part E.
14. Date of current Will: \_\_\_\_\_
  - a. Date of last codicil: \_\_\_\_\_
15. Date of current revocable trust: \_\_\_\_\_
16. Date of current durable general power of attorney: \_\_\_\_\_
17. Date of current Advance Health Care Directive: \_\_\_\_\_

18. Do you anticipate receiving any substantial gifts or inheritances in the near future? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

19. Please list below your parents (whether living or not), brothers and sisters (whether living or not), grandparents (only if living), and others (only if relevant to your estate plan). If an individual is married, list the spouse's name in brackets next to the individual's name. If an individual is deceased, indicate his or her residence (city and state only) at the time of death, date of death, age at death.

Father: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Mother: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Others: \_\_\_\_\_

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

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Others: \_\_\_\_\_

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

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

**B. WIFE'S INFORMATION**

1. Full Name: \_\_\_\_\_

AKA: \_\_\_\_\_

2. Cell phone: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Principal residence address: \_\_\_\_\_

6. Home telephone number: \_\_\_\_\_

7. Birthdate: \_\_\_\_\_

8. Birthplace: \_\_\_\_\_

9. Citizenship status: \_\_\_\_\_

10. Employment:

a. Occupation: \_\_\_\_\_

b. Position or title: \_\_\_\_\_

c. Employer's name: \_\_\_\_\_

d. Employer's address: \_\_\_\_\_

e. Telephone number: \_\_\_\_\_

11. Are you currently married? \_\_\_\_\_ If so, please complete Parts B and C

12. Have you ever been married before? \_\_\_\_\_ If so please complete Part D.

13. Have you ever had children? \_\_\_\_\_ If so, please complete Part E.

14. Date of current Will: \_\_\_\_\_

a. Date of last codicil: \_\_\_\_\_

15. Date of current revocable trust: \_\_\_\_\_

16. Date of current durable general power of attorney: \_\_\_\_\_

17. Date of current Advance Health Care Directive: \_\_\_\_\_

18. Do you anticipate receiving any substantial gifts or inheritances in the near future? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

19. Please list below your parents (whether living or not), brothers and sisters (whether living or not), grandparents (only if living), and others (only if relevant to your estate plan). If an individual is married, list the spouse's name in brackets next to the individual's name. If an individual is deceased, indicate his or her residence (city and state only) at the time of death, date of death, age at death.

Father: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Mother: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Sibling: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Others: \_\_\_\_\_

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

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

Others: \_\_\_\_\_

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

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

**C. INFORMATION RELATING TO PRESENT MARRIAGE**

1. Date and Place of Marriage: \_\_\_\_\_
2. Do you have any prenuptial or post nuptial agreements? \_\_\_\_\_  
If yes, please provide a complete copy.
3. Beginning with the date of your marriage, list every state or county in which you two have been domiciled:

State/Country: \_\_\_\_\_ Dates: \_\_\_\_\_

State/Country: \_\_\_\_\_ Dates: \_\_\_\_\_

State/Country: \_\_\_\_\_ Dates: \_\_\_\_\_

State/Country: \_\_\_\_\_ Dates: \_\_\_\_\_

**D. PREVIOUS MARRIAGE(S)**

Husband

1. First Marriage:  
Name of former wife: \_\_\_\_\_  
Address (if living): \_\_\_\_\_  
Date of death/divorce: \_\_\_\_\_
2. Second Marriage:  
Name of former wife: \_\_\_\_\_  
Address (if living): \_\_\_\_\_  
Date of death/divorce: \_\_\_\_\_
3. Third Marriage:  
Name of former wife: \_\_\_\_\_  
Address (if living): \_\_\_\_\_  
Date of death/divorce: \_\_\_\_\_

Wife

1. First Marriage:  
Name of former husband: \_\_\_\_\_  
Address (if living): \_\_\_\_\_

Date of death/divorce: \_\_\_\_\_

2. Second Marriage:

Name of former husband: \_\_\_\_\_

Address (if living): \_\_\_\_\_

Date of death/divorce: \_\_\_\_\_

3. Third Marriage:

Name of former husband: \_\_\_\_\_

Address (if living): \_\_\_\_\_

Date of death/divorce: \_\_\_\_\_

**E. CHILDREN AND GRANDCHILDREN**

Please list below your children and grandchildren, whether living or not. Grandchildren should be listed right after their parent. If a child or grandchild is married, list the spouse's name in brackets next to the child or grandchild's name. If child is deceased, indicate his or her residence (city and state) at the time of death, the date of death, and his or her age at death in place of his or her address, telephone number, and birthdate.

**1. Children and grandchildren of present Marriage**

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

child     grandchild

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

child     grandchild

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

child     grandchild

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

child     grandchild

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

**2. Children and grandchildren of \_\_\_\_\_'s prior marriage to: \_\_\_\_\_**

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

**3. Children and grandchildren of \_\_\_\_\_'s prior marriage to: \_\_\_\_\_**

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_

Address and telephone number: \_\_\_\_\_

Birthdate and age: \_\_\_\_\_

**F. ASSETS:**

If any asset listed is not held in both names, please specify the name of the individual on title. Please attach additional sheets if necessary.

1. Real Estate: Please provide a copy of deed and tax bill for all real property

Property Address	APN	Balance Owed	Approximate FMV	Name on Title (joint/sep.)

2. Bank Accounts:

Bank Name	Account Type (checking, savings, cd)	Account Number	Current balance	Name on account (joint/sep.)

3. Stock/Investment Accounts

Bank Name	Account Type (checking, savings, cd)	Account Number	Current balance	Name on Account (joint/sep.)

4. Insurance Policies

Insurance Co. Name	Policy Type (whole/term)	Amount/Limit	Present Beneficiaries	Name of Insured

5. Retirement/IRA/Pensions

Bank Name	Account Type	Account Number	Current balance	Name on Account (joint/sep.)

6. Vehicles

Model/Make	Year	Loan Balance

G. **DESIRED AGENTS**

1. **Executor for Husband:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

First Alternate Executor:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

Second Alternate Executor:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

2. **Executor for Wife:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

First Alternate Executor:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

Second Alternate Executor:

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

**3. Trustee**

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

First Alternate Trustee or Co-Trustee:

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Second Alternate Trustee or Co-Trustee:

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

**4. Guardian for Minors:**

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

First Alternate Guardian or Co-Guardian:

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

Second Alternate Guardian or Co-Guardian:

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

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

Address and telephone number: \_\_\_\_\_

\_\_\_\_\_

**H. DISTRIBUTION OF ASSETS**

<u>To Whom</u>	<u>Relation</u>	<u>Percentage/Share</u>	<u>When (Age)</u>	<u>Special Conditions?</u>

**I. PLEASE ALSO COMPLETE ATTACHED MEDICAL AND BUSINESS POWER OF ATTORNEY FORMS.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

estate planning questionnaire rev 01.2015