

ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. SPOUSE #1 INFORMATION

1. Name

- a. Full legal name: _____
- b. Also known as: _____
- c. Former name(s): _____

2. Contact Information

- a. How do you prefer to be contacted? ☐ Home phone ☐ Cell phone ☐ E-mail

b. Home phone number: _____

May we leave a message? ☐ Yes ☐ No

c. Cell phone number: _____

May we leave a message? ☐ Yes ☐ No

d. Email address: _____

3. Principal residence address: _____

4. Mailing address (if different): _____

5. Social security number: _____

6. Date of birth: _____

7. Place of birth: _____

8. Employment

a. Occupation: _____

b. Employer's name: _____

c. Employer's address: _____

d. Telephone number: _____

9. Have you ever been married before? ☐ Yes (Complete part 9) ☐ No (Skip to part 10)

First Marriage:

Reason marriage ended: ☐ Divorce ☐ Death ☐ Other: _____

Name of spouse: _____

Address (if living): _____

Date of divorce/death: _____

Second Marriage:

Reason marriage ended: ☐ Divorce ☐ Death ☐ Other: _____

Name of spouse: _____

Address (if living): _____

Date of divorce/death: _____

10. Current Estate Planning Documents

Do you have any estate planning documents already in place?

☐ Yes (Complete parts a-d below, as applicable) ☐ No (Skip to part 11)

a. Date of current will: _____

i. Date of last codicil: _____

b. Date of current revocable trust: _____

i. Date of last amendment: _____

c. Date of current durable general power of attorney: _____

d. Date of current Advance Health Care Directive: _____

11. Do you anticipate receiving any substantial gifts or inheritances soon? ☐ Yes ☐ No

If yes, please describe: _____

12. Family Members

a. Father

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

b. Mother

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

c. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

d. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

e. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

f. Other (as relevant to estate plan)

Full name:		Date of birth:
Relationship:		
Address:		Phone number:

B. SPOUSE #2 INFORMATION

1. Name

- a. Full legal name: _____
- b. Also known as: _____
- c. Former name(s): _____

2. Contact Information

- a. How do you prefer to be contacted? ☐ Home phone ☐ Cell phone ☐ E-mail
- b. Home phone number: _____
May we leave a message? ☐ Yes ☐ No
- c. Cell phone number: _____
May we leave a message? ☐ Yes ☐ No
- d. Email address: _____

3. Principal residence address: _____

4. Mailing address (if different): _____

5. Social security number: _____

6. Date of birth: _____

7. Place of birth: _____

8. Employment

- a. Occupation: _____
- b. Employer's name: _____
- c. Employer's address: _____
- d. Telephone number: _____

9. Have you ever been married before? ☐ Yes (Complete part 9) ☐ No (Skip to part 10)

First Marriage:

Reason marriage ended: ☐ Divorce ☐ Death ☐ Other: _____
Name of spouse: _____
Address (if living): _____
Date of divorce/death: _____

Second Marriage:

Reason marriage ended: ☐ Divorce ☐ Death ☐ Other: _____
Name of spouse: _____
Address (if living): _____

Date of divorce/death: _____

Third Marriage:

Reason marriage ended: ☐ Divorce ☐ Death ☐ Other: _____

Name of spouse: _____

Address (if living): _____

Date of divorce/death: _____

13. Current Estate Planning Documents

Do you have any estate planning documents already in place?

☐ Yes (Complete parts a-d below, as applicable) ☐ No (Skip to part 11)

a. Date of current will: _____

i. Date of last codicil: _____

b. Date of current revocable trust: _____

i. Date of last amendment: _____

c. Date of current durable general power of attorney: _____

d. Date of current Advance Health Care Directive: _____

14. Do you anticipate receiving any substantial gifts or inheritances soon? ☐ Yes ☐ No

If yes, please describe: _____

15. Family Members

a. Father

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

b. Mother

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

c. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

d. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

e. Sibling

Full name:		Date of birth:
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
IF DECEASED:	Date of death:	Residence at time of death (city and state):

f. Other (as relevant to estate plan)

Full name:		Date of birth:
Relationship:		
Address:		Phone number:

C. INFORMATION RELATING TO PRESENT MARRIAGE

Date of marriage: _____

Place of marriage: _____

Do you have any prenuptial or postnuptial agreements? ☐ Yes (Provide copy) ☐ No

Beginning with the date of your marriage, list every state or country in which you two have been domiciled, and the dates you lived there: _____

D. CHILDREN AND GRANDCHILDREN

Please list all children and grandchildren. Grandchildren should be listed right after their parent.

1. Children and Grandchildren of Present Marriage

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF DECEASED:	Date of death:	Residence at time of death (city and state):

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF DECEASED:	Date of death:	Residence at time of death (city and state):

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF DECEASED:	Date of death:	Residence at time of death (city and state):

2. Children and Grandchildren of _____ 's prior marriage
to _____

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF DECEASED:	Date of death:	Residence at time of death (city and state):

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		
IF LIVING:	Address:	Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF DECEASED:	Date of death:	Residence at time of death (city and state):

Full name:		Date of birth:
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild	Social security number:	
Spouse's name (if applicable):		

IF LIVING:	Address:		Phone number:
	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives SSI/government benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF DECEASED:	Date of death:	Residence at time of death (city and state):	

(Copy this page and attach additional copies as needed.)

E. 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 each property.

Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

Property address:						
Assessor's parcel number (APN)	Current loan balance	Approximate present FMV	Name on title	Date of acquisition	Community or separate property? If separate, whose?	Type (residence, rental, other)

2. Bank Accounts

Name of financial institution	Type of account (i.e., checking, savings, CD)	Account number	Current balance	Name on account	Community or separate property? If separate, whose?

3. Brokerage Accounts

Name of brokerage	Account number	Current value	Name on account	Community or separate property? If separate, whose?

4. Securities Not Held in Brokerage Account

Name of security	Number of shares	Type (common, preferred, other)	Current value	Name on title to security

5. Life Insurance Policies: Include all policies in which you or your spouse is the insured party.

Name of insurance company	Type of policy (i.e., whole life, term)	Policy amount/limit	Name of insured	Present beneficiary/ies

6. Retirement/IRA/Pensions

Type of asset (i.e., IRA, pension, deferred comp)	Name of institution	Account number	Name on account	Present beneficiary/ies, if applicable	Current value

7. Vehicles

Year	Make	Model	Current loan balance

F. DESIRED AGENTS

1. Successor Trustee—The trustee manages the assets of your trust. Both spouses typically act as co-trustees while you both are alive and competent. When the first spouse dies, the surviving spouse typically remains as sole trustee. You need to select a successor trustee to manage the assets of your trust for your benefit if both of you (if you're both still living) or the surviving spouse (if one spouse has died) become(s) incapacitated. The successor trustee will also manage the trust assets for the benefit of your beneficiaries after both of your deaths.

Successor Trustee

Name:	Relationship:
Address:	Phone number:

☐ First Alternate Successor Trustee ☐ Successor Co-trustee

Name:	Relationship:
Address:	Phone number:

☐ Second Alternate Successor Trustee ☐ Successor Co-trustee

Name:	Relationship:
Address:	Phone number:

2. Executor—The executor is responsible for making sure the terms of your will are carried out. You executor may be, but does not have to be, the same person as your successor trustee. Spouses may have the same or different executors.

a. Spouse #1

Executor

Name:	Relationship:
Address:	Phone number:

First Alternate Executor

Name:	Relationship:
Address:	Phone number:

Second Alternate Executor

Name:	Relationship:
Address:	Phone number:

a. Spouse #2

Executor

Name:	Relationship:
Address:	Phone number:

First Alternate Executor

Name:	Relationship:
Address:	Phone number:

Second Alternate Executor

Name:	Relationship:
Address:	Phone number:

3. Guardian for Minors—If you have minor children, you may nominate a guardian to care for them if both of you are deceased while a child is still a minor.

Guardian

Name:	Relationship:
Address:	Phone number:

☐ First Alternate Guardian ☐ Co-guardian

Name:	Relationship:
Address:	Phone number:

☐ Second Alternate Guardian ☐ Co-guardian

Name:	Relationship:
Address:	Phone number:

G. DISTRIBUTION OF ASSETS

1. After the death of the first spouse—Each spouse has the option to direct how his or her share of the trust assets should be managed after his or her death.

- a. If Spouse #1 dies first:

Immediately upon his or her death, does Spouse #1 want to make a specific gift (cash or a specific item) to an organization or individual? ☐ Yes ☐ No

If yes, to whom? _____

Does Spouse #1 want the balance of his or her share of the trust property:

☐ held in trust for Spouse #2, with the power to give the property to anyone Spouse #2 desires?

☐ held in trust for Spouse #2's support during his or her lifetime, then distributed to the beneficiaries of Spouse #1's choice (which cannot be changed by Spouse #2)?

☐ Other: _____

- b. If Spouse #2 dies first:

Immediately upon his or her death, does Spouse #2 want to make a specific gift (cash or a specific item) to an organization or individual? ☐ Yes ☐ No

If yes, to whom? _____

Does Spouse #2 want the balance of his or her share of the trust property:

☐ held in trust for Spouse #1, with the power to give the property to anyone Spouse #1 desires?

☐ held in trust for Spouse #1's support during his or her lifetime, then distributed to the beneficiaries of Spouse #2's choice (which cannot be changed by Spouse #1)?

☐ Other: _____

2. After the death of the surviving spouse—The successor trustee is responsible for ensuring the trust assets are distributed according to your wishes.

a. Specific gifts

Do you want to make a specific gift (cash or a specific item) to a charity, foundation, religious, or fraternal organization after the second spouse dies? ☐ Yes ☐ No

If yes, to whom? _____

Do you want to give a specific gift (cash or a specific item) to a family member or other individual after the second spouse dies? ☐ Yes ☐ No

If yes, to whom? _____

b. Remainder beneficiaries

Who do you want to receive the balance of your estate after the second spouse dies (after distribution of the specific gifts listed above)?

Name of Person/Organization	Percentage/Share

- c. Distribution instructions—There are unlimited possibilities for how trust beneficiaries can receive their shares of the trust estate. Below are some of the more common instructions used by our clients. You can choose one of these options as written, use a combination of these options, or create an entirely new set of instructions. Talk to your attorney if you're unsure or need additional guidance on how to decide on instructions that best suit your wishes.

How do you want your beneficiaries to receive their share of the trust estate?

☐ Each beneficiary is to receive his or her share outright and free of trust immediately.

☐ Each beneficiary is to receive his or her share outright and free of trust as soon as the beneficiary has reached the age of _____.

☐ Each beneficiary is to receive his or her share in stages (i.e., one-third at age 25, one-third at age 30, and one-third at age 35): _____

- ☐ Each beneficiary's share is to remain in trust for the sole benefit of the beneficiary during his or her lifetime. At the beneficiary's death, his or her share is distributed as the beneficiary shall direct.
- ☐ Each beneficiary's share is to remain in trust for the sole benefit of the beneficiary during his or her lifetime. At the beneficiary's death, his or her share is to be distributed to the beneficiary's then-living children.
- ☐ Other: _____
- _____
- _____
- _____

3. Intentional omissions—Are there any relatives that you specifically do *not* want to receive anything from your estate? ☐ Yes ☐ No

If yes, name(s) and relationship(s): _____

H. PLEASE ALSO COMPLETE ATTACHED MEDICAL AND FINANCIAL POWER OF ATTORNEY FORMS FOR EACH SPOUSE.

Dated: _____ Signature _____

Dated: _____ Signature _____