

ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL 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. CHILDREN AND GRANDCHILDREN

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

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):

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.)

C. ASSETS

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	Type (residence, rental, other)

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2. Bank Accounts:

Name of financial institution	Type of account (i.e., checking, savings, CD)	Account number	Current balance	Name on account

3. Brokerage Accounts

Name of brokerage	Account number	Current value	Name on account

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

D. DESIRED AGENTS

1. Successor Trustee—The trustee manages the assets of your trust. You will act as trustee while you are alive and competent. The successor trustee will manage the assets of your trust for the benefit of your beneficiaries after your death or if you become incompetent.

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.

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 you and the child's other parent are deceased while the 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:

E. DISTRIBUTION OF ASSETS

1. 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 your death? ☐ 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 your death? ☐ Yes ☐ No

If yes, to whom? _____

b. Remainder beneficiaries

Who do you want to receive the balance of your estate after your death (and 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: _____

2. 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): _____

- F. **PLEASE ALSO COMPLETE ATTACHED MEDICAL AND FINANCIAL POWER OF ATTORNEY FORMS.**

Dated: _____

Signature