

## ESTATE PLANNING QUESTIONNAIRE

Date \_\_\_\_\_

### CLIENT 1:

Full name: \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Are you a United States citizen?**  Yes  No

If "no," country of citizenship: \_\_\_\_\_

### CLIENT 2 [SPOUSE OF CLIENT 1]:

**Full name:** \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Are you a United States citizen?**  Yes  No

If "no," country of citizenship: \_\_\_\_\_

**Date and Place of Marriage:** \_\_\_\_\_

### ADDRESS AND TELEPHONE INFORMATION:

**Residence Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:**

**Client 1:** \_\_\_\_\_

**Client 2:** \_\_\_\_\_

**E-Mail Address:**

**Client 1:** \_\_\_\_\_

**Client 2:** \_\_\_\_\_

**Other Properties:**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**PRIOR MARRIAGE(S)**

**CLIENT 1:**

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

**Date and Manner of Termination:** \_\_\_\_\_

**CLIENT 2:**

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

**Date and Manner of Termination:** \_\_\_\_\_

**CHILDREN AND OTHER RELATIVES**

**Children of Existing Marriage:**

1. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:       Male                       Female

2. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female

3. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female

**Children of Prior Marriage(s):**

**Client 1:**

1. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female

2. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female

**Client 2:**

1. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female

2. Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:         Male                       Female



**B. OTHER DEATH-RELATED DOCUMENTS**

FUNERAL/BURIAL ARRANGEMENTS: [ ] Yes [ ] No

CEMETERY PLOT and DEED TO PLOT: [ ] Yes [ ] No

ORGAN DONATION DIRECTIONS: [ ] Yes [ ] No

*If you answered "yes" to any of the foregoing, please provide us with a copy of the document(s).*

**C. PERSONAL DOCUMENTS**

PRE/POST-MARITAL AGREEMENTS: [ ] Yes [ ] No

*If "yes," please provide us with a copy.*

**D. ASSET AND LIABILITY RELATED DOCUMENTS**

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- DEED (NOT "DEED OF TRUST") TO EACH PIECE OF REAL PROPERTY THAT YOU OWN OR IN WHICH YOU HOLD AN INTEREST (i.e. Residence, rental properties, undeveloped land or timeshares).
- MOST RECENT BANK STATEMENTS.
- MOST RECENT BROKERAGE ACCOUNT STATEMENTS.
- STOCK CERTIFICATES AND BONDS

**DISTRIBUTION OF YOUR ESTATE**

**TRUSTEES: (Trustee is the person(s) who will administer your trust when you are not able)**

In order of preference, please list the full names, relationships and address of your Trustees:

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**EXECUTORS: (Executor is the person(s) who will administer your will)**

In order of preference, please list the full names, relationships and address of your Executors:

Same as Trustees:             Yes                             No

If no, Spouse First:         Yes                             No

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**GUARDIANS OF MINOR CHILDREN:**

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT**

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

Same as Trustees:             Yes                             No

If no, Spouse First:             Yes                             No

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY, HEALTH CARE**

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

Same as Trustees:             Yes                             No

If no, Spouse First:             Yes                             No

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**HEALTH/SPECIAL NEEDS**

Do any of your children have special needs you would like to address in your estate plan?

Yes             No

If "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

**LIFE SUPPORT**

State your preference with respect to life support:

Client No. 1:             Life Support             No Life Support             Wish to Discuss

Client No. 2:             Life Support             No Life Support             Wish to Discuss

**ORGAN DONATION**

Do you wish to donate any organs at the time of your death?

Client No. 1:             Yes             No

If “yes”, which organs do you wish to donate?

Any usable

Specific organs: Please specify: \_\_\_\_\_

Client No. 2:             Yes             No

If “yes”, which organs do you wish to donate?

Any usable

Specific organs: Please specify: \_\_\_\_\_

**DISPOSITION OF REMAINS**

State your preference with respect to disposition of your body afer you die:

Client No. 1:     Cremation. If so, disposition of ashes: \_\_\_\_\_

Whole Body Burial. If so, where? \_\_\_\_\_

Other: \_\_\_\_\_

Client No. 2:     Cremation. If so, disposition of ashes: \_\_\_\_\_

Whole Body Burial. If so, where? \_\_\_\_\_

Other: \_\_\_\_\_



2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Proportion: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Proportion: \_\_\_\_\_

**Children's Ages and Shares for Distributions**

When should your children receive their distributions?

Outright on your death: [ ] Yes [ ] No

Outright on your spouse's death: [ ] Yes [ ] No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

Age	Fractional or % Interest of Share
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EXAMPLE:

Name of Child: Jane Alexandra Smith

\_\_\_\_\_ age 21 \_\_\_\_\_ 1/4 of share

\_\_\_\_\_ age 24 \_\_\_\_\_ 1/2 of share

\_\_\_\_\_ age 30 \_\_\_\_\_ Remainder of share

Name of Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

If a child or children or yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution?

Yes       No

**Simultaneous Death**

Desired disposition of estate in the event client, spouse and issue die simultaneously:

- EXAMPLES: 1) Your heirs (determined by California law)  
2) Specific named individuals (other than your heirs generally)  
3) A specific charity (Red Cross, Boy's Town, Girl Scouts)

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

**Specific Bequests**

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.

- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**SAFETY DEPOSIT BOXES**

1. Name and address of bank: \_\_\_\_\_

\_\_\_\_\_

Full name(s) of person(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_