

**VELASCO LAW GROUP**  
A PROFESSIONAL CORPORATION

**Confidential Estate Planning Questionnaire**

**PART ONE - PERSONAL INFORMATION**

For office use:  
Interviewer: \_\_\_\_\_  
Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Please print. Verify name spellings to be sure they are correct.
2. If you are not sure about a question, please leave it blank.
3. If you have prior estate planning documents, such as a Will, please bring them with you.
4. If you are partners, BOTH partners should attend the first meeting. If for any reason, one partner is unable to attend, please call in advance.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Per CA Driver's License)  
Legal AKA (if any) \_\_\_\_\_ U.S. Citizen? Y or N  
(AKA=also known as)  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Are you retired? Y or N If not, when? \_\_\_\_\_ How is your health? \_\_\_\_\_  
(Good, Fair, Poor)

Social Security Number \_\_\_\_\_

(Partner's) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Per CA Driver's License)  
Legal AKA (if any) \_\_\_\_\_ U.S. Citizen? Y or N  
(AKA=also known as)  
Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Are you retired? Y or N If not, when? \_\_\_\_\_ How is your health? \_\_\_\_\_  
(Good, Fair, Poor)

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home E-mail address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

***CHILDREN (OR, IF NONE, THEN NEAREST LIVING RELATIVE)***

Full Name	Sex	DOB	Parent (circle)	Number of Children
1. _____	M F	_____	Mine Ours Partner's	_____

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

Home Number (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Are you concerned with this person's ability to manage money? Y or N

2. _____	M F	_____	Mine Ours Partner's	_____
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Address: \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Are you concerned with this person's ability to manage money? Y or N

3. _____	M F	_____	Mine Ours Partner's	_____
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Address: \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Are you concerned with this person's ability to manage money? Y or N

4. _____	M F	_____	Mine Ours Partner's	_____
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Address: \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Are you concerned with this person's ability to manage money? Y or N

5. _____	M F	_____	Mine Ours Partner's	_____
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Address: \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Are you concerned with this person's ability to manage money? Y or N

- Do you have any deceased children? Y or N If yes, did they leave surviving children? Y or N
- Do any of the persons listed on pg. 2 have major medical problems? Y or N
- Do any of the persons listed on pg. 2 have step-children? Y or N
- Age of your grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_
- Any children or grandchildren that were born out of wedlock? Y or N \_\_\_\_\_

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● Do any of your grandchildren have major medical problems? Y or N \_\_\_\_\_

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● Do you want to exclude anyone from receiving any part of your estate? Y or N If yes, who?

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**If registered domestic partners, please answer:**

1. How long have you been registered domestic partners? \_\_\_\_\_
2. Do you and your partner consider all of your assets to be community property? Y or N
3. Have you or your partner received any valuable gifts or inheritances? Y or N
4. Would you consider future inheritances as community property? Y or N
5. Did you or your partner come into the relationship with substantial assets? Y or N
6. Do you have a written partnership agreement? (If yes, please bring to meeting) Y or N

Any questions you would like answered?

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**PART TWO - FINANCIAL INFORMATION**

**INSTRUCTIONS:**

1. Be as specific as you can with regard to account names.
2. Account balances will vary, so please just list the approximate balance of each account.
3. Watch for REMINDERS regarding papers we would like you to bring in.

**Amounts in Banks, Savings & Loans and Credit Unions – Not in an IRA**  
(Please list IRA and other retirement accounts separately on Page 7)

<b>Name of Institution</b>	<b>Type of Account</b> (Checking, Savings, CD)	<b>Approx. Balance</b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
<b>Total Value</b>		\$ _____

**Stocks or Bonds – Not in a Brokerage Account**  
(Individual Certificates you actually hold; please list Mutual Funds on p. 5)

<b>Name of Stock</b>	<b>Number of Shares</b>	<b>Total Market Value</b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
<b>Total Value</b>		\$ _____

**Mutual Funds And/Or Brokerage Accounts – Not in an IRA**  
 (Please list IRA and other retirement accounts separately on Page 7)

Name of Firm or Fund	Total Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>Total Value</b>	<b>\$ _____</b>

**Promissory Notes & Trust Deeds Owed To You**  
 (Where someone is paying you on a note)

**REMINDER: If secured, please bring the original or a copy of the  
 recorded Trust Deed ("T.D.")**

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance
1. _____	Y or N	_____	_____	\$ _____
2. _____	Y or N	_____	_____	\$ _____
3. _____	Y or N	_____	_____	\$ _____
<b>Total Value</b>				<b>\$ _____</b>

● Do any of your children or other relatives owe you money? Y or N Who and how much?

\_\_\_\_\_

\_\_\_\_\_

**Real Estate**

**REMINDER ... Please bring both the GRANT DEED and a recent PROPERTY TAX BILL for each property.**

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
		<b>Total Net Value</b>	\$ _____	

- Are you planning on selling any real estate soon? Y or N
- Are any properties owned with someone other than your partner? Y or N
- Do any of your children (or other relatives) reside on any of your properties? Y or N

**IRA Accounts and Other Retirement Plans**

<b>Custodian of Account</b> (Bank, Broker, Employer)	<b>Type</b> (IRA, 401K, TSA, etc.)	<b>Beneficiary of Account</b>	<b>Approximate Value</b>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
<b>Total Value</b>			\$ _____

**Annuities**

<b>Name of Insurance Company</b>	<b>Annuitant</b>	<b>Beneficiary</b>	<b>Total Value</b>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b>Total Value</b>			\$ _____

**Life Insurance**

<b>Insured Person</b>	<b>Company</b>	<b>Does it have Cash Value?</b> (Estimated Amount)	<b>Death Benefit</b>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
<b>Total Value</b>			\$ _____

**Limited or General Partnerships**

Name of Partnership	Limited or General Partnership?	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
<b>Total Value</b>		<b>\$ _____</b>

**Other Assets and Information**

1. Are you expecting any inheritances soon? Y or N If yes, from whom and approximate amount: \_\_\_\_\_

2. If you own a business, its name: \_\_\_\_\_

Is it a Corporation? Y or N Percentage owned by you: \_\_\_\_\_ %

Do you have a Buy-Sell Agreement? Y or N Total Value of Business: \$ \_\_\_\_\_

3. Please list unusually valuable personal items such as jewelry, collections, etc.

\_\_\_\_\_

\_\_\_\_\_

4. Please list any other assets not yet mentioned such as stock options, patents, royalties, etc.

\_\_\_\_\_

\_\_\_\_\_

5. Do you currently have any of the following estate planning documents?

	<b>You</b>	<b>Partner</b>
Will	_____	_____
Living Trust	_____	_____
Power of Attorney	_____	_____
Power of Attorney for Health Care	_____	_____
Any other estate planning documents	_____	_____