

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 married, BOTH spouses must attend the first meeting. If for any reason, one spouse 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 _____

(Spouse'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 AND FAMILY

Full Name	Sex	DOB	Parent (circle)	Number of Children
1. _____	M F	_____	Ours His Hers	_____

Address: _____

Home Number (____) _____ SS# _____

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

2. _____	M F	_____	Ours His Hers	_____
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Address: _____

Home Number (____) _____ SS# _____

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

3. _____	M F	_____	Ours His Hers	_____
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Address: _____

Home Number (____) _____ SS# _____

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

4. _____	M F	_____	Ours His Hers	_____
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Address: _____

Home Number (____) _____ SS# _____

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

5. _____	M F	_____	Ours His Hers	_____
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Address: _____

Home Number (____) _____ SS# _____

Are you concerned with this child'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 your children have major medical problems? Y or N
- Do any of your children have step-children? Y or N
- Age of grandchildren: Youngest _____ Oldest _____
- Any children or grandchildren that were born out of wedlock? Y or N _____

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

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

If married, please answer:

1. How long have you been married? _____
2. Do you and your spouse consider all of your assets to be community property? Y or N
3. Did you or your spouse receive any valuable gifts or inheritances after marriage? Y or N
4. Would you consider future inheritances as community property? Y or N
5. Did you or your spouse come into your marriage with any substantial assets? Y or N
6. Do you have a pre-marital agreement? (If yes, please bring to meeting) Y or N

Any questions you would like answered?

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)

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

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

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

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. _____	\$ _____
Total Value	\$ _____

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	_____	_____	\$ _____
Total Value				\$ _____

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

Real Estate

REMINDER ... Please bring both the GRANT DEED <u>and</u> 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. _____ _____	\$ _____	\$ _____	\$ _____	\$ _____
		Total Net Value	\$ _____	

- Are you planning on selling any real estate soon? Y or N
- Are any properties owned with someone other than your spouse? 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
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Custodian of Account (Bank, Broker, Employer)	Type (IRA, 401K, TSA, etc.)	Beneficiary of Account	Approximate Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
Total Value			\$ _____

Annuities

Name of Insurance Company	Annuitant	Beneficiary	Total Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
Total Value			\$ _____

Life Insurance

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

Limited or General Partnerships

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

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?

	Husband	Wife
Will	_____	_____
Living Trust	_____	_____
Power of Attorney	_____	_____
Power of Attorney for Health Care	_____	_____
Any other estate planning documents	_____	_____