ESTATE PLANNING QUESTIONNAIRE

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ESTATE PLANNING QUESTIONNAIRE

The information requested in this questionnaire is necessary to enable us to develop a comprehensive estate plan that integrates your family goals with tax and other legal considerations. If you have any questions about the data requested, we can discuss them when we meet. However, our first meeting will be most productive if you bring this questionnaire, completed to the fullest possible extent.

Also, please bring a copy of your current will(s), trust agreement, deeds for real estate, most recent income tax returns (both individual and business), life insurance policies and premarital agreement (if any).

PART I

PERSONAL DATA

NAME: Husband: ____

First Middle Last

NAME KNOWN BY: ____

BUSINESS (1) ADDRESS: ______________________________
____
____
____

SOC. SEC#: ______________________________

BIRTHPLACE: ______________________________

BIRTHDATE: ______________________________

CITIZENSHIP: ______________________________

BUSINESS TELEPHONE: (______) ____________________

FACSIMILE: (_____) ______________________

WEB SITE :

EMAIL:

NAME: Wife: ____

First Middle Last

NAME KNOWN BY: ____

BUSINESS (2) ADDRESS: ______________________________
____
____
____

SOC. SEC#: ______________________________

BIRTHPLACE: ______________________________

BIRTHDATE: ______________________________

CITIZENSHIP: ______________________________

BUSINESS TELEPHONE: (______) ____________________

FACSIMILE: (_______) ______________________

WEB SITE::

EMAIL:

HOME (3) ADDRESS: ______________________________
____
____
____

HOME TELEPHONE: (______) ______________

DATE AND PLACE OF MARRIAGE: ____

DATE CAME TO CALIFORNIA: ____

SEND CORRESPONDENCE TO: (1) _______ (2) _______ (3) _______

PART I

FAMILY DATA

(1) CHILDREN *(of the marriage)*

NAME	**BIRTHDATE**	**NAME OF SPOUSE**	**SPECIAL NEEDS**

(2) PRIOR MARRIAGES? ☐ Yes ☐ No Who: ____________________

(3) CHILDREN *(of prior marriage)*

NAME	**BIRTHDATE**	**PARENTS**	**SPECIAL NEEDS**

(4) DECEASED CHILDREN? ☐ Yes ☐ No Names: ____________________

(5) GRANDCHILDREN

NAME	**PARENTS**

(6) OTHER BENEFICIARIES *(i.e., parents, brothers, sisters)*

NAME	**RELATIONSHIP**

PART I **ADVISORS**

NAME	ADDRESS	TELEPHONE	CONTACT
ATTORNEY:	______________________	(_____) __________	____________________
______________________	______________________	(_____) __________	____________________
	______________________		
ACCOUNTANT:	______________________	(_____) __________	____________________
______________________	______________________	(_____) __________	____________________
	______________________		
INSURANCE AGENT:	______________________	(_____) __________	____________________
______________________	______________________	(_____) __________	____________________
	______________________		
OTHER: (Stockbroker, Banker, Investment)	______________________	(_____) __________	____________________
______________________	______________________	(_____) __________	____________________

MISCELLANEOUS

LOCATION OF SAFE DEPOSIT BOX(ES): ____

____

____

____

LOCATION OF KEY(S): ____

PERSON WITH ACCESS: ____

CONTENTS: ____

____

____

PART I

PERSONAL REPRESENTATIVES

Please complete the following information for those persons or entities you have selected or are considering to act in the following capacities. If you have any questions regarding the duties of these representatives, we can discuss them at our meeting.

EXECUTOR:

H's will, 1st: ______________________ Both wills, 2nd: ______________________

W's will, 1st: ______________________ 3rd: ______________________

TRUSTEE:

H's death, 1st: ______________________ Both deaths, 2nd: ______________________

W's death, 1st: ______________________ 3rd: ______________________

POWER OF ATTORNEY:

Property, 1st: ______________________ Health Care, 1st: ______________________

2nd: ______________________ 2nd: ______________________

3rd: ______________________ 3rd: ______________________

GUARDIAN:

If minor children, 1st: ______________________

2nd: ______________________

3rd: ______________________

CONSERVATOR:

In the event of illness or disability

1st: ______________________

2nd: ______________________

3rd: ______________________

PART II

FINANCIAL SUMMARY

The following pages contain forms to assist you in compiling a brief financial summary for use in our estate planning conference. We use this information to estimate your estate taxes and your estate settlement and probate costs in connection with the evaluation of estate planning alternatives. The summary also serves as a checklist of your assets for our use in the analysis of title ownership that is an integral part of any estate plan.

A **recent** financial statement can be used in lieu of this financial summary. If you have a recent financial statement that covers the areas set forth on the attached forms, please bring a copy to our conference.

PART II

FINANCIAL SUMMARY

REAL ESTATE (From Schedule A)	$ ________________
PUBLICLY TRADED SECURITIES (From Schedule B)	$ ________________
BUSINESS INTERESTS (From Schedule B)	$ ________________
CASH & NOTES RECEIVABLE (From Schedule C)	$ ________________
OTHER (PERSONAL) PROPERTY (From Schedule C)	$ ________________
TOTAL	$ ________________
PERSONAL INSURANCE (From Schedule D)	$ ________________
EMPLOYEE BENEFITS (From Schedule E)	$ ________________
UNSECURED DEBT (From Schedule E)	$(________________)

PART II **SCHEDULE A**

REAL PROPERTY

	DESCRIPTION	ESTIMATED CURRENT VALUE	DEBT	NET EQUITY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
			TOTAL	

If possible, please bring a copy of the deed to each parcel of property with the street address attached.

PUBLICLY TRADED SECURITIES

	DESCRIPTION	ESTIMATED CURRENT VALUE	DEBT	NET EQUITY
1.	________________	__________	__________	______________
	________________			
2.	________________	__________	__________	______________
	________________			
3.	________________	__________	__________	______________
	________________			
4.	________________	__________	__________	______________
	________________	__________	__________	______________
			TOTAL	______________

Please bring the name, address and telephone number of your stockbroker.

BUSINESS INTERESTS

	DESCRIPTION OF BUSINESS	ESTIMATED VALUE
1.	____	______________
	____	
2.	____	______________
	____	
3.	____	______________
	____	______________
	TOTAL	______________

If possible, please bring recent financial statements.

CASH & NOTES RECEIVABLE

DESCRIPTION	BALANCE OR AMOUNT
1.	
2.	
3.	
4.	
5.	
TOTAL	

If possible, please bring a copy of the deed of trust, if any, securing each loan.

OTHER (PERSONAL) PROPERTY

DESCRIPTION	NET VALUE
1.	
2.	
3.	
4.	
5.	
TOTAL	

PERSONAL INSURANCE

INSURED				
Company				
Policy No.				
Type of Insurance				
Date Issued				
Policy Owner				
Primary Beneficiary				
Face Amount				
Annual Premium				
Net Cash Value				

INSURED				
Company				
Policy No.				
Type of Insurance				
Date Issued				
Policy Owner				
Primary Beneficiary				
Face Amount				
Annual Premium				
Net Cash Value				

EMPLOYEE BENEFITS

	Employee	Company	Primary Beneficiary	Death Benefits
1.				
2.				
3.				
4.				
			TOTAL	

UNSECURED DEBT

	Description	Amount
1.		
2.		
3.		
4.		
	TOTAL	

PART III

INCOME ANALYSIS

In addition to the financial summary, please complete the last page of the Questionnaire regarding your income. This information will enable us to analyze the income needs of each of you in order to determine whether your estate will be sufficiently liquid to meet income and investment needs upon your deaths.

PART III

INCOME ANALYSIS

INCOME SOURCES	HUSBAND	WIFE
Salary, Bonuses, Commissions		
Dividends & Interest		
Net Rents		
Other		
TOTAL		

Please insert the approximate amount of your annual income in the categories indicated. If possible, please bring copies of your two most recent federal and state income tax returns.

INCOME NEEDS	HUSBAND	WIFE
Living Expenses (food, clothing and incidentals)		
Payments for rent, mortgage/ deed of trust, loans and other debts		
Education of Children		
Income and Property Taxes		
Emergency Fund		
Medical Expenses		
Other		
TOTAL		

Please insert the approximate amount of your annual income needs in the categories indicated.

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