

CLIENT INFORMATION
ESTATE PLANNING QUESTIONNAIRE

A. Personal

1. Client: _____

Full name _____

Other names used _____

Home address

Home telephone number _____

Cell telephone number _____

Employer _____

Work address

Work telephone number _____

Social Security number _____

Approximate period of residence in California _____

Are you a citizen of the United States? _____

2. Spouse/Partner

Full name _____

Other names used _____

Home address

Home telephone number _____

Cell telephone number _____

Occupation _____

Employer _____

Work address

Work telephone number _____

Social Security number _____

Approximate period of residence in California _____

Are you a citizen of the United States? _____

3. Marital/Partnership

Do you have any agreement regarding division of assets? _____

Were you in a previous marriage/partnership? _____

For each such relationship please provide the following:

- A. Name of former partner/spouse _____
- B. Date relationship formalized _____
- C. Reason for end of relationship; __ Death __ Separation
- D. Date of final divorce/separation or death _____

4. Children

Child 1:

Name _____

Address

Phone Number _____

Date of Birth _____

Special Needs _____

Other Parent? _____

Child 2:

Name _____

Address

Phone Number _____

Date of Birth _____

Special Needs _____

Other Parent? _____

Child 3:

Name _____

Address

Phone Number _____

Date of Birth _____

Special Needs _____

Other Parent? _____

Are there any deceased children? _____

If so, did they leave any surviving children? _____

Names and ages of surviving grandchildren?

For each minor child, name of person to serve as Guardian of the child:

For each minor child, name of person to serve as Guardian of child’s estate:

B. Financial Profile:

1. List all real property owned by you and how title is held:

2. List cash assets (checking/savings accounts, CDs, money market accounts:

3. List individual securities or security accounts, bonds and mutual funds:

4. List retirement accounts, IRAs, 401s, Keogh accounts including named beneficiaries of each:

5. Life insurance policies showing face value, cash value and type of policy:

6. If you hold promissory notes, list original amount, current balance, name of payor and name of payee:

7. For each trust of which you are a beneficiary, list the name of trust, trustee, and estimated value of trust principal and annual income:

8. List any power of appointments you hold in any other persons' will or trust:

9. List your tangible personal property of significant value:

C. Disposition of estate:

1. Name, address and telephone number of person you wish to act as your executor and alternates in order of preference:

2. Name, address and telephone number of person you wish to act as your trustee of your living trust and alternates in order of preference:

3. Please indicate any specific gifts of real or personal property that you wish to leave to a specific person or entity:

4. How do you wish the remainder of your estate to be distributed?

5. Is there anyone you wish to specifically disinherit? If so, please indicate below:

6. Do you have a previous will or trust? _____

D. Durable Power of Attorney

1. Name, address and phone number of person you wish to be your Agent for property management

2. Name, address and phone number of person you wish to be your first alternate Agent

3. Second alternate Agent information, if desired

E. Advance Medical Directive (sometimes referred to as a “living will”)

1. In your own words, please describe what kind of medical treatment you would want if you were unable to speak for yourself

2. Would you wish to be kept on life support should you be in an irreversible coma or vegetative state? _____

3. Would you want food and hydration to keep you comfortable? _____

4. Would you want the use of medication to alleviate pain and suffering even if they may hasten the moment of death? _____

5. Do you wish to make any anatomical donations? _____

6. Should your agent have the authority to perform an autopsy? _____

7. Do you have any special wishes regarding disposition of your remains or funeral instructions?
