

**CONFIDENTIAL**

**ESTATE PLANNING QUESTIONNAIRE**

Date \_\_\_\_\_, \_\_\_\_\_

Please use n/a to indicate not applicable.

**GENERAL INFORMATION**

**CLIENT 1**

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

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

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

**Place 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:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

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

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

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

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

Location of Marriage Certificate: \_\_\_\_\_

**ADDRESS AND TELEPHONE INFORMATION:**

**Home telephone number:** \_\_\_\_\_

**Business telephone number:**

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

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

**Permanent residence:**

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

\_\_\_\_\_

Own or rent? \_\_\_\_\_

How long have you resided there? \_\_\_\_\_

**Other residence(s):** \_\_\_\_\_

Own or rent? \_\_\_\_\_

**PRIOR MARRIAGE(S)**

**CLIENT 1:**

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

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

If marriage ended by divorce, list date and location of judgment papers:

\_\_\_\_\_

If marriage ended by death, list date and location of death certificate:

\_\_\_\_\_

**CLIENT 2:**

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

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

If marriage ended by divorce, list date and location of judgment papers:

\_\_\_\_\_

If marriage ended by death, list date and location of death certificate:

\_\_\_\_\_

**CHILDREN AND OTHER RELATIVES**

**LIVING CHILDREN AND GRANDCHILDREN**

**Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:**

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

**Children of Existing Marriage:**

1. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

3. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_

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4. Full name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Gender:  Male  Female  
 Name of spouse (if any): \_\_\_\_\_  
 Name(s) of children (if any): \_\_\_\_\_  
 Other information requested above (if any): \_\_\_\_\_

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**DECEASED CHILDREN**

**Client 1:**

Childs Full Name: \_\_\_\_\_  
 Date of death: \_\_\_\_\_  
 Spouses Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Any living issue of this child?  Yes  No  
 Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**INFORMATION REGARDING IMPORTANT DOCUMENTS**

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "n/a" next to it.

**ESTATE PLANNING DOCUMENTS**

<b>Document</b>	<b>Location</b>
WILL	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
If yes, please provide me with a copy.	
TRUST	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If yes, please provide me with a copy.

**DURABLE POWER OF ATTORNEY  
FOR ASSET MANAGEMENT**

Yes  No \_\_\_\_\_

If yes, please provide me with a copy.

**POWER OF ATTORNEY FOR  
HEALTH CARE (ADVANCE DIRECTIVE),  
DIRECTIVE TO PHYSICIAN and/or LIVING WILL**

Yes  No \_\_\_\_\_

If yes, please provide me with a copy.

If any powers of attorney have been granted by you to another:

Date: \_\_\_\_\_

Holder of power: \_\_\_\_\_

State where executed: \_\_\_\_\_

Special powers granted or withheld: \_\_\_\_\_

Location of original(s): \_\_\_\_\_

Number of originals executed: \_\_\_\_\_

**OTHER DEATH-RELATED DOCUMENTS**

<b>Document</b>	<b>Location</b>
FUNERAL AND BURIAL ARRANGEMENTS	_____
CEMETERY PLOT and DEED TO PLOT	_____
ORGAN DONATION DIRECTIONS	_____

**DISTRIBUTION OF YOUR ESTATE**

**EXECUTORS:**

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

Your spouse first:  Yes  No

1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

**TRUSTEES:**

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

Same as above:  Yes  No

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

### **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 Executors:      Yes        No

If no, Spouse First:    Yes        No

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

### **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 Executors:      Yes        No



like:

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

## DISTRIBUTION OF PROPERTY ON DEATH

### In General

What is your desired disposition of your property on your death and/or your spouses death?

If married:

All to your spouse on death  Yes  No

To your children in equal shares on your  
spouses death  Yes  No

If not married:

To your children in equal shares  Yes  No

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Proportion: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Proportion: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Proportion: \_\_\_\_\_

**Childrens Ages and Shares for Distributions**

When should your children receive their distributions?

Outright on your death: [ ] Yes [ ] No

Outright on your spouses 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

If yes, at same ages listed above? [ ] 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, Boys 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 individuals 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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_