

Meeting date: \_\_\_\_\_

Signing date: \_\_\_\_\_

# ESTATE PLANNING QUESTIONNAIRE

|  |  |  |     |
|--|--|--|-----|
| Your legal name  |  | Your date of birth                             |     |
| Other names you use (e.g. "also known as...")  |  | Your Social Security Number                    |     |
| Spouse's legal name  |  | Spouse's date of birth                         |     |
| Other names your Spouse uses (e.g. "also known as...")   |  | Spouse's Social Security Number                |     |
| Marital Information (Check one)<br><input type="checkbox"/> Single: <input type="checkbox"/> Never married <input type="checkbox"/> Widow/widower <input type="checkbox"/> Divorced<br><br><input type="checkbox"/> Married: Date of marriage _____ City, State and County of Marriage _____ |  |  |     |
| Street Address   |  |  |     |
| City   |  | State  | Zip |
| County of Residence <input type="checkbox"/> Riverside <input type="checkbox"/> Other _____  |  |  |     |
| Other Address (if different from above)  |  |  |     |
| Your Telephone Numbers:  |  |  |     |
| Home (____) _____ Work (____) _____ Cell (____) _____ Fax (____) _____   |  |  |     |
| Spouse's Telephone Numbers:  |  |  |     |
| Home (____) _____ Work (____) _____ Cell (____) _____ Fax (____) _____   |  |  |     |
| Your Email: _____ Spouse's Email: _____  |  |  |     |
| Your Employment Status: <input type="checkbox"/> Working <input type="checkbox"/> Retired  |  |  |     |
| Current Employer _____   |  | If retired, previous Employer/Profession _____ |     |

|                                       |
|---------------------------------------|
| How were you referred to this office? |
| Referred by _____                     |

## A. Information about Your Children

| Names of <u>children of this marriage</u> <input type="checkbox"/> None | Male/Female | Dates of birth |
|---|-------------|----------------|
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |

Any deceased children?  Yes  No      Deceased child's name \_\_\_\_\_

Did the deceased child have children?  Yes  No

| Names of <u>your children</u> <input type="checkbox"/> None | Male/Female | Dates of birth |
|---|-------------|----------------|
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |

Any deceased children?  Yes  No      Deceased child's name \_\_\_\_\_

Did the deceased child have children?  Yes  No

| Names of <u>spouse's children</u> <input type="checkbox"/> None | Male/Female | Dates of birth |
|---|-------------|----------------|
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |
| _____   | _____       | _____          |

Any deceased children?  Yes  No      Deceased child's name \_\_\_\_\_

Did the deceased child have children?  Yes  No

**B. Information about Your Advisors**

|  |  |
|--|--|
| Accountant/CPA <input type="checkbox"/> None<br>Name _____ Phone _____<br>Stock Brokers / Financial Advisors <input type="checkbox"/> None<br>Name _____ Phone _____<br>Name _____ Phone _____ | Names of Banks, Financial Firms<br>_____<br>_____<br>Safe Deposit Box Locations<br>_____ |
|--|--|

**C. Who will serve as your Executor, Successor Trustee, etc.?**

Your Executor, Successor Trustee and Attorney in Fact is the individual you select who will manage your estate upon your death or in the event you become incapacitated. If married, it is assumed that your spouse will serve this function. You may select your adult children, relatives, trusted friends or a professional fiduciary to serve as alternates.

(Please indicate whether your named individuals shall act alone or as co-executors, etc.)

- (1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  sole  co-executor
- (2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  sole  co-executor
- (3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  sole  co-executor

**D. If you have minor children, who will be their Guardian upon your death?**

A guardian is the responsible adult who will raise your minor children if both parents of your children become incapacitated or deceased. You may select a sole guardian or a married couple to serve as co-guardians. While the court has final authority over appointing a guardian, the court will give deference to the nomination of a guardian in your will. The guardian of your children need not be the same person as your executor or trustee above.

- (1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  sole  co-guardian
- (2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  sole  co-guardian

## E. Distribution of Your Estate at Your Death

### (Optional) Personal Property:

Personal property refers to your car, jewelry, furniture, etc. When you sign your estate planning documents, I will provide you with a form that you can complete to leave specific items of personal property to named individuals. Otherwise, your personal property will be distributed with the remainder of your estate below.

### (Optional) Specific distributions of cash, investments or real estate:

Use this list if you would like to leave specific gifts to specific beneficiaries. For instance, "John Doe ... my nephew ... \$10,000."

| Beneficiary | Relationship | Item or Amount |
|-------------|--------------|----------------|
| (1) _____   | _____        | _____          |
| (2) _____   | _____        | _____          |
| (3) _____   | _____        | _____          |

### (Mandatory) Distributions of remainder of estate (please use percentages):

This list determines who will receive the rest of your estate.

| Beneficiary  | Relationship | Percentage of Estate |
|--------------|--------------|----------------------|
| (1) _____    | _____        | _____ %              |
| (2) _____    | _____        | _____ %              |
| (3) _____    | _____        | _____ %              |
| (4) _____    | _____        | _____ %              |
| (5) _____    | _____        | _____ %              |
| (6) _____    | _____        | _____ %              |
| <b>Total</b> |              | <b><u>100%</u></b>   |

## F. Advance Healthcare Directive

The Advance Healthcare Directive is a legal document wherein you name an agent who can make medical and healthcare decisions for you in the event you are unable to do so yourself.

**\*Note that your spouse is assumed to be your first and primary agent for healthcare.**

YOUR FIRST *ALTERNATE* AGENT FOR HEALTH CARE:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

YOUR SECOND *ALTERNATE* AGENT FOR HEALTH CARE:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

SPOUSE'S FIRST *ALTERNATE* AGENT FOR HEALTH CARE:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

SPOUSE'S SECOND *ALTERNATE* AGENT FOR HEALTH CARE:

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

## G. Community vs. Separate Property

If you are married, it is important to determine whether the property you and your spouse own is community property, separate property, or a combination of community and separate property. Community property generally is everything acquired after the date of marriage, except for any property you received as a gift or inheritance (which would be separate property). Separate property also includes all property you owned before the date of marriage and all rents and income generate by such property. Please provide us with a copy of any marital property or community property agreements you executed previously.

All property is treated as Community Property

**OR**

Husband has separate property (attach list, including account numbers)

Wife has separate property (attach list, including account numbers)

Husband and wife hold some community property together

## H. Other Information

Please describe any other information or requests you may have:

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# I. Estimated Valuation of Estate Assets

## Assets (not including retirement accounts):

*\*Provide us with copies of your most recent bank/brokerage statements*

HOW MANY

ESTIMATED  
VALUE

|   |       |       |
|---|-------|-------|
| 1. Real Estate – Personal Residence                       | _____ | _____ |
| 2. Real Estate – Investment Property (Rental, land, etc.) | _____ | _____ |
| 3. Promissory Notes (Money owed to you)                   | _____ | _____ |
| 4. Bank Accounts – Checking                               | _____ | _____ |
| 5. Bank Accounts – Savings and Money Market               | _____ | _____ |
| 6. Bank Accounts – CDs                                    | _____ | _____ |
| 7. Credit Union Accounts                                  | _____ | _____ |
| 8. Brokerage Accounts                                     | _____ | _____ |
| 9. Mutual Funds   | _____ | _____ |
| 10. Stocks (Not held at a brokerage account)              | _____ | _____ |
| 11. Bonds (Not held at a brokerage account)               | _____ | _____ |
| 12. Life Insurance – Death Benefit on Your Life           | _____ | _____ |
| 13. Life Insurance – Death Benefit on Your Spouse’s Life  | _____ | _____ |
| 14. Annuities   | _____ | _____ |
| 15. Sole Proprietorship                                   | _____ | _____ |
| 16. Limited Partnerships                                  | _____ | _____ |
| 17. General Partnerships                                  | _____ | _____ |
| 18. Closely Held Corporations                             | _____ | _____ |
| 19. Automobiles   | _____ | _____ |
| 20. Recreational Assets (RVs, Boats, Etc.)                | _____ | _____ |
| 21. Antiques  | _____ | _____ |
| 22. Artwork   | _____ | _____ |
| 23. Collections   | _____ | _____ |
| 24. Jewelry   | _____ | _____ |
| 25. Other Personal Property                               | _____ | _____ |

**Total Estimated Value of Non-Retirement Assets Listed Above:** \$ \_\_\_\_\_

## Retirement Accounts:

|   |       |       |
|---|-------|-------|
| 1. IRA - You                            | _____ | _____ |
| 2. IRA - Spouse                         | _____ | _____ |
| 3. 401(k) and Other Retirement Accounts | _____ | _____ |

**Total Estimated Value of Retirement Accounts:** \$ \_\_\_\_\_

## Subtract Liabilities (debts you owe):

|                                 |       |            |
|---------------------------------|-------|------------|
| 1. Mortgages                    | _____ | (\$ _____) |
| 2. Credit Cards and Other Debts | _____ | (\$ _____) |

**Total Estimated Net Value of All Assets (assets + retirement accounts – liabilities):** \$ \_\_\_\_\_

## J. Names and Addresses

Please provide names, addresses, and phone numbers of all persons named as executors, trustees, agents, guardians and beneficiaries, such as your children. Attach an additional sheet if necessary.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
6. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
7. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
  
8. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_