

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

CONFIDENTIAL  
ESTATE PLANNING QUESTIONNAIRE

1. Personal Information:

**Husband**

**Wife**

Full Name \_\_\_\_\_

Name on Drivers License \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Period of Residence in California \_\_\_\_\_

If Less than 10 years, note prior residence \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

*Emergency Contact Person* \_\_\_\_\_

*Address* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Email* \_\_\_\_\_

2. Children:

Name	Spouse's Name	Address	Age	Date of Birth

3. Grandchildren:

Names of Grandchildren	Name of Parents	Date of Birth

Are you presently making tuition payments to an educational institution on behalf of another? \_\_\_\_\_

If Yes, please list the people for whom you make tuition payments and their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

4. Extended Family: Please list parents, brothers, sisters, grandparents, and others (if relevant). Please note if any of those listed are dependent on you for support.

a) Husband:

Name	Relationship	City/State	Age

b) Wife:

Name	Relationship	City/State	Age

5. Previous Marriage(s):

a) Husband: Yes \_\_\_\_\_ No \_\_\_\_\_

Prior Spouse's name \_\_\_\_\_

Date of death or divorce \_\_\_\_\_

Title, location, and the case number of probate or divorce court. \_\_\_\_\_

\_\_\_\_\_

Children of prior marriage \_\_\_\_\_

\_\_\_\_\_

b) Wife: Yes \_\_\_\_\_ No \_\_\_\_\_

Prior Spouse's name \_\_\_\_\_

Date of death or divorce \_\_\_\_\_

Title, location, and the case number of probate or divorce court. \_\_\_\_\_

\_\_\_\_\_

Children of prior marriage \_\_\_\_\_

\_\_\_\_\_

6. Professional Advisors:

(Please include name, address and phone number.)

a) Other Attorney \_\_\_\_\_

b) Securities Broker \_\_\_\_\_

c) Tax Adviser \_\_\_\_\_

d) Insurance Underwriter \_\_\_\_\_

e) Investment Advisor \_\_\_\_\_

f) Bankers \_\_\_\_\_

7. Assets:

a) Safe-deposit box? \_\_\_\_\_ Location: \_\_\_\_\_

In whose name(s): \_\_\_\_\_

b) Cash & Bank Balances:  
(Attach separate list, if preferred.)

Name of Bank/ Address	Account No./ Type of Account	Amount	Form of Ownership/ with Whom

Total \$ \_\_\_\_\_

c) Notes and Accounts Receivable:  
Please include details of all items over \$100 due to you. (Attach separate list, if preferred.)

Amount	Payor	Payee	Date

Total \$ \_\_\_\_\_

- d) Stocks and Mutual Funds  
 (Attach separate list, if preferred, or investment account summary.)

Number of Shares	Name of Company	Held in Name of	Approximate Value

- e) Bond Holdings - Savings & Other Bonds:  
 (Attach separate list, if preferred, or investment account summary.)

Maturity Values	Description	Held in Name of	Approximate Value

f) Real Estate:

a) Residential (including vacation)

Location	Held in Name of	Form of Ownership	Current Value

b) Rental or Business:

Location	Held in Name of	Form of Ownership	Current Value

Total real estate \$ \_\_\_\_\_

g) Business Interests:

Please briefly describe any interest you own in a sole proprietorship, partnership, limited liability company, or closely held entity and indicate the present value of your interest.

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Total value \$ \_\_\_\_\_

h) Employee Benefits:

Are you, or your spouse, a participant in any employer sponsored retirement accounts such as a 401(k) Plan, Profit Sharing Plan, Employer IRA, or Tax Deferred Annuity? (Attach separate list, if preferred)

Description	Participant/ Annuitant	Current Value	Employee Contributions to Date	Annual Employee Contributions/ % Increase	Annual Employer Contributions	Beneficiary at Death
		\$	\$	\$	\$	

Total \$ \_\_\_\_\_

i) Interest in Trusts:

If you are the grantor or a beneficiary of any existing trust, please indicate below the name of the trust and the current value of your interest and provide copy(ies) of the trust agreement(s).

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Total \$ \_\_\_\_\_

j) Inheritance received or anticipated:

Briefly describe source, amount and beneficiary.

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Total \$ \_\_\_\_\_

k) Personal property:

	Husband	Wife	Joint	Current Value
Home Furnishings	_____	_____	_____	_____
Automobiles	_____	_____	_____	_____
Jewels/Furs	_____	_____	_____	_____
Other (collections, etc.)	_____	_____	_____	_____
			Total \$	_____

8. Prior Estate Planning Documents:

Please provide copies of any Wills, trust agreements, or other estate planning documents you have previously executed.

9. Liabilities:

a) Loans, including mortgages:

Creditor	Secured By	Interest Rate	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Other Debts: \_\_\_\_\_

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10. Prior Gifts:

Please describe prior gifts made to any individual of more than \$10,000 in any one year. (Attach separate list, if preferred.) Please provide copies of any prior Gift Tax Returns.

Date	Recipient	Description	Value

11. Have directives under the California Natural Death Act, or Durable Power of Attorney for Health Care forms been executed?

Husband: no \_\_\_\_ yes \_\_\_\_ Name(s) of document(s): \_\_\_\_\_

\_\_\_\_\_

Wife: no \_\_\_\_ yes \_\_\_\_ Name(s) of document(s): \_\_\_\_\_

\_\_\_\_\_

12. Children's Assets:

Please describe any trusts, custodian accounts, or other assets currently held for your children.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Life Insurance owned by either of you, on your lives, or which names you as beneficiary(ies):  
Please include life insurance on both husband's and wife's life.

	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Type of Policy</b>	<b>Face Amount</b>	<b>Owner</b>	<b>Insured</b>	<b>Beneficiary</b>	<b>Cash Surrender Value</b>	<b>Loans Against Policies</b>
1.									
2.									
3.									
4.									
5.									