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ATTORNEYS AT LAW
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Date Completed: _____

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

1. Personal Information:

Husband

Wife

Full Name _____

Home Address _____

Home Phone _____

Occupation _____

Work Address _____

Business 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 _____

2. Children:

| Name | Address | Age | Date of Birth |
|------|---------|-----|---------------|
| | | | |
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3. Grandchildren:

| Names of Grandchildren | Name of Parents | Date of Birth |
|------------------------|-----------------|---------------|
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4. 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 |
|------|--------------|------------|-----|
| | | | |
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b) Wife:

| Name | Relationship | City/State | Age |
|------|--------------|------------|-----|
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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 Advisers:

(Please include name, address and phone number.)

a) Other Attorney _____

b) Securities Broker _____

c) Tax Adviser _____

d) Insurance Underwriter _____

e) Investment Adviser _____

f) Bankers _____

7. Assets:

a) Safe-deposit box? _____ Location: _____

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

| Maturity Values | Description | Held in Name of | Approximate Value |
|-----------------|-------------|-----------------|-------------------|
| | | | |
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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.

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).

Total \$ _____

j) Inheritance received or anticipated:

Briefly describe source, amount and beneficiary.

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: _____

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.)

| Date | Recipient | Description | Value |
|------|-----------|-------------|-------|
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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.

| | Insurance Company | Policy Number | Type of Policy | Face Amount | Owner | Insured | Beneficiary | Cash Surrender Value | Loans Against Policies |
|----|--------------------------|----------------------|-----------------------|--------------------|--------------|----------------|--------------------|-----------------------------|-------------------------------|
| 1. | | | | | | | | | |
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| 2. | | | | | | | | | |
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| 3. | | | | | | | | | |
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| 4. | | | | | | | | | |
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