



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
SINGLE

Dear Client,

The purpose of this confidential estate planning questionnaire is to provide us with a general understanding of your family and financial situation so that we can best advise you on your estate planning needs.

If a particular question is not applicable, please write "N/A" in the space provided. Do not hesitate to attach additional pages if the spaces provided are insufficient.

This questionnaire has been designed to make the most efficient use of our time together. Please complete it to the best of your ability and upload it to our secure client portal prior to your appointment, along with the following documents:

1. Existing Wills, Trusts and other estate plan documents
2. Divorce/Premarital Agreements
3. Grant deeds to real estate along with current property tax bills
4. Deeds of Trust and Notes
5. Trademarks, Patents and Copyrights
6. Most recent financial statements (bank and investment accounts, pension plans, IRAs, etc.)
4. Partnership Agreements/ other Business Agreements (i.e. Leases, Buy-Sell Agreements)
5. Stock Certificates
6. Life Insurance policy information

Our lawyers will be relying on this information in the preparation of your estate plan. Keep in mind that if the information you provide us is inaccurate or incomplete, our recommendations and/or documents may not be appropriate.

Should you have any questions regarding this questionnaire or your appointment, do not hesitate to contact us.

We look forward to serving you.

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
SINGLE

Do you currently have a Will or Trust? Yes/ No (circle one). If yes, please attach copies.

CLIENT INFORMATION

Name _____ Other or Former Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Birthdate _____ Birthplace _____ SS # _____ Citizenship _____

Occupation _____ Annual Salary _____

Employer _____ Email _____

Have You Been Married? (Yes / No)

Name of Former Spouse: _____

Date and Place of Death: _____ Date and Place of Divorce: _____

Children of Former Marriage (Living or Deceased):

| <u>Name</u> | <u>Date of Birth</u> | <u>Address</u> | <u>Telephone</u> |
|-------------|----------------------|----------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you intend to get married in the near future? Yes / No

Other Relatives - Siblings, Parents (If Living), Grandchildren, Others (If Relevant)

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Age</u> |
|-------------|---------------------|----------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FAMILY TREE

ASSETS**Real Estate + Timeshares*****Attach copies of deeds, including property descriptions******List foreign real estate on page 8***

| Owner(s) as listed in Property Records | Street Address (include City and Zip) | Assessor's Parcel Number (APN) | Date Purchased | Present Market Value |
|--|---------------------------------------|--------------------------------|----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Intellectual Property: Trademarks, Patents, Copyright Interests***Attach copies of certificate(s) of registration***

| Owner(s) | Type and Description | Where Registered | Serial No. | Registration No. | Date Acquired |
|----------|----------------------|------------------|------------|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

Business, Partnership Interests***List foreign business interests on page 8***

| Name of Business | Type of Entity | Owner(s) | State of Incorporation | Percent Interest | Value of Your Interest | Subject to Buy-Sell? |
|------------------|----------------|----------|------------------------|------------------|------------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Stocks, Bonds***Attach copy of certificate(s)***

| Company/Type | Serial Number | Date Acquired | Value |
|--------------|---------------|---------------|-------|
| | | | |
| | | | |
| | | | |

Automobiles

| Make & Model | Year | Estimated Value |
|--------------|------|-----------------|
| | | |
| | | |
| | | |
| | | |

Personal Property of High or Sentimental Value

Attach additional page if necessary

| Description of Item | Estimated Value |
|--|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| Other Personal Property <i>Furniture and furnishings, jewelry, clothing, etc.</i> | |

Life Insurance

Attach policy declarations page

| Policy Owner | Person Insured | Insurance Co. | Policy Number | Whole or Term? | Beneficiary(ies) | Pay-Out Amount |
|--------------|----------------|---------------|---------------|----------------|------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Bank and Investment Accounts
Attach most recent statement(s)
List foreign accounts on page 8

| Bank Name | Branch | Account Number | Balance |
|-----------|--------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Retirement Accounts
Attach most recent statement

| Type of Account (IRA, 401(k), etc.) | Company | Beneficiary(ies) | Current Value |
|--|---------|------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Expected Inheritances and/or Gifts

| Source and Relationship | Estimated Date of Receipt | Estimated Amount |
|-------------------------|---------------------------|------------------|
| | | |
| | | |

Interests in Trusts Created by Others

| Name and Date of Trust | Terms | Value of Interest |
|------------------------|-------|-------------------|
| | | |
| | | |

FOREIGN ASSETS

Overseas Real Estate

| Owner(s) as listed in Property Records | Street Address (include City and Country) | Parcel Number | Date Purchased | Present Market Value |
|--|---|---------------|----------------|----------------------|
| | | | | |
| | | | | |

Overseas Business Interests

| Name of Business | Type of Entity | Owner(s) | Country of Incorporation | Percent Interest | Value of Your Interest | Subject to Buy-Sell? |
|------------------|----------------|----------|--------------------------|------------------|------------------------|----------------------|
| | | | | | | |
| | | | | | | |

Foreign Bank and Investment Accounts

| Bank Name | Location | Account Number | Balance |
|-----------|----------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

FINANCIAL ADVISORS

Accountant:

Name of Accountant: _____ Name of Firm: _____

Address: _____ Telephone: _____

Email: _____

Life Insurance Agent:

Name of Accountant: _____ Name of Firm: _____

Address: _____ Telephone: _____

Email: _____

Investment Advisor:

Name of Accountant: _____ Name of Firm: _____

Address: _____ Telephone: _____

Email: _____

LIABILITIES (U.S. and Overseas)

| Type of Debt | Creditor and Location | Current Balance |
|----------------------|-----------------------|-----------------|
| Mortgage (residence) | | |
| Other Mortgages | | |
| Business Loan(s) | | |
| Auto Loan(s) | | |
| Other Secured Loans | | |
| Credit Cards | | |
| Other Liabilities | | |
| Total Debt | | \$ |

SUCCESSOR TRUSTEES / EXECUTORS / AGENTS

If you are uncertain as to whom would be best to appoint, leave this section blank and your attorney will discuss it with you at your initial appointment.

| | FULL NAME | FULL ADDRESS | CONTACT INFO. |
|-------------------------|-----------|--------------|-----------------------------|
| 1 st Choice: | | | H: W: Cell: Email: |
| 2 nd Choice: | | | H: W: Cell: Email: |
| 3 rd Choice: | | | H: W: Cell: Email: |

GUARDIANS OF MINOR CHILDREN

Who shall be guardian of any minor children (under age 18) you may have?

Guardian of the Person (Physical Custody)

| | FULL NAME | ADDRESS | CONTACT |
|-------------------------|-----------|---------|-----------------------------|
| 1 st Choice: | | | H: O: Cell: Email: |
| 2 nd Choice: | | | H: O: Cell: Email: |
| 3 rd Choice: | | | H: O: Cell: Email: |

Guardian of the Estate (Control of Your Child's Assets)

Usually same as your Successor Trustee/Executor but can be same as Guardian of the Person or someone else. If you are uncertain as to whom would be best to appoint, leave this section blank and your attorney will discuss it with you at your initial appointment.

| | FULL NAME | ADDRESS | CONTACT |
|-------------------------|-----------|---------|-----------------------------|
| 1 st Choice: | | | H: O: Cell: Email: |
| 2 nd Choice: | | | H: O: Cell: Email: |
| 3 rd Choice: | | | H: O: Cell: Email: |

ADVANCE HEALTH CARE DIRECTIVE
Proxy / Agent with Power of Attorney for Health Care Decisions

If you are uncertain as to whom would be best to appoint or how to answer a question in the "instructions" section below, leave that item blank and your attorney will discuss it with you at your initial appointment.

| | FULL NAME | FULL ADDRESS | CONTACT INFO. |
|-------------------------|-----------|--------------|-----------------------------|
| 1 st Choice: | | | H: W: Cell: Email: |
| 2 nd Choice: | | | H: W: Cell: Email: |
| 3 rd Choice: | | | H: W: Cell: Email: |

Instructions:

Choice not to prolong life OR Choice to prolong life

If choice not to prolong life,

Must be in vegetative state or some other form of permanent unconsciousness, OR

Need not be in vegetative state or some other form of permanent unconsciousness

* * *

No artificial nutrition and hydration unless necessary for comfort or to alleviate pain

Do not resuscitate (DNR)

Religious Requirements (e.g., Orthodox Jewish halachic living will, Jehovah's Witness no blood transfusions, etc.). Specify _____

* * *

Autopsy authorized OR No autopsy unless required by law

Organ Donor. For what purposes? (circle all that apply)

Transplant / transplant only to save a life / therapy / research / education

Burial OR Cremation OR Other (specify): _____