



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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

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

CLIENT 1

Name _____ Other or Former Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Birthdate _____ Birthplace _____ SS # _____ Citizenship _____

Occupation _____ Annual Salary _____

Employer _____ Email _____

Location and Date of Current Marriage: _____

Do you have a prenuptial agreement? Yes / No (circle one). If yes, attach copy.

Children of This Marriage (Living or Deceased):

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

Do You Plan To Have Any More Children In The Near Future? Yes / No (circle one)

Have You Been Married Before? (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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are currently single, do you intend to get married in the near future? Yes / No

CLIENT 1 (cont.)

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

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

CLIENT 2 (spouse)

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 Before? (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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	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	Owner	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

Policy Owner	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 (U.S.)

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 married, spouse is first choice Executor and Agent)**

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 married, spouse is first choice Health Care Agent)

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.

CLIENT 1

	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): _____

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

(If married, spouse is first choice Health Care Agent)

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.

CLIENT 2

	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): _____