Law Offices of
ROBERT A. BRISKIN
A PROFESSIONAL CORPORATION

DATE:________________________

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely as possible. Since this questionnaire is designed to elicit information for any estate plan, some of the questions may be inapplicable to you. We would appreciate it if you would print, rather than write, all information. If you need more space, use another sheet of paper. If you are uncertain about a question or an answer, leave the question unanswered and we will discuss it with you during your estate planning meeting.

1. Your name________________________ Spouse's name________________________

   Other or former names____

2. Address and telephone number:

   Home:

   ____
   ____
   ____

   County ________________________

   Telephone: (_____)________________
   Cellphone: (_____)________________
   Facsimile: (_____)________________
   E-mail:________________________

   Business:

   ____
   ____
   ____

   County ________________________

   Telephone: (_____)________________
   Cellphone: (_____)________________
   Facsimile: (_____)________________
   E-mail:________________________

3. Date of birth____________________ (Month/Day/Year) Spouse's birthdate ____________________ (Month/Day/Year)

4. Social security number:

   Yours:________________________ Spouse's:________________________

5. Citizenship:

   Yours:________________________ Spouse's:________________________

6. Date came to California ____________________ Spouse _________________________

7. Date and place (city, state, county) of marriage: ____________________________________

8. Children of this marriage:

Name of Child	Birthdate	Spouse of child, if any

9. Have you or your spouse been previously married? Yes ( ) No ( )
If "Yes", and divorced, please bring divorce papers.

10. Children of prior marriage:

Name of child by prior marriage	Birthdate	Spouse of child, if any

Name of spouse's child by prior marriage	Birthdate	Spouse of child, if any

11. Deceased children of you or your spouse: ____

12. Grandchildren:

Name	Birthdate	Parents of child

13. Living parents:

Name of your parent	Approximate age	Health (i.e., "excellent")

Name of spouse's parent	Approximate age	Health (i.e., "excellent")

14. Brothers and sisters:

Yours	Spouse's

15. Do you have a safe deposit box? Yes ( ) No ( )

Where is it located? ______________________________
Who has access? ______________________________

16. Do you or your spouse now have a will and/or trust? Yes ( ) No ( )
If "Yes", please bring copies of wills and/or trusts.

17. Do you or your spouse:

17.1. Expect to inherit something from parents? Yes ( ) No ( )

17.2. Expect to receive benefits from or have an interest in a retirement, pension, profit sharing or stock bonus plan? If "Yes", please bring copy of most recent participant benefit statement, beneficiary designation statement, and summary plan description. Yes ( ) No ( )

17.3. Have a power of appointment under the will or trusts of another person? (Robert Briskin will explain.) If "Yes", if available bring a copy of the will or trust document under which you have been granted a power of appointment. Yes ( ) No ( )

17.4. Expect to receive gifts from parents or others? Yes ( ) No ( )

17.5. Have a beneficial interest in trusts? Yes ( ) No ( )
If "yes", please bring copy of (i) trust instrument, and (ii) most recent trust tax return (IRS Form 1041).

17.6. Have interest in a buy-sell agreement? Yes ( ) No ( )
If "yes", please bring copy of (i) the agreement, and (ii) the most recent corporate or partnership tax return.

18. Are you presently supporting any person other than your children or spouse? Yes ( ) No ( )

19. Have you resided outside of California during your marriage? Yes ( ) No ( )

20. Do you live in another state any part of the year? Yes ( ) No ( )

21. Do you own any real estate in another state? Yes ( ) No ( )

22. Is all your property and that of your spouse community property? Yes ( ) No ( )

23. Do you own separate property? Yes ( ) No ( )

24. Does your spouse own separate property? Yes ( ) No ( )

25. Life Insurance:

    25.1. How much total coverage in all policies on you? $________________

    25.2. How much total coverage in all policies on your spouse? $________________

    25.3. Bring a schedule of life insurance policies showing the following (or bring original policies): Coverage; Owner; Beneficiaries; Type of Policy (i.e., term or whole life).

26. Have you made gifts to your children or others? Yes ( ) No ( )
If "yes", please provide us with date of each gift, amount of each gift and name of donee of each gift.

27. Have you or your spouse ever filed a gift tax return? Yes ( ) No ( )
If "yes", please bring copies of return(s).

28. How is title held on real estate which you own in your names? Please bring copy of deed for each piece of real property.

    28.1. Joint tenancy Yes ( ) No ( )
    28.2. Community property Yes ( ) No ( )
    28.3. Other ______________________________________

29. How is title held on real estate which is owned by any partnership or closely held corporation in which you have an interest? Please bring copy of deed for each piece of real property.

____

30. How is title held in your investments? Please bring copy of partnership agreements and share certificates.

    30.1. Joint tenancy Yes ( ) No ( )
    30.2. Community property Yes ( ) No ( )
    30.3. Your name Yes ( ) No ( )
    30.4. Your spouse's name Yes ( ) No ( )

31. Any marriage agreements (if "yes", please bring copy of agreement):

31.1. Prior to marriage? Yes ( ) No ( )
31.2. After marriage? Yes ( ) No ( )

32. Proposed Executor:

For you: 1st Choice: ____________________

2nd Choice: ____________________

3rd Choice: ____________________

For your spouse: 1st Choice: ____________________

2nd Choice: ____________________

3rd Choice: ____________________

33. Proposed trustees:

For you: 1st Choice: ____________________

2nd Choice: ____________________

3rd Choice: ____________________

For your spouse: 1st Choice: ____________________

2nd Choice: ____________________

3rd Choice: ____________________

34. Proposed guardian of minor children (if any):

1st Choice: ____________________

2nd Choice: ____________________

3rd Choice: ____________________

35. If either spouse is a physician or other licensed individual, who will be custodians of the charts/files, controlled substances and prescription pads.

____

36. Name, address and telephone number of your C.P.A.:

____

____

37. Name, address and telephone number of your life insurance agent:

____

____

38. Name, address and telephone number of your stockbroker:

____

____

39. Please also bring copies of most recent:

    39.1. Personal tax returns;
    39.2. Personal financial statement, if available;
    39.3. Your corporation's (if any) tax return;
    39.4. Your corporation's (if any) financial statements, if available.

ITEMS FOR CLIENT TO BRING TO THEIR ESTATE PLANNING MEETING

1. Copies of client's current Will and other estate planning documents, if any.

2. Copy of client's last filed personal federal income tax return.

3. Copies of the deed to client's house and of other real estate which client owns (or copy of last property tax bill for each property).

4. Copies of any partnership agreements (including those agreements for closely-held partnerships) and limited liability company agreements.

5. Copies of share certificates for any closely held corporations.

6. Copies of client's most recent statements for brokerage accounts, bank accounts, certificates of deposit, and copies of any stocks and bonds not held in the name of a custodial brokerage account.

7. Life insurance policies (or copies thereof) including beneficiary statements.

8. Copies of qualified plan beneficiary statements (such as pension or profit sharing plans), IRA beneficiary statements, stock option plans, and list of other employee benefit plans along with beneficiary statements.

9. List of assets which client may own, and evidence of title to assets.