



DATE: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely as possible. Since this questionnaire is designed to gather information for any estate plan, some of the questions may be inapplicable to you. We would appreciate it if you would clearly print all information. If you need more space, feel free to 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:

Business (Yours and/or Spouse, if applicable):

County: _____

County: _____

Telephone: (____) _____

Telephone: (____) _____

Cellphone: (____) _____

Cellphone: (____) _____

Email: _____

Email: _____

For Spouse (if applicable):

Telephone: (____) _____

Telephone: (____) _____

Cellphone: (____) _____

Cellphone: (____) _____

Email: _____

Email: _____

3. Date of birth: _____
 (Month/Day/Year)

Spouse's date of birth: _____
 (Month/Day/Year)

4. Citizenship:

Yours: _____

Spouse's: _____

5. Date came to California: _____ Spouse: _____

6. Date and place of marriage (city and state): _____

7. Children of this marriage:

<u>Name of Child</u>	<u>Birth Date</u>	<u>Spouse of Child (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

9. Children of prior marriage:

<u>Name of Child by prior marriage</u>	<u>Birth Date</u>	<u>Spouse of Child (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Name of Spouse's Child by prior marriage</u>	<u>Birth Date</u>	<u>Spouse of Child (if any)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Deceased children of you or your spouse: _____

11. Grandchildren:

<u>Name</u>	<u>Birth Date</u>	<u>Parents of Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Living parents:

<u>Name of your Parent</u>	<u>Approximate Age</u>	<u>Health (i.e., "excellent")</u>
_____	_____	_____
_____	_____	_____

<u>Name of Spouse's Parent</u>	<u>Approximate Age</u>	<u>Health (i.e., "excellent")</u>
_____	_____	_____
_____	_____	_____

13. Brothers and sisters:

<u>Yours</u>	<u>Spouse's</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Where is it located? _____

Who has access? _____

15. Do you or your spouse now have a Will and/or trust? Yes () No ()
If "Yes", please provide copies of Wills and/or trusts.
16. Do you or your spouse:
- 16.1. Expect to inherit something from parents? Yes () No ()
- 16.2. Expect to receive benefits from or have an interest in a retirement, pension, profit sharing or stock bonus plan? Yes () No ()
If "Yes", please provide a copy of most recent participant benefit statement, beneficiary designation statement, and summary plan description.
- 16.3. Have a power of appointment for another person under their Will or trusts? (Robert Briskin will explain, if necessary) Yes () No ()
If "Yes", if available provide a copy of the Will or trust document under which you have been granted a power of appointment.
- 16.4. Expect to receive gifts from parents or others? Yes () No ()
- 16.5. Have a beneficial interest in trust(s) created by someone else? Yes () No ()
If "Yes", please provide a copy of (i) trust instrument, and (ii) most recent trust tax return (IRS Form 1041).
- 16.6. Have interest in a buy-sell agreement? Yes () No ()
If "Yes", please provide a copy of (i) the agreement, and (ii) the most recent corporate or partnership tax return.
17. Are you presently supporting any person other than your children or spouse? Yes () No ()
18. Have you resided outside of California during your marriage? Yes () No ()
19. Do you live in another state any part of the year? Yes () No ()
20. Do you own any real estate in another state? Yes () No ()
21. Is all your property and that of your spouse community property? Yes () No ()
22. Do you own separate property? Yes () No ()
23. Does your spouse own separate property? Yes () No ()

24. Life Insurance:

24.1. How much total coverage in all policies on you? \$ _____

24.2. How much total coverage in all policies on your spouse? \$ _____

24.3. Provide a schedule of life insurance policies showing the following:
(or provide original policies) Coverage, Owner, Beneficiaries,
Type of Policy (i.e., term or whole life).

25. 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.

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

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

27.1. Joint tenancy Yes () No ()

27.2. Community property Yes () No ()

27.3. Other _____

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

29. How is title held in your investments? Please provide a copy of partnership agreements and share
certificates where applicable.

29.1. Joint tenancy Yes () No ()

29.2. Community property Yes () No ()

29.3. Your name Yes () No ()

29.4. Your spouse's name Yes () No ()

29.5. In the name of a trust Yes () No ()

30. Any marriage agreements (if "Yes", please provide a copy of agreement):

30.1. Prior to marriage? Yes () No ()

30.2. After marriage? Yes () No ()

31. Proposed Executor:

For you: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

For your spouse: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

32. Proposed Trustees:

For you: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

For your spouse: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

33. Proposed Guardian of minor children (if any):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

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

35. Name, address and telephone number of your CPA:

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

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

38. Please also provide copies of most recent:

- 38.1. Personal tax returns;
- 38.2. Personal financial statement, if available;
- 38.3. Your corporation's (if any) tax return; and
- 38.4. Your corporation's (if any) financial statements, if available.