

## Confidential Estate Planning Questionnaire-Married

### Your Information

Date \_\_\_\_\_

|  | Husband  | Wife   |
|--|--|--|
| Who referred you to this office?   |  |  |
| Home address   |  |  |
| Full Legal Name  |  |  |
| Name as you would like it to appear in your will and trust   |  |  |
| Name on your driver's license or passport, if different  |  |  |
| Primary Phone Number   | Type   | Type   |
| Primary E-Mail Address   |  |  |
| Occupation   |  |  |
| Employer   |  |  |
| Approximate Annual Income (total earnings, investments, retirement)  |  |  |
| Date and place of birth  | Date                      Place                      | Date                      Place                      |
| Citizenship  | USA              Other                               | USA              Other                               |
| Date and place of marriage   | Date                      Place                      |  |
| Do you have an oral or written agreement concerning marital property rights? (If yes, please provide a copy) | No              Yes                                  |  |
| Prior spouse name, if any  |  |  |
| Date and nature of termination   | Date                      Divorce              Death | Date                      Divorce              Death |
| Do you pay spousal and/or child support? (If yes provide copy of Marital Settlement Agreement or judgment)   | No              Yes                                  | No              Yes                                  |

## Family Information

| Child | Full Legal Name | Birthdate | Birthplace | Check If Legally Adopted | Check If Deceased | Parent(s), if other than both of you |
|-------|-----------------|-----------|------------|--------------------------|-------------------|--------------------------------------|
| 1.    |                 |           |            |                          |                   |                                      |
| 2.    |                 |           |            |                          |                   |                                      |
| 3.    |                 |           |            |                          |                   |                                      |
| 4.    |                 |           |            |                          |                   |                                      |
| 5.    |                 |           |            |                          |                   |                                      |
| 6.    |                 |           |            |                          |                   |                                      |

Are any of your adult children, your parents, or any other adults dependent upon you? If so, describe:

## Additional Information

|   | Husband |    | Wife |    |
|---|---------|----|------|----|
| Have you ever created a will or trust?  | Yes     | No | Yes  | No |
| Have you made substantial gifts (that require filing a gift tax return)?  | Yes     | No | Yes  | No |
| Do you expect an inheritance, or are you currently beneficiary of a trust?  | Yes     | No | Yes  | No |
| Do you intend to remain residents of California?  | Yes     | No | Yes  | No |
| Do you have assets located in a state other than California?  | Yes     | No | Yes  | No |
| Do you have assets located in a country other than USA (including bank accounts)?                                   | Yes     | No | Yes  | No |
| Are you currently involved in any lawsuit?  | Yes     | No | Yes  | No |
| Do you plan to name any non-family member a beneficiary in your estate plan?  | Yes     | No | Yes  | No |
| If yes, are they currently providing help or care services to you?  | Yes     | No | Yes  | No |
| Have you deposited any genetic material or other human tissue at a tissue bank, sperm bank, or reproductive clinic? | Yes     | No | Yes  | No |

## Professional Advisors

|                      |  |
|----------------------|--|
| Accountant           |  |
| Financial Advisor    |  |
| Life Insurance Agent |  |

## Fiduciaries

|   |               |  |
|---|---------------|--|
| Whom do you want to act as trustee/executor of any trust/will you may create? | First Choice  |  |
|   | Second Choice |  |
|   | Third Choice  |  |
|   | Fourth Choice |  |

|  |               |         |      |
|--|---------------|---------|------|
| Whom do you want to make medical and healthcare decisions for you when you cannot? |               | Husband | Wife |
|  | First Choice  |         |      |
|  | Second Choice |         |      |
|  | Third Choice  |         |      |

|  |               |  |
|--|---------------|--|
| If your children are minors (under age 18), whom do you want to take care of them as guardian if you cannot? | First Choice  |  |
|  | Second Choice |  |
|  | Third Choice  |  |
|  | Fourth Choice |  |

Please provide contact information for all persons named above:

| Name | Relationship to You | Citizenship, If Not USA | Address | Primary Phone Number |
|------|---------------------|-------------------------|---------|----------------------|
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |
|      |                     |                         |         |                      |

## Asset Information

|  | Asset Description | Approximate Value or Balance | How Title Is held |
|--|-------------------|------------------------------|-------------------|
| Checking, Savings, Market Accounts   |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
| Brokerage Accounts, Public Stocks and Bonds (excluding retirement accounts)  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
| Retirement Accounts (IRA, SEP IRA, 401(k), 403(b), pensions)   |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
| Business Interests (sole proprietorship, corporation, professional corporation, LLC, partnership; employer restricted stock, options; private equity investment) |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
|  |                   |                              |                   |
| Valuable Personal Property   |                   |                              |                   |
|  |                   |                              |                   |
| Loans Made to Others   |                   |                              |                   |

## Real Estate

|                     | Address | Approximate Value | Mortgage Balance | Purchase Price | How Title is Held |
|---------------------|---------|-------------------|------------------|----------------|-------------------|
| Principal Residence |         |                   |                  |                |                   |
| Real Estate (other) |         |                   |                  |                |                   |
|                     |         |                   |                  |                |                   |
|                     |         |                   |                  |                |                   |
|                     |         |                   |                  |                |                   |
|                     |         |                   |                  |                |                   |
|                     |         |                   |                  |                |                   |

## Life Insurance

|                                    | Policy 1 | Policy 2 | Policy 3 | Policy 4 |
|------------------------------------|----------|----------|----------|----------|
| Insurance Company                  |          |          |          |          |
| Policy Type (Term, Permanent, LTC) |          |          |          |          |
| Policy Owner                       |          |          |          |          |
| Person Insured                     |          |          |          |          |
| Beneficiaries                      |          |          |          |          |
| Death Benefit                      |          |          |          |          |

If additional space is required for any information on this questionnaire, please enter below.