

## Confidential Estate Planning Questionnaire-Single

### Your Information

Date \_\_\_\_\_

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
Primary E-Mail Address			
Occupation			
Employer			
Approximate Annual Income (total earnings, investments, retirement)			
Date and place of birth	Date	Place	
Citizenship	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
Do you pay spousal and/or child support? (If yes provide copy of Marital Settlement Agreement or judgment)	No	Yes	

## Family Information

Child	Full Legal Name	Birthdate	Birthplace	Check If Legally Adopted	Check If Deceased	Other Parent
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

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