

# ESTATE PLANNING QUESTIONNAIRE

Please print your entries in the blank spaces or check the appropriate box. If you need more space, use the space provided below the table. If you are uncertain about an answer, leave the space blank. Do not be concerned if you cannot complete all the spaces or answer all the questions. I will fill in the open spaces when we meet. Please call me to discuss any questions or concerns you may have.

<b>SECTION I. GENERAL INFORMATION</b>		
	<b>HUSBAND</b>	<b>WIFE</b>
1.	Full Legal Name	Full Legal Name
2.	Assumed or Former Name(s) a. _____ b. _____	Assumed or Former Name(s) a. _____ b. _____
3.	USA Citizen?      Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what country?	USA Citizen?      Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what country?
4.	Date of Birth	Date of Birth
5.	Social Security No.	Social Security No.
6.	Date of this Marriage	Date of this Marriage
7.	Place of this Marriage	Place of this Marriage
8.	CA Driver's License #: Expiration Date:	CA Driver's License #: Expiration Date:
9.	Home Address:  Home Phone: _____ Home Fax: _____ Home E-Mail: _____ Mobile/Cell: _____	Home Address:  Home Phone: _____ Home Fax: _____ Home E-Mail: _____ Mobile/Cell: _____
10.	Former Spouse(s): Divorce, Annulment or Death a. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____ b. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____ c. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____	Former Spouse(s): Divorce, Annulment or Death a. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____ b. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____ c. Name: _____ Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Died <input type="checkbox"/> Date: _____

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	<b>HUSBAND</b>	<b>WIFE</b>
14.	<p><b>Children of Prior Marriages</b></p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>a. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>b. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>c. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>d. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p>	<p><b>Children of Prior Marriages</b></p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>a. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>b. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>c. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p> <p style="text-align: center;">Legal Name <span style="float: right;">Date of Birth</span></p> <p>d. _____</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>  Married? Yes <input type="checkbox"/> No <input type="checkbox"/>  SSN: _____  Address: _____  _____  Telephone: _____  Spouse's Name: _____  Special Circumstances _____</p>

**15. CHILDREN OF THIS MARRIAGE**

Full Legal Name

a. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

b. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

c. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

d. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

e. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

**16. GRANDCHILDREN**

Full Legal Name

a. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

b. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

c. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

d. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

Full Legal Name

e. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Deceased? Yes  No  Married? Yes  No

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Special Circumstances \_\_\_\_\_

**SECTION II. BANKS, THRIFTS AND CREDIT UNIONS**

Financial Institution	Type of Account Checking • Savings • MM • CD	Maturity Date of Time Deposits	Interest Rate	Balance

**SECTION III. IRAs, 401(k)s AND OTHER RETIREMENT ACCOUNTS**

Financial Institution	Type of Account IRA • 401(k) • 403(b) • SEP Pension • Profit-Sharing	Retirement Date	Interest Rate	Balance

**SECTION IV. BROKERAGE ACCOUNTS AND MUTUAL FUNDS**

Name of Brokerage Firm or Mutual Fund Company	Number of Shares	Value

**SECTION V. REAL ESTATE**

DESCRIPTION AND STREET ADDRESS OF PROPERTY	COST BASIS	MARKET VALUE	LOAN BALANCE INTEREST RATE

**SECTION VI. PROMISSORY NOTES & TRUST DEEDS**

Creditor	Date of Note	Original Amount	Maturity Date	Interest Rate	Balance

**SECTION VII. PARTNERSHIPS AND LLC's**

Name and Address of Entity	Nature of Entity's Business	Market Value

**SECTION VIII. LIFE INSURANCE**

INSURED	CARRIER	TYPE OF POLICY whole life • universal life variable life • term	DEATH BENEFIT	LOAN BALANCE

**SECTION IX. ANNUITIES**

ANNUITANT	CARRIER	TYPE OF POLICY	CURRENT MARKET VALUE	DATE PURCHASED

**SECTION X. OTHER ASSETS**
