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ESTATE PLAN QUESTIONNAIRE

This questionnaire will provide us with basic personal and financial information for use in preparing your estate planning. Please fill out all the questions applicable to you. If you need more space, use another letter size sheet. If you don't know all the answers, do not worry. Although this questionnaire is somewhat involved, it is a good place to start, and will help us recommend and draft an appropriate estate plan for you. After you have filled out the questionnaire, please either mail it to us (with attachments) or bring it to our first meeting.

FAMILY INFORMATION

Personal	**Yourself** U.S. Citizen? Yes___No___	**Spouse (if married)** U.S. Citizen? Yes___No
Name (for legal documents)	____________________	____________________
Also known as	____________________	____________________
Home address	____________________	____________________
	____________________	____________________
Home telephone	____________________	____________________
E-mail address	____________________	____________________
Occupation	____________________	____________________
Business name	____________________	____________________
and address	____________________	____________________
	____________________	____________________
Business tel.	____________________	____________________
Date & place of birth	____________________	____________________
SS #	____________________	____________________

Marriage

Date & place of present marriage____

States of residence during present marriage (with approximate dates)

California from ____________________ to ____

____

____

Prenuptial or Community Property Agreement________________ If so, please bring to the 1st meeting.

Date of death of (or divorce from) former spouse:____

Approximate value of property received <u>after</u> marriage by gift inheritance, or joint tenancy survivorship:

____

____

Children. Please indicate if any child is an adopted child or a child of a previous marriage of yourself or your spouse.

Name	Date of Birth	Name of Child's Spouse if Married	Other Information

If you have minor children, who should serve as their guardian?

First Choice: ______________________ Relationship ______________

Second Choice: ______________________ Relationship ______________

Deceased children

Grandchildren	Date of Birth	Name of Parent

Parents (living)	Address	Relationship

INFORMATION ABOUT ASSETS

For proper estate planning general information is required about our assets and how they are held.

Savings and Checking Accounts.

Bank and Branch	Type of Account	Held in Whose Name	How Held? Joint tenancy, tenancy in common, in trust, community or separate property?	Estimated Amount

Safe Deposit Boxes

Location	Held in Whose Name

Securities/Investments.

Include brokerage accounts, mutual funds and individual securities.

Name on Account/Stock	Type of Account	Name of Broker/Issuer	Estimated Amount

Real Estate.

Include residence, ranch, vacation home, condominium, commercial property, leasehold, oil interests, etc. Attach copies of deeds and recent tax statements.

Location and Acreage	Outstanding Loans	Whose Name	Estimated Present Value

Retirement Plans.

Include IRA's, 401 (K), Pension plans and employee benefit plans.

Whose Plan/ Type of Plan	Plan Administrator	Approx. Current Value of Vested Benefits	$ Amount of Survivor Benefits	Named Beneficiary

Business Interests. Include interest in any business other than in the form of publicly traded securities noted under stocks above. "Legal Form: indicates sole proprietorship, partnership, or closely held corporation

Company Name	Interest Owned	Estimated Present Value

Personal Property Indicate location if other than home. Indicate estimated value if sold at auction.

1. Household furniture ______________________
2. Jewelry ______________________
3. Automobiles ______________________
4. Personal effects ______________________
5. Objects of art ______________________
____
6. Club memberships ______________________
7. Other ______________________

Money Owed to You. Include only notes or other receivables valued at more than $1,000.

Name of Debtor	Outstanding Balance	Owed to You/Spouse

Debts. Include loans on real property, notes payable, and other liabilities over $1,000.

Name of Creditor	Amount Owed	Owed by You/Spouse

Life Insurance.

1. Include both personal and group life insurance on you, your spouse, and your children.

Ins. Company	Person Insured	Policy #	Amount $	Beneficiaries

2. Please bring your life insurance policies including the Declaration pages to our meeting.

Annuities. If your own or are the beneficiary of any annuity not already shown above under Employee Benefit Plans, please attach a copy of the annuity contract.

Ins. Company	Person Insured	Policy #	Amount $	Beneficiaries

Interests in Trust. Please attach copy of trust instrument of any trust for which you or your spouse is a present or contingent beneficiary, a trustee, or the grantor or trustee.

Name of Trustor	Name of Trustee	Date of Creation	Est. Value of Trust Assets	Current Annual Payments

Other Assets.

Description and Location	Held in Whose Name	Value

MISCELLANEOUS DATA:

Inheritances. Does husband or wife:

		YES	NO
1.	Expect to inherit something from parents or others?		
2.	Have powers of appointment?		
3.	Expect to receive gifts from parents or others?		
4.	Have a beneficial interest in trust?		
5.	Have an interest in a buy-sell agreement?		
6.	Interest in a generation-skipping trust?		

Gift Data. Have you ever filed a gift tax return? __________ If so, please attach copies of those returns

Gaurdianship/Conservatorship.

Are you a custodian, guardian, or conservator for any person, including minor children? Yes ____ No ____
If so, please bring current statement of any account, and your papers establishing your authority.

Tax Preparer or Accountant.

Tax preparer or accountant ______________________________ Tel: ____________________
Address:____
Name and address of others who know about your affairs, including any personal attorney:
____
____
____
____

Executor/Successor Trustee. Please list the persons you would like to service as your executor and/or successor trustee.

	For Yourself	For Your Spouse
First Choice Name & Address		
Second Choice Name & Address		
Third Choice Name & Address		

Beneficiaries/Heirs of ______________________________

Names, Addresses and Tel./Cell #'s	Relationship	Birth Date if Under 21	Bequest

POWERS OF ATTORNEY (financial and health care): **Please complete the last page/s of**

this questionnaire with information regarding agents. (There is a separate sheet for each spouse where needed.)

A. **Uniform Statutory Power of Attorney:**

	Address	Telephone Numbers
First Choice Name & relationship		Home: Work:
Second Choice Name & relationship		Home: Work:
Third Choice Name & relationship		Home: Work:

Original to client/s: [ ] Yes [ ] No

B. **Advance Health Care Directive:**

	Address	Telephone Numbers
First Choice Name & relationship		Home: Work:
Second Choice Name & relationship		Home: Work:
Third Choice Name & relationship		Home: Work:

Original to clients: [ ] Yes [ ] No
Copy to Doctor: [ ] Yes [ ] No