

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.

SECTION I. GENERAL INFORMATION		
	HUSBAND	WIFE
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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	HUSBAND	WIFE
14.	Children of Prior Marriages <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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>	Children of Prior Marriages <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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> <div style="display: flex; justify-content: space-between;"> Legal Name Date of Birth </div> <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
