

**NEWARK-FREMONT LEGAL CENTER
ESTATE PLANNING QUESTIONNAIRE**

Complete the form below and then call our office for an appointment. 794-LAWS

Date: _____

General Information

Please use N/A to indicate not applicable.

CLIENT 1

Full Name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

CLIENT 2 [SPOUSE OF CLIENT 1]

Full Name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

Date and Place of Marriage: _____

Location of Marriage Certificate: _____

ADDRESS AND TELEPHONE INFORMATION:

Home telephone number: _____

Business telephone number: _____

Client 1: _____

Client 2: _____

Permanent Residence: _____

Address: _____

Own or Rent

How long have you resided there? _____

Other Residence(s): _____

Own or Rent

Describe each residence in each state (size of building, land, etc.)

If you have residences in more than one state: _____

State in which you are registered to vote: _____

When did you first register to vote in that state? _____

State in which your car is registered? _____

Address used on your federal tax return: _____

Address to which your credit card bills are sent: _____

Names and addresses of clubs and associations to which you belong: _____

PRIOR MARRIAGE(s)

CLIENT 1:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CLIENT 2:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN:

Please note that children of your present marriage are listed first. Children of prior marriage(s), where of yourself or your spouse, are listed separately. In all cases, please provide the following information:

- If the child is not living with you, the child's address.
- If the child is married, list the name of the child's spouse and the names of their children, if any.
- If you have children from prior marriage, indicate with whom the child resides if not with you.
- If any of your children are adopted, list the date of adoption and the location of documents.

- If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

Children of Existing Marriage:

1. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

2. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

3. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

4. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

Children of Prior Marriage(s):
CLIENT 1

1. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

2. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

CLIENT 2

1. Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

Full Name: _____
Address: _____
Date of Birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

DECEASED CHILDREN

Child 1:

Childs Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child: Yes No

Name of grandchild:Date of birth: _____

Name of grandchild:Date of birth: _____

Name of grandchild:Date of birth: _____

Child 2:

Childs Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child: Yes No

Name of grandchild:Date of birth: _____

Name of grandchild:Date of birth: _____

Name of grandchild:Date of birth: _____

PEOPLE RAISED BY CLIENT(S)

Are there people you and/or your spouse have raised as children who are not legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: _____

Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purpose of your Will and/or Trust,do you wish this person to be considered your child? Yes No

Full name: _____

Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purpose of your Will and/or Trust,do you wish this person to be considered your child? Yes No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify.

If you have friends that you consider as close family members, include them here.

CLIENT 1:

1. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

2. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

3. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

Client 2:

1. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

2. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

3. Name: _____
Address: _____
Relationship: _____
Date of Birth: _____
Other information: _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "n/a" next to it.

ESTATE PLANNING DOCUMENTS

Document	Location
WILL Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.	
TRUST Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.	
DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.	
POWER OF ATTORNEY FOR HEALTH CARE (ADVANCE DIRECTIVE), DIRECTIVE TO PHYSICIAN and/or LIVING WILL Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.	
If any powers of attorney have been granted by you to another:	
Date:	
Holder of power:	
State where executed:	
Special powers granted or withheld:	
Location of original(s):	
Number of originals executed:	

OTHER DEATH-RELATED DOCUMENTS

FUNERAL and BURIAL

CEMETERY PLOT and DEED TO PLOT
ORGAN DONATION DIRECTIONS

PERSONAL DOCUMENTS

BIRTH CERTIFICATE

MARRIAGE CERTIFICATE

DIVORCE DECREE

PREMARITAL AGREEMENTS
(please provide me with copies)

COMMUNITY PROPERTY AGREEMENT(S)
(please provide me with copies)

MARITAL PROPERTY AGREEMENT(S)
(please provide me with copies)

NATURALIZATION or
CITIZENSHIP DOCUMENTS

PASSPORT

YOUR CHILDREN'S BIRTH CERTIFICATES

YOUR CHILDREN'S
ADOPTION PAPERS

MILITARY SERVICE RECORDS
(DISCHARGE PAPERS)

BIRTH CERTIFICATE

EMPLOYMENT RECORDS

TAX RETURNS

COPIES OF INCOME
TAX RETURNS

COPIES OF GIFT
TAX RETURNS

ASSET AND LIABILITY RELATED DOCUMENTS

BROKERAGE STATEMENTS _____

STOCK CERTIFICATES AND BONDS
(not held in a brokerage acct) _____

DEED TO RESIDENCE and/or
VACATION HOME _____

LEASE TO RESIDENCE _____

CREDIT CARD INFORMATION LIST
(issues and account numbers) _____

BROKERAGE STATEMENTS _____

STOCK CERTIFICATES AND BONDS
(not held in a brokerage acct) _____

DEED TO RESIDENCE and/or
VACATION HOME _____

LEASE TO RESIDENCE _____

INSURANCE POLICIES

LIFE INSURANCE POLICIES _____

PROPERTY INSURANCE POLICIES _____

DISABILITY INSURANCE POLICY _____

DISTRIBUTION OF YOUR ESTATE

EXECUTORS:

In order of preference, please list the full names, relationships and address of your Executors:

Your spouse first: Yes No

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

TRUSTEES:

In order of preference, please list the full names, relationships and address of your Trustees:

Same as above: Yes No

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

GUARDIANS OF MINOR CHILDREN:

In order of preference, please list the full names, relationships and address of Guardians of any Minor Children:

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

DURABLE POWER OF ATTORNEY, HEALTH CARE (or ADVANCE HEALTH CARE DIRECTIVE)

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

HEALTH/SPECIAL NEEDS

Do either you or your spouse have health concerns? Yes No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan? Yes No

If yes, please explain: _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people?

Yes No

If yes, please list their full names, relationships to you and addresses. You may provide a brief explanation if you like.

1. Name: _____
Relationship: _____
Address: _____
Explanation: _____

2. Name: _____
Relationship: _____
Address: _____
Explanation: _____

3. Name: _____
Relationship: _____
Address: _____
Explanation: _____

DISTRIBUTION OF PROPERTY ON DEATH

In General:

What is your desired disposition of your property on your death and/or your spouse's death?

If married:

All to your spouse on death? Yes No

To your children in equal shares on your spouse's death? Yes No

If not married:

To your children in equal shares? Yes No

If either of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: _____
Address: _____
Proportion: _____

2. Name: _____
Address: _____
Proportion: _____

3. Name: _____
Address: _____
Proportion: _____

Children's Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No

Outright on your spouses death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

	Age	Fractional or % Interest of Share
Example:		
Name of Child:	<u>Jane Alexandra Smith</u>	
	<u>age 21</u>	<u>1/4 of share</u>
	<u>age 24</u>	<u>1/2 of share</u>
	<u>age 30</u>	<u>Remainder of share</u>

Name of Child: _____

Name of Child: _____

If a child or children of your predecease you:

Would you like their issue (your grandchildren) to receive their distribution?

Yes No

If yes, at the same ages listed above? Yes No

Simultaneous Death

Desired disposition of estate in the event client, spouse and issue die simultaneously:

Example:

- 1. Your heirs (determined by California law)**
- 2. Specific named individuals (other than your heirs generally)**
- 3. A specific charity (Red Cross, Boys Town, Girl Scouts)**

- 1.
- 2.
- 3.

Specific Bequests

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to the individuals issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

1. Diamond and ruby cocktail ring to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
2. Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.
3. Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
4. The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

- 1.
- 2.
- 3.

4.

KEY ADVISORS

Lawyer:

Name:

Address:

Telephone number:

Fax number:

E-mail address:

If listing this office:

Who referred you to this office?

Name:

Address:

Telephone number:

Relationship to you or to office:

Accountant:

Name:

Address:

Telephone number:

Fax number:

E-mail address:

Stockbrokers/Investment Advisor(s):

Name:

Address:

Institution:

Telephone number:

Fax number:

E-mail address:

Name:

Address:

Institution:

Telephone number:

Fax number:

E-mail address:

Name:

Address:

Institution:

Telephone number:

Fax number:
E-mail address:

Insurance Agent(s):

Name:
Address:
Company:
Telephone number:
Fax number:
E-mail address:
Type of insurance coverage:

Name:
Address:
Company:
Telephone number:
Fax number:
E-mail address:
Type of insurance coverage:

Trust Officer (Primary Banker):

Name and address of institution:
Name of contact person:
Telephone number:
Fax number:
E-mail address:
Account number:

Pension Plan Administrator:

Name and address of plan:
Name of contact person:
Telephone number:
Fax number:
E-mail address:
Account number:

Doctor:

Name:
Address:
Telephone number: