

Estate Plan Confidential Client Questionnaire

Part I: Personal Information

1.1 Husband/Partner/Self: _____ Age: _____ SS#: _____

1.2 Wife/Partner/Self: _____ Age: _____ SS#: _____

1.3 State and county of residence: _____

1.4 U.S. Citizen? Husband: Yes No Wife: Yes No

1.5 Home Address: _____

Phone: _____

Fax Number: _____

1.6 Date and location of this marriage: _____

1.7 Children of this marriage, if applicable:
(First name, middle initial, last name)

| Name | Birthdate | Birthplace |
|-------|-----------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any deceased children? Yes No

Prior marriage of either husband or wife? Yes No

If divorced, please provide copies of the decree and any related agreement.

Any marriage agreements settling property rights from a prior marriage? Yes No

Are there children of either you or your spouse/partner from a prior marriage? Yes No

Have any children been adopted? Yes No

Do you have a premarital agreement with regard to property rights? Yes No

Have you executed any prior wills or trusts? If so, please attach copy of document(s).

1.8 Grandchildren, if applicable:

| Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2.1 Proposed Executor of Wills.
(If including a minor, please provide for a third choice.)

For Husband/Self/Partner:

1st choice: _____

2nd choice: _____

3rd choice: _____

For Wife/Partner:

1st choice: _____

2nd choice: _____

3rd choice: _____

2.2 Proposed Successor Trustee of Trust.
(If including a minor, please provide for a third choice.)

1st choice: _____

2nd choice: _____

3rd choice: _____

2.3 Proposed Guardian of Minor Children.

1st choice: _____

2nd choice: _____

Do you have any special wishes or requests concerning the raising and development of

your children? (e.g., a particular religious faith, etc.)

2.4 Proposed Attorney in Fact.

a. Durable Power of Attorney for Finances.

For Husband/Self/Partner: 1st choice: _____

2nd choice: _____

For Wife/Partner: 1st choice: _____

2nd choice: _____

b. Advance Healthcare Directive.

For Husband/Self/Partner: 1st choice: _____

Contact info: _____

2nd choice: _____

Contact info: _____

3rd choice: _____

Contact info: _____

For Wife/Partner: 1st choice: _____

Contact info: _____

2nd choice: _____

Contact info: _____

3rd choice: _____

Contact info: _____

Do either Husband or Wife wish to make a statement regarding anatomical gifts?

Please list two physicians that you would trust to make decisions regarding your physical state in the event of incapacity.

Which of the following best describes your wishes regarding the choice to prolong life? (Please circle either option a) or b). Feel free to make notations regarding any specific feelings you have regarding these items).

- Husband:
- a) I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR
 - b) I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

- Wife:
- a) I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

b) I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

Would you direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens your death?

Husband: Yes No

Wife: Yes No

2.5 Specific gifts of money or property to specific persons? (Please list.)

2.6 Specific gifts of money or property to charities, churches or other non-profit organizations? (Please list.)

2.7 If a trust/custodianship for children is desired, age of distribution preferred:

Do you prefer distribution in lump sum or in staggered amounts?

Do any of your children have special educational, medical or financial needs?

2.8 If none of your children are living at the time of your deaths, where do you want your estate to go?

2.9 Have you ever resided in a state other than California? If so, which state(s), and for what periods of time?

2.10 Location of safe deposit box:

Who has access to safe deposit box?

2.11 Have you made any gifts in excess of \$10,000.00 to any person in any given year?

2.12 Please indicate any powers of appointment that you are aware of, if applicable.

2.13 Please list any transfers you have made as to which you have reserved use or income for life, or a power to revoke the transfer.

2.14 Advisors.

Accountant: _____

Trust officer: _____

Commercial bank: _____

Stockbroker or financial advisor: _____

Life insurance agent: _____

Clergy: _____

Physicians: _____

Other attorney: _____

Part II: Financial Data Assembly

Summary of Assets and Liabilities

I. Assets.

For the following assets, please provide a summary of the total value held i) separately by husband, ii) separately by wife, and iii) jointly by both spouses, either in joint tenancy or community property.

| | <i>Husband</i> | <i>Wife</i> | <i>Joint-Please indicate either JT/CP/CPRS</i> |
|------------------------|----------------|-------------|--|
| A Real estate | _____ | _____ | _____ |
| B Stocks and Bonds | _____ | _____ | _____ |
| C Mutual Funds | _____ | _____ | _____ |
| D Family Corporations | _____ | _____ | _____ |
| E Cash | _____ | _____ | _____ |
| F Mortgages/Notes | _____ | _____ | _____ |
| G Life insurance | _____ | _____ | _____ |
| H Partnerships | _____ | _____ | _____ |
| I Sole Proprietorship | _____ | _____ | _____ |
| J Annuities | _____ | _____ | _____ |
| K Qualified Plan Ben's | _____ | _____ | _____ |
| L Miscellaneous Prop | _____ | _____ | _____ |

II. Liabilities

| | | | |
|---------------------|-------|-------|-------|
| A Unsecured debt | _____ | _____ | _____ |
| B Real estate loans | _____ | _____ | _____ |
| C Operating loans | _____ | _____ | _____ |
| D Equipment loans | _____ | _____ | _____ |

E Other loans _____

Detailed Listing of Assets and Related Liabilities

A. Real Estate-Parcel 1

Legal Description: _____

Type of Property: _____

Owners: _____

Date acquired: _____

Cost basis: _____

Present fmv: _____

Current mortgage: _____

Real Estate-Parcel 2

Legal Description: _____

Type of Property: _____

Owners: _____

Date acquired: _____

Cost basis: _____

Present fmv: _____

Current mortgage: _____

Real Estate-Parcel 3

Legal Description: _____

Type of Property: _____

Owners: _____

Date acquired: _____

Cost basis: _____

Present fmv: _____

Current mortgage: _____

B. Listed Stocks and Mutual Funds (Fill in or attach list; please indicate brokerage location if applicable)

| <i>Description</i> | <i>Ownership (SP/JT/CP/Unsure)</i> | <i>Cost</i> | <i>FMV</i> |
|--------------------|------------------------------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. Other Stocks and Bonds (Fill in or attach list)

| <i>Description</i> | <i>Ownership (SP/JT/CP/Unsure)</i> | <i>Cost</i> | <i>FMV</i> |
|--------------------|------------------------------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

D. Closely Held Corporations

Name of business/address:

State of incorporation:

S or C corporation?

Capitalization:

Outstanding common shares?

Outstanding preferred shares?

Outstanding debentures?

Authorized shares?

Dividend rate?

Ownership:

Husband-Common/Preferred/Debentures?

Wife- Common/Preferred/Debentures?

Does a Buy-Sell Agreement Exist? If so, please attach.

Other commitments of business:

Stock option agreement?

Key person insurance?

Other employee benefit plans?

E. Bank Account Information.

1. Checking Accounts

Bank:

Amount and Ownership (SP/JT/CP):

2. Savings Accounts

Bank:

Amount and Ownership (SP/JT/CP):

F. Notes and Mortgages.

Debtor

Security

Payee

Current Balance

G. Life Insurance.

Policy #1

Company: _____

Policy no.: _____

Owner: _____

Insured: _____

Beneficiary: _____

Alternate: _____

Type of policy: _____

Face value: _____

Cash value: _____

Issue date: _____

Agent name: _____

Policy #2

Company: _____

Policy no.: _____

Owner: _____

Insured: _____

Beneficiary: _____

Alternate: _____

Type of policy: _____

Face value: _____

Cash value: _____

Issue date: _____

Agent name: _____

Policy #3

Company: _____

Policy no.: _____

Owner: _____

Insured: _____

Beneficiary: _____

Alternate: _____

Type of policy: _____

Face value: _____

Cash value: _____

Issue date: _____

Agent name: _____

H. Business Partnerships or LLCs

Name of business:

Business address:

Type of business organization (e.g., Limited Partnership, General Partnership, LLC):

Distribution of partnership interests:

Husband:

Wife:

Others:

I. Sole Proprietorship (Describe or attach balance sheet for proprietorship)

| | <i>Description</i> | <i>Value</i> | <i>Ownership</i> |
|----------------------|--------------------|--------------|------------------|
| Business assets. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Business debt. | | | |
| Unsecured Notes: | _____ | _____ | _____ |
| Security Agreements: | _____ | _____ | _____ |
| Accounts Payable: | _____ | _____ | _____ |

J. Annuities

Type: _____

Beneficiary (1st): _____

Beneficiary (2nd): _____

Current Value: _____

K. Qualified Plan Benefits

Type: _____

Beneficiary (1st): _____

Beneficiary (2nd): _____

Current Value: _____

L. Miscellaneous (For each of the following, please list a description of the particular item, current fair market value, and percentage ownership, if applicable.)

(i) Collections:

(ii) Personal Effects:

Are personal effects and household goods to pass to the surviving spouse? [] Yes [] No

If not, to whom? _____

At the death of the surviving spouse, are personal effects and household goods to pass to the surviving children? [] Yes [] No

If not, then to whom? _____

(iii) Patents, Trademarks:

(iv) Other miscellaneous items of value that have not been covered in this questionnaire, including frequent flyer miles:

