

For Office Use:

Independent Review Required _____

Att #1 _____

Att #2 _____

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ESTATE PLANNING QUESTIONNAIRE

Please print or write legibly the following information. If you need more space, use another sheet of paper and attach it to this questionnaire. If you are not certain about an answer, please indicate that you are not sure. Bring this completed questionnaire with you to your appointment together with **COPIES** (*not the originals, but copies we can keep*) of deeds, recent property tax statements, insurance policies, divorce/dissolution judgments, and pre and post-marital agreements, if any.

IF YOU ARE NOT PRESENTLY MARRIED, USE “HUSBAND” FOR MALES AND “WIFE” FOR FEMALES AND IGNORE THE OTHER SECTION. IF YOU ARE UNMARRIED PARTNERS, USE “HUSBAND” FOR PARTNER # 1 AND “WIFE” FOR PARTNER # 2.

Referred by: _____

Please Describe Your Legal Status:

- Single**
- Married**
- Registered Domestic Partners**
- Other (please describe)** _____

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3. BIRTH INFORMATION:

a. Husband's date and place of birth: _____

b. Wife's date and place of birth: _____

4. DATE CAME TO CALIFORNIA:

a. Husband: ____ / ____ / ____

b. Wife: ____ / ____ / ____

5. DATE AND PLACE OF MARRIAGE:

Date: ____ / ____ / ____

Place: _____

6. Have husband and wife entered into any marriage agreements (Pre or Post Nuptial- before or after marriage)? *If "Yes," please provide a **COPY** of such agreements.*

YES () NO ()

7. CHILDREN OF THIS MARRIAGE:

| | NAME | ADDRESS | BIRTH DATE |
|----|------|---------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

8. If husband and/or wife were married previously, please list (1) the name(s) of prior spouse(s), (2) the date of dissolution or death, and (3) the county and state of dissolution (if applicable). Circle (H) if it is husband's prior marriage and (W) if it is wife's prior marriage. **PLEASE PROVIDE a COPY of DIVORCE PAPERS, ORDERS FOR SUPPORT, and ORDERS FOR PROPERTY DIVISION.**

H/W _____
NAME DATE COUNTY STATE

H/W _____
NAME DATE COUNTY STATE

H/W _____
NAME DATE COUNTY STATE

H/W _____
NAME DATE COUNTY STATE

9. If husband and/or wife have children outside of this present marriage, please provide the following information. Circle (H) if the child is the natural child of husband, (W) if the child is the natural child of wife, or (A) if the child is adopted:

| | NAME | ADDRESS | BIRTH DATE |
|-------|------|---------|------------|
| H/W/A | | | |
| H/W/A | | | |
| H/W/A | | | |
| H/W/A | | | |

10. If husband or wife have any deceased children, please provide names(s) and date(s) of death of any such deceased children, and list the deceased child's children, if any:

| | NAME | DATE OF DEATH | DECEASED CHILD'S CHILDREN |
|-----|------|---------------|---------------------------|
| H/W | | | |
| | | | |
| H/W | | | |
| | | | |

11. If your parents are living, please list their names and the city and state of their residence:

| | NAME | CITY | STATE |
|---------------------|------|------|-------|
| Husband's Parent(s) | | | |
| | | | |
| Wife's Parent(s) | | | |
| | | | |

12. Location of safe-deposit box(es): _____

13. Who has access to safe-deposit box(es)?: _____

14. Does husband and/or wife presently have Wills or other estate planning? If "Yes," please provide us with a **COPY** of all such documents **AT LEAST TWO WEEKS BEFORE YOUR INITIAL APPOINTMENT.**

YES () NO ()

15. Does husband or wife:

| | HUSBAND | WIFE |
|--|----------------|----------------|
| (a) Expect to inherit anything from parents or others? | YES () NO () | YES () NO () |
| (b) Expect to receive benefits from a retirement plan? | YES () NO () | YES () NO () |
| (c) Have powers of appointment over someone else's estate or Trust? | YES () NO () | YES () NO () |
| (d) Expect to receive substantial lifetime gifts from parents or others? | YES () NO () | YES () NO () |
| (e) Have a beneficial interest in a Trust? | YES () NO () | YES () NO () |
| (f) Have an interest in a buy-sell agreement (<i>in a partnership or corporation</i>)? | YES () NO () | YES () NO () |

16. If married or registered domestic partners, do you consider all of your property community property?
(*Would all of your property belong to both of you in the event of a dissolution?*)

YES () NO ()

17. If married or registered domestic partners, was any of your property acquired before marriage or while living in another state?

YES () NO ()

18. SEPARATE PROPERTY

a. Husband's Separate Property:

(i) Does husband own any separate property? (*Gifts, inheritances, earnings before marriage, property purchased before marriage.*) If "Yes," please provide a list of separate assets.

YES () NO ()

(ii) Does husband desire to retain these assets as his separate property?

YES () NO ()

b. Wife's Separate Property:

(i) Does wife own any separate property? (*Gifts, inheritances, earnings before marriage, property purchased before marriage.*) If "Yes," please provide a list of separate assets.

YES () NO ()

(ii) Does wife desire to retain these assets as her separate property?

YES () NO ()

19. RETIREMENT PLANS

a. Does wife wish to give her interest, if any, in husband's retirement plan, IRA, etc. to husband if she is the first to die, giving him the right of ultimate disposition?

YES () NO ()

b. Does husband wish to give his interest, if any, in wife's retirement plan, IRA, etc. to wife if he is the first to die, giving her the right of ultimate disposition?

YES () NO ()

20. List the name and address of each proposed executor (*the person who will administer things pursuant to your Will after your death*).

a. Husband's 1st Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

b. Husband's 2nd Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

22. Please list any particular funeral or burial instructions. Have you made and/or paid for arrangements?

a. **Husband:** _____

b. **Wife:** _____

23. Please indicate how husband wishes his estate to be distributed after his death: _____

Are any of these proposed beneficiaries your caregiver, caretaker or someone who provides care for you? *(Special laws apply to gifts to anyone who assists you in areas of daily living. Compliance with these laws is mandatory or the gift is void.)*

YES () NO ()

If “Yes,” who and what service do they provide?: _____

24. Please indicate how wife wishes her estate to be distributed after her death_____

Are any of these proposed beneficiaries your caregiver, caretaker or someone who provides care for you? *(Special laws apply to gifts to anyone who assists you in areas of daily living. Compliance with these laws is mandatory or the gift is void.)*

YES () NO ()

If "Yes," who and what service do they provide?:_____

25. Is husband a dependent adult?

YES () NO ()

26. Is wife a dependent adult?

YES () NO ()

27. Does husband depend on others for assistance in paying bills/writing checks, shopping, cooking, or caring for himself?

YES () NO ()

28. Does wife depend on others for assistance in paying bills/writing checks, shopping, cooking, or caring for herself?

YES () NO ()

29. Would wife be able to deal with husband's separate and/or community assets following husband's death or should someone else manage the assets for her?

ABLE () UNABLE ()

30. Would husband be able to deal with wife's separate and/or community assets following wife's death or should someone else manage the assets for him?

ABLE () UNABLE ()

31. If something happened to you, whom would you want to act as guardian for your minor children (*a guardian takes the place of a parent in making personal decisions and handling finances*)?

a. Husband's 1st Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

b. Husband's 2nd Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

c. Wife's 1st Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

d. Wife's 2nd Choice:

Name: _____ Phone number: () _____

Address: _____
Street City State Zip Code

33. Whom would you want to have a Power of Attorney over your assets (finances) at a time when you are unavailable or incapacitated? *(This must be someone you have absolute trust will not steal from you.)*

a. Husband's 1st Choice:

Name: _____

Address: _____
Street City State Zip Code

Phone numbers: Home: () Work: ()

b. Husband's 2nd Choice:

Name: _____

Address: _____
Street City State Zip Code

Phone numbers: Home: () Work: ()

c. Wife's 1st Choice:

Name: _____

Address: _____
Street City State Zip Code

Phone numbers: Home: () Work: ()

d. Wife's 2nd Choice:

Name: _____

Address: _____
Street City State Zip Code

Phone numbers: Home: () Work: ()

34. Is or will Medi-Cal/Long-Term care be an issue for you?

YES () NO ()

If “Yes,” are you willing to grant your Successor Trustee and/or Agent under a Power of Attorney the power/authority to make changes in your estate plan, assets, or make transfers for planning or eligibility purposes?

YES () NO ()

ADDITIONAL NOTES:

ESTATE INVENTORY

The following listing of assets is needed for determining possible estate taxes and means of reducing them. The fair market value (“FMV”) is your best estimate as to the value of the assets on the open market at this time.

For ownership, circle either “H” (husband’s), “W” (wife’s), “J” (joint tenancy), “C” (community property), or “O” (other).

- A. REAL PROPERTY:** List all real property interests, including mineral rights. **Please provide us with a COPY of the most recent deed and property tax statement for each property.** For each property, please provide the address, approximate gross fair market value (“FMV”), the approximate balance of the mortgage and other encumbrances on the property (“OWNED”), the approximate net value of the property (“NET”), your basis in the property (the date and cost of acquisition) (“BASIS”), and how title is currently held (who is on the account- husband’s separate, wife’s separate, joint tenancy, community property, or other) (“TITLE”).

| | ADDRESS | FMV | OWNED | NET | BASIS | TITLE |
|----|---------|-----|-------|-----|-------|-----------|
| 1. | | | | | | H/W/J/C/O |
| 2. | | | | | | H/W/J/C/O |
| 3. | | | | | | H/W/J/C/O |
| 4. | | | | | | H/W/J/C/O |

B. CASH AND BANK ACCOUNTS: For each bank account you have, please provide the institution's name, your account number, the type of account, the approximate balance, and how title is held.

| | INSTITUTION NAME | ACCOUNT # | TYPE | BALANCE | TITLE |
|----|------------------|-----------|------|---------|-----------|
| 1. | | | | | H/W/J/C/O |
| 2. | | | | | H/W/J/C/O |
| 3. | | | | | H/W/J/C/O |
| 4. | | | | | H/W/J/C/O |

C. SECURITIES: List stocks, bonds, mutual funds, etc., approximate value, basis, and how title is held. (**DO NOT** list retirement assets [IRA, 401K, 403b] here.)

| | NAME/TYPE | APPROXIMATE VALUE | BASIS | TITLE |
|----|-----------|-------------------|-------|-----------|
| 1. | | | | H/W/J/C/O |
| 2. | | | | H/W/J/C/O |
| 3. | | | | H/W/J/C/O |
| 4. | | | | H/W/J/C/O |

D. DEEDS OF TRUST, MORTGAGES, and NOTES OWED TO YOU: For any Promissory Notes, Deeds of Trust, Mortgages, or other debts that **others owe to you**, please list them below and bring a **COPY** of such documents with you to your appointment.

| | BORROWER'S NAME | AMOUNT DUE | OWNER OF NOTE |
|----|-----------------|------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

E. OTHER BUSINESS INTERESTS: Please list any business interest you have (sole proprietorship, partnership, corporation) and indicate what, if any, provisions exist for disposition upon death. For corporations, indicate "S" or "C" corp. tax status. For LLP's, LLC's, and partnerships, bring a **COPY** of the agreement. For corporations, bring a **COPY** of stock certificates and a **COPY** of any agreement or document prescribing a method or restrictions on transfer.

1. _____
2. _____
3. _____
4. _____

F. AUTOMOBILES and BOATS

| | DESCRIPTION | VALUE | TITLE |
|----|-------------|-------|-----------|
| 1. | | | H/W/J/C/O |
| 2. | | | H/W/J/C/O |
| 3. | | | H/W/J/C/O |
| 4. | | | H/W/J/C/O |

G. OTHER PERSONAL PROPERTY: What is the approximate value of your personal effects such as tools, household furniture, and equipment? \$_____

H. RETIREMENT PLANS:

| | OWNER | NAME | ACCOUNT # | BENEFICIARY | APPROXIMATE VALUE |
|----|-------|------|-----------|-------------|-------------------|
| 1. | H/W | | | | |
| 2. | H/W | | | | |
| 3. | H/W | | | | |
| 4. | H/W | | | | |

I. **LIFE INSURANCE:** For each life insurance policy, please list the owner, the insured, and the beneficiary as well as the type of policy (term or whole life) and the face amount of the policy.

| | OWNER | INSURED | BENEFICIARY | TYPE | FACE AMOUNT |
|----|-------|---------|-------------|---------------------|-------------|
| 1. | H/W | | | Term/ Whole Life | |
| 2. | H/W | | | Term/ Whole Life | |
| 3. | H/W | | | Term/ Whole Life | |
| 4. | H/W | | | Term/ Whole Life | |

J. **OTHER ASSETS:** Please list any assets (description & value) not covered above:

K. **OTHER LIABILITIES:** Please list any liabilities (creditor & amount) not covered above:

L. **NET ESTATE:** Please list your estimate of the net value of your estate (total assets minus total liabilities):

\$ _____

We Look Forward to Serving You!

JOHN T. ANDERSON, Esq.* LISA R. NORMAN, Esq.
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Attorneys at Law

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