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**ESTATE PLANNING QUESTIONNAIRE
FOR A MARRIED COUPLE**

Please complete the attached questionnaire. Please bring this completed questionnaire, along with the following items to your estate planning meeting:

- Most recent Federal Income Tax Return
- Current estate planning documents including any wills or trusts, if any
- Deeds for each piece of real estate owned
- Recent property tax bills for each piece of real estate owned
- Names, addresses and social security numbers of any individuals that you intend to name as a beneficiary or act as a trustee or executor, etc.
- Copies of any prenuptial or postnuptial agreements

Please also request change of beneficiary forms for:

All life insurance policies and annuities
Each IRA, 401(k), Keogh or any other retirement plan

Referral

Referred by: _____

Husband's Information

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Assumed or Former Names: _____
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: _____ Social Security #: _____
U.S. Citizen: Yes No If no, what country: _____
California Resident: Yes No If no, state: _____

Wife's Information

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Assumed or Former Names: _____
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: _____ Social Security #: _____
U.S. Citizen: Yes No If no, what country: _____
California Resident: Yes No If no, state: _____

Home Contact Information

Address: _____
Number Street

City State Zip

Telephone: (Home) (_____) _____ -- _____
(Home Fax) (_____) _____ -- _____
(Husband's Mobile) (_____) _____ -- _____
(Wife's Mobile) (_____) _____ -- _____
(Home Email) _____

Husband's Occupation

Employer: _____ Phone: _____

Position: _____

Address: _____ Fax: _____
Number Street

City State Zip Email: _____

Is this your own business? Yes No May we contact/fax you at work? Yes No

Wife's Occupation

Employer: _____ Phone: _____

Position: _____

Address: _____ Fax: _____

Number Street

City State Zip

Email: _____

Is this your own business? Yes No May we contact/fax you at work? Yes No

Information About Current Marriage

Date of Marriage: _____ City & State of Marriage: _____

Do you have a prenuptial or postnuptial agreement? Yes No

Husband's Former Marriages

Have you been married previously? Yes No

If so, how many times? _____

Enter the following information regarding each former spouse

Name of first former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: Divorced Annulment Death Date: _____

Name of second former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: Divorced Annulment Death Date: _____

Please attached additional sheets if necessary

Wife's Former Marriages

Have you been married previously? Yes No

If so, how many times? _____

Enter the following information regarding each former spouse

Name of first former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: Divorced Annulment Death Date: _____

Name of second former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: Divorced Annulment Death Date: _____

Please attached additional sheets if necessary

Information Regarding Children

Number of living children _____

Number of deceased children _____

First Child

Mr., Mrs., Ms.,
Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Sex: Male _____ Female _____

Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___Yes ___No

If no: Name of child's other parent _____

and current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: _____
Number Street
City State Zip

Telephone: _____

Social Security #: _____

Child's Marital Status: ___Married ___Single ___Separated

Does this child have any living children? ___Yes ___No

Any special circumstances? _____
(Health or other concerns)

Second Child

Mr., Mrs., Ms.,
Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Sex: Male _____ Female _____

Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___Yes ___No

If no: Name of child's other parent _____

and current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Fourth Child

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Sex: Male _____ Female _____
Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___Yes ___No
If no:

Name of child's other parent _____

and current relationship to client _____

(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: _____
Number Street

City State Zip

Telephone: _____

Social Security #: _____

Child's Marital Status: ___Married ___Single ___Separated

Does this child have any living children? ___Yes ___No

Any special circumstances? _____
(Health or other concerns)

Please attached additional sheets if necessary

Husband's Family Information

Husband's Parents

Father's Name _____ Age _____ Health _____

If deceased, Date of Death _____ County of Death _____

Address: _____
Number Street

City State Zip

Telephone: _____

Mother's Name _____ Age _____ Health _____

If deceased, Date of Death _____ County of Death _____

Husband's Parents, Cont.

Address: (If different) _____
Number Street
City State Zip

Telephone: (If different) _____

Will parents need any financial assistance from you in the future? Yes No

Husband's Brothers and Sisters

Sibling One

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street
City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Two

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street
City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Three

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Address: _____

Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Please attached additional sheets if necessary

Wife's Family Information

Wife's Parents

Father's Name _____ Age _____ Health _____

If deceased, Date of Death _____ County of Death _____

Address: _____

Number Street

City State Zip

Telephone: _____

Mother's Name _____ Age _____ Health _____

If deceased, Date of Death _____ County of Death _____

Address: (If different) _____

Number Street

City State Zip

Telephone: (If different) _____

Will parents need any financial assistance from you in the future? Yes No

Wife's Brothers and Sisters

Sibling One

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street
_____ City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Two

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street
_____ City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Three

Name: _____ Age: _____

Brother Sister

Full Blood Half Blood

Married: Yes No If yes, Spouse's name: _____

Number of children: _____

Sibling Three, Cont.

Address: _____
Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Please attached additional sheets if necessary

Information About Assets

Estimated value of all assets owned \$ _____

Real Estate, Property One

Name(s) on title _____

Address: _____
Number Street

City State Zip

Value \$ _____ Mortgage \$ _____

Real Estate, Property Two

Name(s) on title _____

Address: _____
Number Street

City State Zip

Value \$ _____ Mortgage \$ _____

*****For all real estate, please attach a copy of your deeds and property tax bills.**

Checking/Savings

Name of institution _____ Balance \$ _____

Name(s) on the account _____

Checking/Savings

Name of institution _____ Balance \$ _____

Name(s) on the account _____

Money Markets/CD's

Name of institution _____ Balance \$ _____

Name(s) on the account _____

Money Markets/CD's

Name of institution _____ Balance \$ _____

Name(s) on the account _____

Brokerage Account

Name of institution _____ Value \$ _____

Name(s) on the account _____

Brokerage Account

Name of institution _____ Value \$ _____

Name(s) on the account _____

Mutual Funds

Name of institution _____ Value \$ _____

Name(s) on the account _____

Mutual Funds

Name of institution _____ Value \$ _____

Name(s) on the account _____

Stock/Bond Certificates

Description _____ Value \$ _____

Name(s) on the certificate _____

Stock/Bond Certificates

Description _____ Value \$ _____

Name(s) on the certificate _____

Stock Options

Description _____ Value \$ _____

Name on options _____

Stock Options

Description _____ Value \$ _____

Name on options _____

IRA

Name of institution _____ Value \$ _____

Name on the account _____

Who is the beneficiary _____

IRA

Name of institution _____ Value \$ _____

Name on the account _____

Who is the beneficiary _____

401(k)/Other Retirement Plan

Name of institution _____ Value \$ _____

Name on the account _____

Who is the beneficiary _____

401(k)/Other Retirement Plan

Name of institution _____ Value \$ _____

Name on the account _____

Who is the beneficiary _____

Business Ownership

Name of business _____ Value \$ _____

Type of ownership: Corporation LLC Partnership (General or Limited)

Number of shares/units or % interested _____

Name(s) on certificate _____

Is there a buy-sell agreement? Yes No If yes, please attach a copy.

Life Insurance

Name of institution _____ Value \$ _____

Type of Insurance Term Whole Life Other _____

Who is insured _____

Name of owner _____

Who is the beneficiary _____

Life Insurance

Name of institution _____ Value \$ _____

Type of Insurance Term Whole Life Other _____

Who is insured _____

Name of owner _____

Who is the beneficiary _____

Auto

General Description _____ Value \$ _____

Name(s) on title _____

Auto

General Description _____ Value \$ _____

Name(s) on title _____

Household Furnishings, Art, Jewelry, Collectables

Estimated Value of Household Contents _____ Value \$ _____

Other Asset

General Description _____ Value \$ _____

Name(s) on asset _____

Other Asset

General Description _____ Value \$ _____

Name(s) on asset _____

Please attached additional sheets if necessary

Information About Estate Plans And Gifts

Have you had any other estate planning done? __Yes __No

If yes, please bring any prior estate planning documents to our first meeting.

Have you or your spouse ever:

___ Made gifts in excess of \$10,000 in any one year to anyone?

___ Made other gifts? (Describe Below)

Contact Information For Other Professionals

Accountant _____ (Name) _____ (Phone)

Insurance Agent _____ (Name) _____ (Phone)

Financial Advisor _____ (Name) _____ (Phone)

Other _____ (Name) _____ (Phone)

