

Howard Thomas, MBA, CLU, FLMI, JD
Mediation & Legal Services
1990 N. California Blvd. 8th Floor
Walnut Creek, CA 94596
Phone (925) 274-0432 Fax (925) 274-0913 Cell (415) 793-9781

Preliminary Estate Planning Questionnaire

Thank you for choosing to have me assist you with your estate planning. Please take the time to complete this questionnaire. It is designed to provide me with basic information that I will need to understand your particular situation. Do not be concerned if you are unable to answer all of the questions, we will go over all of the questions during our appointment. If you would prefer to attach separate lists or account statements rather than completing portions of this questionnaire, feel free to do so. If you experience any difficulty in completing the questionnaire, please call me.

Please bring to the conference copies of: deeds, life insurance policies (including declarations page), recent brokerage and bank account statements, marital property and premarital agreements, business contracts, your present Will, Trust and any Codicils or Amendments, beneficiary designations for IRA's, pensions, annuities and insurance, and any previously filed Federal Gift Tax Returns, Form 709. Please bring your address book.

1. Your name: _____

2. Spouse's name: _____

All names should be exactly as you wish them to appear in your documents. If you are known by other names, or a nickname, please indicate.

3. Social Security Numbers

Yours: _____

Spouse's: _____

4. Addresses:

Residence: _____

Business: _____

Mailing (if different from residence): _____

5. Telephone numbers and E-mail addresses:

Yours: _____

Home: _____

Home fax: _____

Work: _____

Work fax: _____

Pager: _____

Cellular: _____

E-mail: _____

Spouse's:

Home: _____

Home fax: _____

Work: _____

Work fax: _____

Pager: _____

Cellular: _____

E-mail: _____

6. Date, place of birth and citizenship

Your: _____

Spouse: _____

7. Date came to California:

Your: _____

Spouse: _____

8. Marriage

a. Date and place of marriage: _____

b. Approximate net worth at time of marriage:

Your: _____

Spouse: _____

9. Prior marriages, if any, date, and how terminated:

You: _____

Spouse: _____

10. Children of this marriage, if any (indicate if any are adopted or are now deceased):

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Children not of this marriage, if any (indicate if any are adopted or are now deceased):

You:

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spouse:

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. Name, address and approximate age of a primary guardian and a secondary guardian to be appointed for minor children. Give relationship to you, if any:

Primary:

Name: _____
Address: _____
Age: _____
Relationship to you: _____

Secondary:

Name: _____
Address: _____
Age: _____
Relationship to you: _____

13. If any of your children are married, give the name of his or her spouse. List the names and birthdates of all of your grandchildren.

Full Name of Grandchild	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. Approximate yearly income:

You: _____

Spouse: _____

15. Location of safe deposit boxes (provide name of bank, branch, and address):

16. Location of wills, if any (provide place and address):

17. Name and address of attorney who drafted present wills:

18. Name, address and phone number of other professional advisors:

Attorney: _____

Accountant: _____

Investment advisor: _____

Insurance agent: _____

19. List your assets (if possible, indicate when acquired, cost, present value, liens or mortgages and how title is held):

a. Real Estate (include address and general description of property, such as "residence" or "10 unit strip mall"):

b. Cash: savings and checking (include balance, account type and bank name and location):

- c. Stocks, bonds, mutual funds and other marketable securities (include balances and brokerages, if any):

- d. Tangible personal property such as cars, boats, and paintings (include value):

- e. Life insurance:

- i. Name of Insured: _____
Beneficiary: _____
Owner: _____
Insurance Company: _____
Policy number: _____
Face Value: _____
Policy Type: _____
Purpose: _____
- ii. Name of Insured: _____
Beneficiary: _____
Owner: _____
Insurance Company: _____
Policy number: _____
Face Value: _____
Policy Type: _____
Purpose: _____
- iii. Name of Insured: _____
Beneficiary: _____
Owner: _____
Insurance Company: _____
Policy number: _____
Face Value: _____
Policy Type: _____
Purpose: _____

f. Retirement, IRA and death benefits (from employment, lodge membership, and so on); indicate present value and identity of beneficiary:

Your: _____

Spouse: _____

g. Business interests:

h. Debts owed to you or your spouse (assets):

i. Other assets (collections, heirlooms, and so on):

20. Have you or your spouse entered into an agreement regarding the community/separate property character of any of the above assets (these are commonly referred to as “premarital” or “marital” property agreements)? If so, briefly describe it, and bring a copy of the agreement to our conference.

21. Give details of any gifts or inheritances you or your spouse have received in the past:

22. Give details of any gifts or inheritances you or your spouse might receive in the future:

23. List any major debts:

24. Have you or your spouse ever made any gifts of a substantial value (more than \$3,000 to one person in any year)? If so, list recipients, dates and amounts:

25. Name and address of a primary executor and a secondary executor to be named in your Will.
Give relationship to you, if any.

You:

Primary: _____

Secondary: _____

Spouse:

Primary: _____

Secondary: _____

26. Name and address of primary trustee and a secondary trustee to be named in your Trust. Give relationship to you, if any.

Primary: _____

Secondary: _____

27. Name and address of a primary agent and secondary agent to be named in a Durable Power of Attorney for Property. (A person to assist you with certain property transactions). Give relationship to you, if any.

You:

Primary: _____

Secondary: _____

Spouse:

Primary: _____

Secondary: _____

28. Are you or your spouse the creator, the trustee, or the beneficiary of any trust (oral or written), or do you have a power of appointment (a right to direct the disposition of certain property)? If so give details.

29. Name and address of your primary care physician:

Your: _____

Spouse: _____

30. Name, address and phone number of a primary agent and a secondary agent to be named in a Durable Power of Attorney for Health Care. (A person to make you medical care decisions if you are incapacitated). Give relationship to you, if any.

You:

Primary: _____

Secondary: _____

Spouse:

Primary: _____

Secondary: _____

31. Names and address of persons to be notified of death of you and your spouse:

You:

Spouse:

32. Funeral or burial instructions, if any:

You: _____

Spouse: _____

33. Briefly, how do you now think you want your property disposed of at your death? Also, give any other information you think is pertinent to your estate plan.

34. Are there any internal family conflicts you wish to discuss?

35. Are there any family medical issues you wish to consider?

36. List any non-profit organizations you support.

37. Do you have any particular concerns that you wish to discuss?

