

## ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_

### General Information

Please fill out the following pages as completely as possible. Please use "N/A" to indicate "not applicable".

Partner A: \_\_\_\_\_ Partner B : \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_Y \_\_\_N Are you a U.S. citizen? \_\_\_Y \_\_\_N

Partner A: Have you ever been married? \_\_\_Y \_\_\_N  
If yes, name of spouse or former spouse:  
\_\_\_\_\_

Partner B: Have you ever been married? \_\_\_Y \_\_\_N  
If yes, name of spouse or former spouse:  
\_\_\_\_\_

Date of Death or Spouse or Decree of Dissolution: \_\_\_\_\_ Date of Death of Spouse or Decree of Dissolution: \_\_\_\_\_

Names as you would like them to appear on the trust (middle initials, etc) \_\_\_\_\_

### Residence Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Mailing Address (If different from Above)

\_\_\_\_\_  
\_\_\_\_\_

**PARTNER A:**

**Place of Business:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**PARTNER B:**

**Place of Business:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date and Place of Civil Union:** \_\_\_\_\_

\_\_\_\_\_

## CHILDREN

(Attach extra pages if necessary)

1) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

3) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

**HEALTH CARE INFORMATION**

**TREATING PHYSICIANS:** IF YOU ARE A MEMBER OF KAISER, PLEASE INCLUDE YOUR KAISER NUMBER

Partner A's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Partner B's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Durable Power of Attorney for Health Care**

If you were unable to make health care decisions for yourself due to terminal illness, medication, or other crisis, and your spouse was not available, whom would you appoint to make those decisions for you?

**PARTNER A**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARTNER B**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DETERMINATION OF INCOMPETENCE**

Whom would you trust to determine that you had become incompetent to the extent that you could no longer carry out your usual business affairs, if your spouse was unable to do so?

**PARTNER A**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARTNER B**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SUCCESSOR TRUSTEE**

If you were unable to carry out your financial and business affairs, and your spouse was not available, whom would you appoint to pay bills, make investment decisions, and carry out other business and financial transactions for you?

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_





























