

ESTATE PLANNING QUESTIONNAIRE

Date: _____

General Information

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

Your Name: _____

Social Security #: _____ Date of Birth: _____

Are you a U.S. citizen? ___Y ___N

Have you ever been married? _____

If yes, name of spouse or former spouse: _____

Date of Death of Spouse: _____

or

Date of Decree of Dissolution: _____

Name as you would like it to appear on the trust (middle initials, etc)

Residence Address: _____

Phone No: _____ Fax No: _____

Place of Business: _____

Address: _____

Occupation: _____

Phone: _____

CHILDREN

(Attach extra pages if necessary)

- 1) Child's Name: _____
Address: _____

Phone: _____
Date of Birth: _____
Social Security #: _____

- 2) Child's Name: _____
Address: _____

Phone: _____
Date of Birth: _____
Social Security #: _____

- 3) Child's Name: _____
Address: _____

Phone: _____
Date of Birth: _____
Social Security #: _____

HEALTH CARE INFORMATION

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

Name _____

Address _____

Phone _____

Name _____

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, whom would you appoint to make those decisions for you?

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?

1. _____
Name Relationship

Address Phone

2. _____
Name Relationship

Address Phone

SUCCESSOR TRUSTEE

If you were unable to carry out your financial and business affairs, whom would you appoint to pay bills, make investment decisions, and carry out other business and financial transactions for you?

1. _____
Name Relationship

Address Phone

2. _____
Name Relationship

Address Phone

Please indicate who should receive the trust assets after your death.
You may attach additional sheets if necessary.

1.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone
2.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone
3.	_____	_____
	Name	Phone
	_____	_____
	Address	Phone
4.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone
5.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone
6.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone
7.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone

SAFETY DEPOSIT BOXES

1. Bank name and branch: _____
Bank address and phone: _____

Safety deposit box #: _____
Full name(s) of those entitled to access: _____

2. Bank name and branch: _____
Bank address and phone: _____

Safety deposit box #: _____
Full name(s) of those entitled to access: _____

3. Bank name and branch: _____
Bank address and phone: _____

Safety deposit box #: _____
Full name(s) of those entitled to access: _____

CASH ACCOUNTS--BANK AND CREDIT UNION ACCOUNTS

For all cash accounts, please provide the information requested.

1. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

2. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

3. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

4. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

5. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

6. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

7. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

8. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

9. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

10. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

MUTUAL FUNDS

For all mutual funds, please provide the information requested.

1. Custodial Institution: _____
Address: _____
Phone #: _____
Name of Fund: _____
Account #: _____

2. Custodial Institution: _____
Address: _____
Phone #: _____
Name of Fund: _____
Account #: _____

3. Custodial Institution: _____
Address: _____
Phone #: _____
Name of Fund: _____
Account #: _____

4. Custodial Institution: _____
Address: _____
Phone #: _____
Name of Fund: _____
Account #: _____

SECURITIES ACCOUNTS

For all securities accounts, please provide the information requested below. OR, you may send a copy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage: _____

Brokerage Address and Phone : _____

Account Number: _____

Your Account Representative: _____

2. Name of Brokerage: _____

Brokerage Address and Phone : _____

Account Number: _____

Your Account Representative: _____

3. Name of Brokerage: _____

Brokerage Address and Phone : _____

Account Number: _____

Your Account Representative: _____

4. Name of Brokerage: _____

Brokerage Address and Phone : _____

Account Number: _____

Your Account Representative: _____

STOCKS AND BONDS

For all stocks and bonds held by you outside of a brokerage account (i.e., you have the certificates), we need a copy of the front and back of each stock and/or bond.

1. Name and address of the transfer agent for the company that issued the stock or bond.

2. Name and address of the transfer agent for the company that issued the stock or bond.

3. Name and address of the transfer agent for the company that issued the stock or bond.

4. Name and address of the transfer agent for the company that issued the stock or bond.

5. Name and address of the transfer agent for the company that issued the stock or bond.

PARTNERSHIPS AND JOINT VENTURES

For all Partnerships in which you own an interest, please provide the information requested below.

1. Name of Partnership: _____

Name of Owner as it appears on Partnership records: _____

CIRCLE ONE: GENERAL PARTNER LIMITED PARTNER

Amount of Original Investment: _____

2. Name of Partnership: _____

Name of Owner as it appears on Partnership records: _____

CIRCLE ONE: GENERAL PARTNER LIMITED PARTNER

Amount of Original Investment: _____

3. Name of Partnership: _____

Name of Owner as it appears on Partnership records: _____

CIRCLE ONE: GENERAL PARTNER LIMITED PARTNER

Amount of Original Investment: _____

4. Name of Partnership: _____

Name of Owner as it appears on Partnership records: _____

CIRCLE ONE: GENERAL PARTNER LIMITED PARTNER

Amount of Original Investment: _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRA) OR KEOGH ACCOUNTS

For each Individual Retirement Account (IRA) and/or Keogh Accounts, please provide the requested information. OR, you may attach a copy of the most recent annual statement, which will contain all of the requested information.

1. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

2. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

3. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

4. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

5. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

6. Participant's Name: _____
Account Number: _____ **CIRCLE ONE:** TRADITIONAL IRA / ROTH / KEOGH
Name and Address of Custodial Institution: _____

Phone Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

LIFE INSURANCE

For each life insurance policy you own, please provide the information requested, including the exact name of the owner. OR, you may provide a copy of the front page of your policy, which will contain all of the requested information.

1. Carrier's Name and Address: _____

Phone #: _____

Policy Number: _____ Face Value: _____

Owner of Policy: _____ Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

CIRCLE ONE: Term Universal Life Whole Life

2. Carrier's Name and Address: _____

Phone #: _____

Policy Number: _____ Face Value: _____

Owner of Policy: _____ Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

CIRCLE ONE: Term Universal Life Whole Life

3. Carrier's Name and Address: _____

Phone #: _____
Policy Number: _____ Face Value: _____
Owner of Policy: _____ Insured: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
CIRCLE ONE: Term Universal Life Whole Life

4. Carrier's Name and Address: _____

Phone #: _____
Policy Number: _____ Face Value: _____
Owner of Policy: _____ Insured: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
CIRCLE ONE: Term Universal Life Whole Life

5. Carrier's Name and Address: _____

Phone #: _____
Policy Number: _____ Face Value: _____
Owner of Policy: _____ Insured: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
CIRCLE ONE: Term Universal Life Whole Life

CORPORATE RETIREMENT PLANS

For all Corporate Retirement Plans (e.g. 401K, pension plan, profit sharing plan) in which you participate, please provide the requested information. OR you may send a copy of the most recent annual statement, which will contain all of the requested information.

1. Participant's Name: _____

Name of Plan and Plan Number (if applicable): _____

Name & Address of Plan Administrator: _____

Phone Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Participant's Name: _____

Name of Plan: _____

Name of Plan and Plan Number (if applicable): _____

Phone Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Participant's Name: _____

Name of Plan: _____

Name of Plan and Plan Number (if applicable): _____

Phone Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

MISCELLANEOUS BUSINESS INTERESTS

IE: Sole proprietorship. Stock Options (Include Agreement), Airplane, Race Horse, Boat, and etc.

1. _____

2. _____

3. _____

4. _____

5. _____

