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ESTATE PLANNING QUESTIONNAIRE FOR A SINGLE INDIVIDUAL

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.

Please also request change of beneficiary forms for:

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

( ) TimeSlips ( ) ACT

Referral

Referred by: ____

Client's Information

Name: Mr., Mrs., Ms., 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) (_____) ________ -- ______________

(Mobile) (_____) ________ -- ______________

(Home Email) ______________________________

Client's Occupation

Employer: ______________________________ Phone: ______________

Position: ______________________________

Address: ______________________________ Fax: ______________
Number | Street

______________________________ Email: ______________
City | State | Zip

Is this your own business? __Yes __No May we contact/fax you at work? __Yes __No

Client'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

Name: Mr., Mrs., Ms., 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 ______

Name of child's other parent ______________________________

and current relationship to client ______________________________

(Example: Former spouse, 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

Name: Mr., Mrs., Ms., 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 _______

Name of child's other parent ________________________________

and current relationship to client ________________________________

(Example: Former spouse, 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)

Third Child

Name: Mr., Mrs., Ms., 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 _______

Name of child's other parent ________________________________

and current relationship to client ________________________________

(Example: Former spouse, Former Companion)

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

Address: ____

Number — Street

____

City — State — Zip

Telephone: ______________________________

Third Child, Cont.

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)

Fourth Child

Name: Mr., Mrs., Ms., 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 _______

Name of child's other parent _______________________________________

and current relationship to client _______________________________________
(Example: Former spouse, 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

Client's Family Information

Client'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

Client'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

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 ____

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 the asset ____

Other Asset

General Description______________________________________Value $_____________

Name(s) on the 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 ever:

__ Made a gift 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)

Primary Care Physician Info

If you have a primary care physician, please complete the below.

Name of primary care physician:______________________________

Address: ______________________________
Number Street

____
City State Zip

Telephone: (_____) _________ -- ____________________

Other Information

Please list any other information that may be helpful in designing your estate plan.

____

____

____