

CONFIDENTIAL QUESTIONNAIRE

I. PERSONAL INFORMATION:

Husband (legal name): _____

Assumed or other names:

Date of Birth: _____

Date of Death if Deceased: _____

Home Telephone: _____

Facsimile: _____

Email: _____

Business Telephone: _____

Wife (legal name): _____

Assumed or other names: _____

Date of Birth: _____

Date of Death if Deceased: _____

Home Telephone: _____

Facsimile: _____

Email: _____

Business Telephone: _____

Permanent Residence:

Address: _____

Are you a U.S. Citizen? Husband __ YES __ NO Wife __ YES __ NO

If no, country of citizenship:

Husband: _____

Wife: _____

Name (address and telephone numbers if not living with you) and birth dates of your children:

1. Child's Full Name: _____

Address/Telephone (if applicable): _____

MALE __ FEMALE __ Date of Birth: _____

Child of: __ HUSBAND__ WIFE__ BOTH

2. Child's Full Name: _____

Address/Telephone (if applicable): _____

MALE __ FEMALE __ Date of Birth: _____

Child of: __ HUSBAND__ WIFE__ BOTH

3. Child's Full Name: _____

Address/Telephone (if applicable):

MALE __ FEMALE __ Date of Birth: _____

Child of: __ HUSBAND__ WIFE__ BOTH

Deceased Children:

1. Child's Full Name: _____

Date of Death: _____

Any living issue of this child? YES NO

2. Child's Full Name: _____

Date of Death: _____

Any living issue of this child? YES NO

II. PROFESSIONAL ADVISORS:

Please list names, addresses and telephone numbers of the following professional advisors, if applicable:

Your Accountant: _____

Your Financial Planner/Stockbroker:

III. EXISTING DOCUMENTS:

Have you previously executed any of the documents listed below? If so, please provide me with a copy.

Will(s): YES NO

Trust(s): YES NO

Durable Power(s) of Attorney:

General: YES NO

Health Care: YES NO

Community Property Agreement(s): YES NO

Marital Property Agreement(s): YES NO

Buy Sell Agreement(s): YES NO

IV.DESIGNING YOUR ESTATE PLAN:

Disposition Upon Death:

Desired disposition of your property upon your death and/or your spouse's death:

If Married:

All to your spouse on your death: YES NO

Transfer to your spouse: Outright In Trust

To your children in equal shares on your spouse's death: YES NO

If not married:

To your children in equal shares: YES NO

To the extent the above does not apply, to whom do you wish to leave your property and in what proportions? (Please list full names and either address or relationship to you)

Distribution to Children:

When should your children receive their distributions?

Outright, free of trust, on your death: YES NO

Outright, free of trust, on your spouse's death: YES NO

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

FOR EXAMPLE: Age 25 1/3 of share

Age 30 2/3 of share

Age 35 Remainder of share

YOUR WISHES: Age: _____ Fractional or % Interest of Share: _____

Age: _____ Fractional or % Interest of Share: _____

Age: _____ Fractional or % Interest of Share: _____

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive your child's distribution?

YES NO

If YES, same manner as child (outright or at same ages listed above)?

YES NO

Disposition of Residue of Estate:

Desired disposition of estate in the event husband, wife and issue (children and grandchildren) die simultaneously:

1. __Your heirs (determined by California law)
2. __Specific named individual(s) (other than your heirs generally)
3. __A specific charity

If you choose 2 or 3, above, please provide full name(s) and address(es) of specific individual(s) or charity:

Successor Trustee; Executor; Agent under Durable Power of Attorney:

Name, relationship (and address if needed) of Successor Trustees, Executors, and Agents under Durable Power of Attorney (who will serve in the following order):

1. _____
2. _____
3. _____

Guardian Provisions:

Do you have any minor children?

YES NO If YES, are the Guardians the same as Executors?

If not: Name, relationship or address of Guardians (indicate if different between spouses).

Indicate order of preference (indicate if you desire a couple to serve as co-guardian)

:

1. _____

2. _____

3. _____

V.SPECIFIC SITUATIONS:

Separate Property After Marriage:

Have either of you or your spouse received any real or personal property since the date of your marriage by gift, bequest, devise or inheritance, or as proceeds of life insurance on the life of another, as surviving joint tenant, or as a beneficiary of a trust? If so, please list the asset and date of acquisition:

Children's Special Needs:

Do any of your children have special needs that you would like to address in your estate plan?

YES NO If YES, briefly describe nature of special need(s):

Disinheritance:

Do you wish to specifically disinherit an individual or group of people? YES NO

If yes, please list their full names, relationships, addresses and telephone numbers. You may provide a brief explanation if you wish.

VI.REAL PROPERTY IN CALIFORNIA:

Please send us the property address and Assessor's Parcel Number (APN) for all real property (including any timeshares, rental property or farmland) that you own as individuals (not as a general or limited partner).

VII.BUSINESSES, PARTNERSHIPS AND JOINT VENTURES:

Please send us the name and address, and exact titling of ownership, for all businesses and partnerships in which you own an interest.

VIII.OBJECTIVES NOT ADDRESSED ABOVE:
