

ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

Date completed: _____

PERSONAL AND FAMILY DATA (Names of Clients)

Client 1	Client 2
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Personal Information (Please answer these questions as completely as possible)

Client 1

Full Name			
	Last	First	Initial
Address			
			Phone No.
	City	State	Zip Code
Social Security No.			Birth
			Date
		City/State/Country	
Name of Employer			
Business Address			Suite
	Street Address		
Business Phone			Extension
Occupation			Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident of California since		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country

Client 2

Full Name			
	Last	First	Initial
Address			
			Phone No.
	City	State	Zip Code
Social Security No.			Birth
			Date
		City/State/Country	
Name of Employer			
Business Address			Suite
	Street Address		
Business Phone			Extension
Occupation			Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident of California since		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country

MARRIAGE INFORMATION

Birth/Maiden Name (if applicable)			
Marriage			
	Date	City/State/Country	Location of Marriage Certificate

Prior Marriage

Client 1		Client 2	
Date of Prior Marriage	Date of Dissolution or Death	Date of Prior Marriage	Date of Dissolution or Death

Do you have a Prenuptial, Premarital, or Marital Agreement which governs the assets, liabilities and/or income for you and your spouse during your marriage? If so, please attach a copy of the agreement and any amendments made to the agreement. It is essential that the law firm receive a copy as the agreement may set forth rights and obligations in regard to your estate plan.

CHILDREN

A) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

B) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

C) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

D) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

E) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

F) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

G) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						

H) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	Birth	
	Last	First	Initial	Sex		Date
Address						
	Street			City/State		Zip
Phone No.			Social Security No.			
Name of Child's Spouse						
Deceased Children						
Full Name						
	Last	First	Initial	Date of Birth	Date of Death	
Grandchildren						
	Last	First	Initial	Sex	Date of Birth	
A) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
B) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
C) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
D) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
E) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
PARENTS AND SIBLINGS						
Parents (Client 1)						
Father Full Name						
	Last	First	Initial	Date of Birth		
Address						
	Street			City/State		Zip
Phone No.						
Mother Full Name						
	Last	First	Initial	Date of Birth		
Address						
	Street			City/State		Zip
Phone No.						
Parents (Client 2)						
Father Full Name						
	Last	First	Initial	Date of Birth		
Address						
	Street			City/State		Zip
Phone No.						
Mother Full Name						
	Last	First	Initial	Date of Birth		
Address						
	Street			City/State		Zip
Phone No.						
Brothers/Sisters (Client 1)						
A) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F		
	Last	First	Initial	Sex	Date of Birth	
Address						
	Street			City/State		Zip
Phone No.						

B) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

C) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

D) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

Brothers/Sisters (Client 2)

A) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

B) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

C) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

D) Full Name				<input type="checkbox"/> M <input type="checkbox"/> F	
	Last	First	Initial	Sex	Date of Birth
Address					
	Street			City/State	Zip
Phone No.					

MISCELLANEOUS INFORMATION (State of Health)

Client 1

Client 2

Please describe any medical conditions

Family information or special situations

TRUSTEE AND GUARDIAN INFORMATION*IF YOUR GUARDIANS AND/OR TRUSTEES ARE NOT YOUR CHILDREN, PARENTS, OR SIBLINGS, PLEASE PROVIDE THEIR NAME, RELATIONSHIP TO YOU, ADDRESS AND TELEPHONE NUMBERS BELOW:*

A) Full Name

Last

First

Initial

Relationship

Address

Street

City/State

Zip

Phone No.

B) Full Name

Last

First

Initial

Relationship

Address

Street

City/State

Zip

Phone No.

C) Full Name

Last

First

Initial

Relationship

Address

Street

City/State

Zip

Phone No.

D) Full Name

Last

First

Initial

Relationship

Address

Street

City/State

Zip

Phone No.