

ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

Date completed: _____

PERSONAL AND FAMILY DATA

Name of Client _____

Personal Information (Please answer these questions as completely as possible)

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				
	Street Address			Suite

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			City/State/Country	Location of Marriage Certificate
	Date			

Prior Marriage

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.		
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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.		
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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

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

A) Full Name						
	Last	First	Initial	Sex	Date of Birth	
Address						
	Street			City/State		Zip
Phone No.						
B) Full Name						
	Last	First	Initial	Sex	Date of Birth	
Address						
	Street			City/State		Zip
Phone No.						
C) Full Name						
	Last	First	Initial	Sex	Date of Birth	
Address						
	Street			City/State		Zip
Phone No.						
D) Full Name						
	Last	First	Initial	Sex	Date of Birth	
Address						
	Street			City/State		Zip
Phone No.						

MISCELLANEOUS INFORMATION

State of Health

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.