



Hartog Baer Zabronsky

TRUST AND ESTATE LAW

A Professional Corporation

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Date: _____

All information provided is ***strictly confidential***.

Please return your completed questionnaire to our office
BEFORE your appointment.

**PART I
 PERSONAL PROFILE**

	CLIENT ONE	CLIENT TWO
Full legal name: (first, middle, last)		
Other name(s) used		
How would you like your name to appear on your documents?		
Social Security Number		
Date of birth and birthplace		
Citizenship		
Driver's License number & state of Issuance (<i>Please provide a copy of photo ID</i>)		
Email address		

Home Address: _____

Home Telephone number: _____ Home Fax: _____

Second Residence: _____

Telephone number: _____ Cell: _____

Business Address (**Client One**): _____

Telephone number: _____ Business Email: _____

Business Address (**Client Two**): _____

Telephone number: _____ Business Email: _____

MARITAL INFORMATION

If you are unmarried, do you plan to marry in the near future? Yes No

If you are currently married, or registered as domestic partners (or equivalent) in any State, please provide the date and place of marriage or registration: _____

Since your marriage or registration, have you or your spouse resided outside of California?

Yes No If, yes, date and place: _____

Have you executed a prenuptial or post-marital agreement? No Yes (please provide copy)

Client One Former Spouse

Client Two Former Spouse

Name

Name

Ended by death or divorce? Date?

Ended by death or divorce? Date?

CHILDREN OF CLIENT #1

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

CHILDREN OF CLIENT #2*

***If the same as above, please skip to the next section**

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Child's Full Name: _____

Gender: _____ Citizenship: _____

Date of Birth Adoption: _____ Date of Death (if applicable): _____

Address: _____

Telephone: _____

Name of Other Legal Parent: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Who do you trust to raise your children if you could not raise them yourself?

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PARENTS

CLIENT ONE

Parent #1 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

Parent #2 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

CLIENT TWO

Parent #1 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

Parent #2 Name: _____ Date of Birth: _____

Address: _____

Date of Death: _____

SIBLINGS

CLIENT ONE

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

SIBLINGS

CLIENT TWO

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Sibling's Name: _____

Date of Birth: _____ Date of Death: _____

Current Estate Planning

(Please check "Yes" or "No" for your answer)		Yes	No
1.	Have either of you completed a previous will, trust, or other estate planning document? <i>If so, please furnish copies of these documents.</i>		
2.	Are either of you currently the beneficiary of anyone else's trust? <i>If so, please explain:</i> _____ _____		
3	Are either of you expecting an inheritance? <i>If so, please explain:</i> _____ _____		
4.	Have either of you ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
5.	Do either of you have a safe deposit box? <i>If so, please tell us the name and branch of the bank and identify all persons with access to the box:</i> _____		
6.	Have either of you made any pledges to charity, promising future gifts? <i>If so, please explain:</i> _____ _____		

Continued – Current Estate Planning

(Please check “Yes” or “No” for your answer)		Yes	No
7.	Do either of you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain:</i> _____ _____		
8.	Do either of you have a prepaid burial, cremation, or funeral plan?		
9.	Do either of you or any of your descendants have sperm or ovum on deposit at a laboratory or in vitro fertilization clinic?		
10.	Do either of you keep a list of your passwords? If reluctant to disclose, who knows where you keep a list of your passwords? <i>Please identify the person below:</i> _____		

Additional Information

Professional Advisors

Your accountant: _____

Name of Firm / Contact Info: _____

Your financial planner / stock broker: _____

Name of Firm/ Contact Info: _____

Part II FINANCIAL PROFILE

**For every parcel of real property you own, please provide an address and list any co-owners.
If available, please provide a copy of your title insurance.**

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Property address: _____

Amount of Loan Outstanding: _____

Estimated Fair Market Value: _____

Please provide a copy of your MOST RECENT statement for the following accounts:

Checking and Savings Accounts

Brokerage Accounts

401K/403B

IRA

Keogh

529

Other: _____

Please list every life insurance policy that you own and provide a current annual statement.

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Insurer and Policy Number: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please list any retirement plans that you have through a current or former employer.

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

Participant's Name: _____

Name of Plan: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Approximate Value: _____

For any IRA or other retirement account please provide:

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Owner: _____

Name of Institution and Account No: _____

Type of Account: _____ Approximate Value: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Please describe all closely held businesses in which you own an interest, including LLCs, LLPs, general partnerships and corporations. Please provide a copy of the Articles of Incorporation, Bylaws, Articles of Organization, Operating Agreement, Partnership Agreement, Buy-sell agreement, as applicable.

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Business Owner: Client One Client Two Both

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Business Owner: Client One Client Two Both

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Business Owner: Client One Client Two Both

Name, Address and Type of Business: _____
(Corp./Inc., LLC, Partnership)

Your Percentage Ownership Interest: _____

Approximate Value of Your Interest: _____

Business Owner: Client One Client Two Both

Debts

Do you have any unsecured debt? Yes No

Does anyone owe you money? Yes No

Other debts _____

Please provide a copy of any Promissory Note(s) in your possession.

Part III

FIDUCIARIES: PERSONS TO ACT FOR YOUR FINANCIAL DOCUMENTS

Your choice of a fiduciary is a very important decision. Please start considering who you think would be a good choice, and you can discuss this topic more when you meet with us.

FOR CLIENT #1

Do you want to have a co-fiduciary after the first death? Yes No

If yes, who do you wish to name as your co-fiduciary? _____

Will each of you act as successor to the other in the event of death or incapacity? Yes No

Who do you wish to name as successor fiduciaries, when you are both no longer able to act?

	Name	Street Address	Relationship to you
First:	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	
Second:	Name	Street Address	Relationship to you
	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	
Third:	Name	Street Address	Relationship to you
	_____	_____	_____
	Phone Number	Email Address	
	_____	_____	

FIDUCIARIES: FOR CLIENT #2 – *If the same as above, please check this box

Do you want to have a co-fiduciary after the first death? Yes No

If yes, who do you wish to name as your co-fiduciary? _____

Will each of you act as successor to the other in the event of death or incapacity? Yes No

Who do you wish to name as successor fiduciaries, when you are both no longer able to act?

	Name	Street Address	Relationship to you
First:	_____	_____	_____
	Phone Number _____	Email Address _____	
Second:	Name _____	Street Address _____	Relationship to you _____
	Phone Number _____	Email Address _____	
Third:	Name _____	Street Address _____	Relationship to you _____
	Phone Number _____	Email Address _____	

DISTRIBUTION AFTER BEQUESTS

Who do you want to receive your remaining property?

If minor child(ren), indicate what age they receive inheritance.

FOR CLIENT ONE

Name	Share of Remaining Trust or Property	Outright or Held in Trust?

FOR CLIENT TWO – *If the same as above, please check this box

Name	Share of Remaining Trust or Property	Outright or Held in Trust?

Do you own guns you want to transfer to others? Yes No

Is there anyone you want to disinherit? Yes No

If so, please list:

Name	Relationship to Client 1 or Client 2

Do any of your children have special educational, medical, or physical needs? Yes No

Do any of your children receive governmental support or benefits? Yes No

Are you concerned about the financial responsibility of any of your beneficiaries? Yes No

OTHER ITEMS TO INCLUDE OR DISCUSS

Please list any other items you want included or want to discuss.

If you would like to include a statement of legacy, please add it here.