Charitable Planning Questionnaire

Law Office of Nicole A. Davidson

Instructions:

(1) By completing this form, you authorize the Law Office of Nicole A. Davidson to prepare an illustration of the potential income and tax benefits you could realize from a charitable trust.

(2) Your responses are confidential and will not be shared with any third parties, except as you authorize.

(3) Neither this questionnaire, nor any illustrations furnished to you, shall be deemed to create an attorney-client relationship. An attorney-client relationship is formed only by a separate written agreement.

(4) Under no circumstance shall any written communications from the Law Office of Nicole A. Davidson be considered a 'more likely than not' tax opinion. (IRS rules may require that such communications be lengthy formal tax opinions, which are much more expensive to produce, or include a disclaimer that you cannot rely on communications to avoid tax penalties).

A. Client's Information

Name	
Social Security Number	
Full (Previous) Name(s)	
Principal Residence Address	
City	
State	
Zip	
County	
Telephone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
Birthdate	
Age	
Birthplace	
Citizenship	
U.S. Immigration Status	

Are you married or registered?	○ Yes (Complete Part B) ○ No
If not, do you plan to marry or register in the near future?	○ Yes (Complete Part B) ○ No
Have you ever had children?	○ Yes (Complete Part C) ○ No
If not, do you plan to have any children?	○ Yes ○ No
Total taxable gifts made to date	
Unified estate and gift tax credit used	
Generation-skipping transfer tax exemption used	
California property tax parent/child exemption used for transfers of real property other than principal residence	
Date of current will	
Date of last codicil	
Date of revocable trust	
Last restated/amended	
Does anyone currently hold your power of attorney?	○ Yes ○ No
Durable Power of Attorney for Property Matters: Attorney-in-fact	
Date power granted	
Expiration date	
Advance Health Care Directive: Attorney-in-fact	
Date power granted	
Expiration date	
Location of original instrument(s)	

B. Spouse's or Partner's Information

Name

Social Security Number

Full (Previous) Name(s)

Cell Phone

E-mail Address

Birthdate

Age

Birthplace

Citizenship

U.S. Immigration Status

Have you ever had children?

- ◯ Yes (Complete Part C)
- ◯ No

Total taxable gifts made to date

Unified estate and gift tax credit used

Generation-skipping transfer tax exemption used

California property tax parent/child exemption used for transfers of real property other than principal residence

Date of current will

Date of last codicil

Date of revocable trust

Last restated/amended

Does anyone currently hold your power of attorney?

- ◯ Yes
- ◯ No

Durable Power of Attorney for Property Matters: Attorney-in-fact

Date power granted

Expiration date

Advance Health Care Directive: Attorney-in-fact

Date power granted

Expiration date

C. Children and Grandchildren

If by one spouse only, include H for husband, W for wife

Name

Social Security Number

Telephone Number

Address

Birthdate

Age

Name

Social Security Number

Telephone Number

Address

Birthdate

Age

Name

Social Security Number

Telephone Number

Address

Birthdate

Age

D. Charitable Trust Specifics

Donor Information

Name (s)

Adjusted Gross Income (AGI)

Tax brackets (combined marginal state and federal)

Ordinary Income Tax

Capital Gains Tax

Current Net Estate

After-tax growth rate for estate assets

Asset(s) that will be donated (attach additional pages as required)

Describe

Fair Market Value

Date of Last Certified Appraisal

Adjusted Cost Basis

Annual Income Generated by the Asset

Proposed Date of Transfer

Income Beneficiaries

Name(s)

Birthdate of beneficiary (if other than client/spouse)

Duration of income payments (1 life, 2 lives, term up to 20 years)

Charity(ies) you wish to benefit

Name

Purpose (if restricted)

Percentage

Name

Purpose (if restricted)

Percentage

Name

Purpose (if restricted)

Percentage

Initial Trustee

Name

Relationship

Address

Phone Number

Successor Trustees (in order of preference)

Name

Relationship

Address

Phone Number

Name

Relationship

Address

Phone Number

Name

Relationship

Address

Phone Number

E. Financial Goals (Rank in order of prioriy: 1 = Low, 3 = Medium, 5 = High)

Increase current income*

Provide income to another	
Diversify sources of income	
Generate income tax deduction	
Bypass capital gain	
Estate tax reduction	
Provide benefit to charity	
* (or increase retirement income	
in this number of years)	