

ESTATE PLAN QUESTIONNAIRE

Instructions. Please complete as much of this form as you can before our meeting and provide copies of any requested documents. Additional pages may be added as necessary. It is important that you complete this form as thoroughly as you can as my advice to you will be based on the information you provide. Any material misstatements or omissions may result in improper advice for your situation. The information that you supply on this form will be retained in my file. No information will be released to any person without your prior permission.

A. PERSONAL INFORMATION

1. Name: _____
2. Social Security Number: ____ - ____ - _____
3. Full (Previous) Name(s): _____
4. Principal Residence Address: _____
City: _____
State: __ ZIP: _____ - _____ County: _____
Telephone: ____ - ____ - _____ Fax: ____ - ____ - _____
Cell Phone: ____ - ____ - _____ E-mail: _____
5. Birthdate: __ / __ / _____ Age: ____ Birthplace: _____
6. Citizenship: _____ U.S. immigration status: _____
7. Employer's Name: _____
Occupation: _____ Position or Title: _____
Address: _____
City: _____
State: __ ZIP: _____ - _____ Telephone: ____ - ____ - _____
E-mail: _____
8. Preferred method(s) of communication: home phone / work phone / cell phone / email
9. Are you married or registered? (If so, complete Parts B & C.) _____
If not, do you plan to marry or register in the near future? (Complete Parts B & C.) ____
Have you ever been married or registered before? (If so, complete Part D.) _____
10. Have you ever had children? (If so, complete Part E.) _____
If not, do you plan to have any children? _____

B. SPOUSE'S OR PARTNER'S INFORMATION

1. Name: _____
2. Social Security Number: ____ - ____ - _____
3. Full (Previous) Name(s): _____
4. Cell Phone: ____ - ____ - _____ E-mail: _____
5. Birthdate: __ / __ / _____ Age: ____ Birthplace: _____
6. Citizenship: _____ U.S. immigration status: _____
7. Employer's Name: _____
Occupation: _____ Position or Title: _____
Address: _____
City: _____
State: __ ZIP: _____ - _____ Telephone: ____ - ____ - _____
E-mail: _____
8. Have you ever been married or registered before? (If so, complete Part D.) _____
Have you ever had children? (If so, complete Part E.) _____

C. PRESENT MARRIAGE OR REGISTERED DOMESTIC PARTNERSHIP INFORMATION

1. Date of marriage or registration: __ / __ / _____
2. Place of marriage or registration (city, state, country): _____
3. Do you have a Prenuptial Agreement or other property agreement? _____
[If so, please provide a copy.]
4. In preparing an estate plan, you must consider how property is owned. Check only one:
 - a. You and your spouse acquired all property together, as “community property.” _____
 - b. Either you or your spouse have at least one item that is “separate property.” _____
 1. Item(s) [attach a list if necessary]: _____
 2. Spouse who owns item(s): _____
 3. How acquired? Circle one: inheritance, gift, before marriage, by agreement.
 - c. Domestic partners owning “community property” (special planning required) _____
 - d. Domestic partners owning “separate property” (check here and complete item 4b) _____

D. PREVIOUS MARRIAGE(S) AND/OR REGISTERED DOMESTIC PARTNERSHIP(S)

1. Name of former spouse or registered domestic partner: _____
Date of death or divorce (circle one): __ / __ / _____ (estimate if unknown)
2. Name of former spouse or registered domestic partner: _____
Date of death or divorce (circle one): __ / __ / _____ (estimate if unknown)

E. CHILDREN, GRANDCHILDREN AND GREAT-GRANDCHILDREN

List children, grandchildren, etc., whether living or not. For grandchildren and great-grandchildren, include a reference to the parent who is your child. If a person was adopted, put an asterisk (*) next to his or her name. If a person is married or has a registered domestic partner, list the spouse’s or partner’s name in brackets. If a person is deceased, indicate the date of death in parentheses. If a deceased person has a surviving spouse or partner, list his or her name and address in brackets. Attach additional pages as needed.

1. Children, grandchildren and great-grandchildren of present marriage:

Name:	_____	Social Security #:	____ - ____ - _____	Telephone:	____ - ____ - _____
	_____	Address:	_____		
	_____	Birthdate:	__ / __ / _____	Age:	____
Name:	_____	Social Security #:	____ - ____ - _____	Telephone:	____ - ____ - _____
	_____	Address:	_____		
	_____	Birthdate:	__ / __ / _____	Age:	____
Name:	_____	Social Security #:	____ - ____ - _____	Telephone:	____ - ____ - _____
	_____	Address:	_____		
	_____	Birthdate:	__ / __ / _____	Age:	____

2. Children, grandchildren, and great-grandchildren of prior relationship (please specify).

Name: _____
Social Security #: ____ - ____ - _____ Telephone: ____ - ____ - _____
Address: _____
Birthdate: __ / __ / _____ Age: ____

Name: _____
Social Security #: ____ - ____ - _____ Telephone: ____ - ____ - _____
Address: _____
Birthdate: __ / __ / _____ Age: ____

F. CURRENT ESTATE PLAN

1. Date of revocable trust: __ / __ / _____ Last restated/amended: __ / __ / _____
2. Date of will: __ / __ / _____ Date of last codicil: __ / __ / _____
3. Does anyone currently hold your power of attorney? _____
 - a. Durable Power of Attorney for Property Matters:
 1. Attorney-in-fact: _____
 2. Date power granted: __ / __ / _____ Expiration date: __ / __ / _____
 - b. Advance Health Care Directive:
 1. Attorney-in-fact: _____
 2. Date power granted: __ / __ / _____ Expiration date: __ / __ / _____
4. Location of original instrument(s): _____

G. TAX CONSIDERATIONS

1. Total taxable gifts made to date: \$ _____ Unified tax credit: \$ _____
2. Generation-skipping transfer tax exemption used: \$ _____
3. Have you used the California property tax parent/child exemption? _____
4. Do you anticipate receiving any substantial gifts/inheritances in the near future? _____
If so, please describe: _____

H. OTHER SPECIAL CONSIDERATIONS

If answering "yes" to any of these questions, attach additional pages as needed and provide copies of relevant documents.

1. Do you have any family members who receive or may qualify for public benefits, subject to income/asset requirements (i.e., special needs trust may be appropriate)? _____
2. Do you hold a power of appointment (i.e., power to designate beneficiaries; not simply being named as a fiduciary or beneficiary)? _____
3. Are you currently acting as trustee of or receiving benefits from a trust? _____
4. Do you have a shareholder, partnership or buy-sell agreement? _____
5. Do you own property in a foreign country or in a state other than California? _____
6. Are you currently involved in any litigation, or are there any known potential claims that may result in litigation? _____
7. Are you engaged in high risk circumstances that make creditor planning important? _____
8. Do you have any pets that should be included in your estate plan? _____

I. AGENTS AND ADVISORS THAT ATTORNEY IS AUTHORIZED TO CONTACT

- 1. Tax accountant (name and company): _____
Address: _____
Telephone: ____ - ____ - _____ E-mail: _____
- 2. Financial planner (name and company): _____
Address: _____
Telephone: ____ - ____ - _____ E-mail: _____
- 3. Life insurance broker (name and company): _____ :
Address: _____
Telephone: ____ - ____ - _____ E-mail: _____
- 4. Mortgage loan or account number for primary residence: _____
Firm or company: _____
Address: _____
Telephone: ____ - ____ - _____ E-mail: _____
- 5. Property insurance broker (name and company): _____
Homeowner's insurance policy number: _____
Address: _____
Telephone: ____ - ____ - _____ E-mail: _____

J. SAFE DEPOSIT BOXES

- 1. Name and address of depository: _____
- 2. Box No: _____
- 3. Who has access: _____
- 4. Location of key: _____

K. YOUR ESTATE PLANNING GOALS

Check the appropriate boxes to prioritize your estate planning goals. Include your comments and feel free to attach additional pages. This section is very important.

- _____ Minimize estate taxes
- _____ Avoid probate
- _____ Provide for spouse or partner
- _____ Provide for children of current relationship
- _____ Provide for children of prior relationship
- _____ Provide for another loved one
- _____ Disinherit a natural heir
- _____ Protect myself from greedy heirs
- _____ Avoid or reduce family quarrels
- _____ Name guardians for minor children
- _____ Prevent an ex-partner from controlling my assets
- _____ Plan for my possible disability
- _____ Care for someone else who is disabled
- _____ Protect young or irresponsible beneficiaries
- _____ Provide for charitable causes
- _____ Increase income from current assets
- _____ Make lifetime gifts
- _____ Preserve privacy

L. YOUR ESTATE PLAN CHOICES

1. Do you want to set up a Revocable Living Trust? Yes [] No []

2. Successor Trustees and/or Executors (in order of preference):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

Tip: The trustee administers a trust. (You will be trustee first.) The executor administers a will. If you are setting up a trust, please list one person to serve in both roles. If you are listing co-trustees, consider how disagreements would be resolved (e.g., one trustee has veto power, a third party casts the deciding vote).

3. Specific Bequests (if any):

- a. Recipient and relationship: _____
 Gift: _____
 Alternate disposition: _____
- b. Recipient and relationship: _____
 Gift: _____
 Alternate disposition: _____

Tip: A specific bequest is an item or group of items you wish to single out and leave to certain people. A specific bequest generally involves a money gift, a family heirloom or something of sentimental value. Please include an alternate disposition in the event the beneficiary does not survive you. You may name a backup beneficiary or state that the gift shall lapse (i.e., be distributed with the residue of your estate.)
Example: I leave my stamp collection to my son, Jim Doe, if he survives me, otherwise this gift shall lapse.

4. Residuary Beneficiaries (for the bulk of your estate):

<u>Primary/Secondary</u>	<u>% of Estate</u>	<u>Beneficiary</u>	<u>Relationship</u>
Example: primary	100%	John or Jane Smith	spouse
secondary	50%	Jill Smith (or her issue)	daughter
secondary	50%	Jeff Smith (or his issue)	son
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tip: Given the uncertainty of how long you will live and how large your estate will be, it is easiest to divide your estate into shares, rather than into dollars amounts. The “residue” or bulk of your estate will be determined after your final expenses and taxes are paid, and after any specific bequests are made. Since a beneficiary may predecease you, it is important to either (a) provide for an alternate beneficiary or (b) provide that the deceased individual’s share will be divided among the surviving beneficiaries, in equal shares or proportionately. If the beneficiary is related to you, and may have children, you may specify that those children receive a deceased parent’s share by listing “issue” as in the example.

5. Charitable Beneficiaries:

Are there one or more charitable organizations to which you would like the residue of your estate to go if all of your residuary beneficiaries and your relatively close heirs at law (determined by the State) die before the residue has been fully distributed? _____
 If so, which one(s)? _____

6. Special Trust Provisions:

You may prefer that beneficiaries receive their inheritance outright (i.e., immediately upon your death). However, to preserve assets and protect beneficiaries from creditors or spouses, you may wish to set up a continued trust, to be managed by your trustee or by a third trustee. If you wish to set up a continued trust for one or more beneficiary, please specify the terms of the trust and trustee, if other than the trustee of your trust. (Your attorney will be happy to assist you in completing this section.)

<u>Beneficiary/ies</u>	<u>Trust Terms</u>	<u>Trust Ends</u>	<u>Alternate Disposition</u>
<i>Example: Jeff</i>	<i>discretionary use of principal 1/3 of principal paid at age 21</i>	<i>at age 25</i>	<i>issue; siblings</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tip: You cannot leave more than \$2,000 to a child under age 18 without setting up a trust. Of course, you may feel that a child is not prepared at age 18 to handle a large quantity of assets. A trust may continue to any age of your choosing (common ending dates are 18, 21, 25, 30 or 35). You may specify that the trustee make discretionary payments to cover the beneficiary's health, education, maintenance and support, as the trustee determines is appropriate. You may require mandatory income payments after a certain age, to reduce the income tax on any gains realized by assets inside the trust. You may request that the trustee make distributions upon certain life events (e.g., first car, graduation, wedding) or pay a certain percent of the trust funds each month, year, or other period of time.

7. Guardians (in order of preference):

<u>Name</u>	<u>Relationship</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

If naming married couples, what should happen if one member of the couple is unwilling to serve as guardian, or if the couple does not stay together? Please indicate whether one member of the couple is the preferred guardian or whether the next married couple should become guardians. _____

8. Financial agents (durable power of attorney for finances):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

Tip: It is best to use your trustee/executor as agent, so that one person manages all financial issues. Usually, spouses list each other as the first agent.

Check or circle your choice. If your spouse or partner has different wishes, indicate so.

When should the power become effective?

- _____ Immediately (after power is signed; recommended)
_____ Springing (after 1-2 physicians have certified that you cannot make decisions)

9. Health care agents (advance health care directive):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

Spouse's or partner's health care agents (advance health care directive):

	<u>Name</u>	<u>Relationship</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

Tip: You may name a different agent. Choose someone nearby or someone who would come to your aid.

10. Health Care and Power of Attorney Instructions

Check or circle your choice. If your spouse or partner has different wishes, indicate so.

- a. When should the power become effective?
_____ Immediately (after power is signed; recommended)
_____ Springing (after 1-2 physicians have certified that you cannot make decisions)
- b. Living Will: If your physicians have determined that you are in a permanent coma, irreversible vegetative state, etc., do you wish to receive life-sustaining treatment?
_____ No, I do not want my life prolonged through artificial means
_____ Yes, I want to live as long as possible, regardless of the expense
_____ Undecided, let my health care agent decide for me based on the circumstances

- c. If you are in pain, would you want to receive treatment to relieve your pain, even if that could speed up your death? Yes / No
- d. Should your agent have power to donate your organs? Yes / No
 - 1. Limited to certain organs, tissues, or parts? _____
 - 2. Limited to certain purposes? Transplant / Therapy / Research / Education
- e. State your wishes regarding after-life activities (e.g., church service, burial vs. cremation, final disposition of remains). If you prefer, you can let your agent decide.

- f. Do you have any other wishes or special instructions? _____

11. Provide the address and phone number of all fiduciaries (trustees, executors, guardians and agents) and beneficiaries (except spouse/partner and children, grandchildren, etc. who have already been listed). Include birthdates for children, especially if you are establishing a trust for that child. If you run out of room, attach additional pages.

Name: _____
 Relationship: _____ Telephone: ___ - ___ - ____
 Address: _____

Name: _____
 Relationship: _____ Telephone: ___ - ___ - ____
 Address: _____

Name: _____
 Relationship: _____ Telephone: ___ - ___ - ____
 Address: _____

Name: _____
 Relationship: _____ Telephone: ___ - ___ - ____
 Address: _____

Name: _____
 Relationship: _____ Telephone: ___ - ___ - ____
 Address: _____

M. PROPERTY INFORMATION

1. Home and other real estate [a copy of the deed, with legal description, will be required]

Property Address	How is it Titled?	Purchase Price	Current Value

2. Bank accounts (checking, savings, CDs, money market, etc.)

Bank & Account Type	How is it Titled?	Account Number	Current Value

3. Equities (stocks, bonds, mutual funds, etc.)

Company	How is it Titled?	Account Number	Current Value

4. Life insurance policies

Company, Policy Type, Policy Number	Policy Owner	Beneficiary	Cash Value	Death Benefit

5. Retirement accounts (pension, IRA, 401(k), 403(b), 457, profit-sharing, etc.)

Account Type	Owner	Beneficiary	Current Value

6. Business or Partnership Interests [provide a copy of corporate/partnership documents]

Description	How is it Titled?	Purchase Price	Current Value

7. Money owed to you [provide a copy of any promissory note or other contract]

Description	Current Value

8. Personal property

Description	Purchase Price	Current Value
Home furnishings, clothing, tools and equipment, etc.	N/A	
Significant collections (antiques, art, coins, furs, stamps, jewelry, wine, etc.)		
Cars (list by make/model)		
Other vehicles (planes, boats, RVs, etc.)		

9. Debts (mortgages, loans, other substantial debts)

Description	Current Value

N. HOW DID YOU LEARN OF THE LAW OFFICE OF NICOLE A. DAVIDSON?

1. Referred by _____
2. Attended seminar at _____
3. Other _____