

Law Office of Anthony D. Zinnanti

Estate Planning Organizer

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INSTRUCTIONS: This form is available both as a fillable or printable PDF. All information will be reviewed for accuracy and completeness. This form will become part of the client file and is strictly confidential. Should you have questions, please contact our office at (818) 273-1100 or adzesq@gmail.com. (Estimated time to complete: 30 to 90 minutes.)

Thank you for choosing our law firm for your estate planning needs.



Fillable: Open, give file unique name and save. May be e-mailed.

Please complete the relevant parts of the questionnaire. Not all parts may be relevant. This questionnaire becomes part of your client file and is confidential. At the creation of the Trust, you (and your spouse) will be the “Settlor(s),” “Trustee(s)” and “Beneficiary(ies).”

A “Successor Trustee” and “Attorney in Fact” is a person who will handle your affairs or administer the Trust after disability or death. To avoid redundancy, you may check off where the appointed persons are the same as the the Successor Trustee(s). Look for the →

I. Your Information (Trust Settlor)

Your Legal Name: _____

E-mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Citizen or Nationality: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Current Spouse (Trust Co-Settlor)

Spouse’s Legal Name: _____

U.S. Citizen or Nationality: _____ Date of Birth: _____

Occupation: _____ Employer: _____

Note: Citizenship is important to estate tax analysis. A non-citizen spouse has a limited inheritance before estate tax.

FAMILY

Your Children (Any Age and Dependent or Adult Status)

1. Name _____ Birth Date _____

Check one: Natural? Legally Adopted? Foster? Step? Special Needs?

Of this marriage or prior marriage? _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this child act as a “Successor Trustee” or “Attorney in Fact”? _____

Children (Continued)

2. Name _____ Birth Date _____

Check one: Natural? Legally Adopted? Foster? Step? Special Needs?

Of this marriage or prior marriage? _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this child act as a "Successor Trustee" or "Attorney in Fact"? _____

3. Name _____ Birth Date _____

Check one: Natural? Legally Adopted? Foster? Step? Special Needs?

Of this marriage or prior marriage? _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this child act as a "Successor Trustee" or "Attorney in Fact"? _____

4. Name _____ Birth Date _____

Check one: Natural? Legally Adopted? Foster? Step? Special Needs?

Of this marriage or prior marriage? _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this child act as a "Successor Trustee" or "Attorney in Fact"? _____

Are you aware of any disputed parentage issue? Briefly explain. This will be covered in the follow up interview. _____

Are there any children (including grandchildren) expected but unborn at this time?

Grandchildren

How Many Grandchildren Do You Have? _____ (Number should be equivalent to chart)

Please map the lineage of your **grandchildren**, if any. Your children (1 - 4) are identified from the previous page. Use an additional page, if necessary.

Child 1.	Child 2.	Child 3.	Child 4.
GC 1 _____	GC 1 _____	GC 1 _____	GC 1 _____
GC 2 _____	GC 2 _____	GC 2 _____	GC 2 _____
GC 3 _____	GC 3 _____	GC 3 _____	GC 3 _____
GC 4 _____	GC 4 _____	GC 4 _____	GC 4 _____
GC 5 _____	GC 5 _____	GC 5 _____	GC 5 _____

Parents

Your Father

Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? _____

Your Spouse’s Father

Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? _____

Your Mother

Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? _____

Your Spouse's Mother

Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this parent act as a "Successor Trustee" or "Attorney in Fact"? _____

Are you the potential heir to any parents' estate? _____

Your Siblings

1. Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? _____

2. Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? _____

3. Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? _____

4. Name _____ Birth Date _____

Street Address _____ Phone _____

City: _____ State: _____ Zip Code: _____

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? _____

Is **anyone** (spouse, children, grandchildren, parents or siblings) mentioned in this questionnaire receiving **public benefits** or **Supplemental Security Income** (“SSI”)? If so, who and what benefits? _____

Do you or your spouse have any outstanding **child support** obligation? If so, how much and what is the nature of it? Does it include repayment of public benefits for a child?

Please describe any **monetary judgments** against you or any beneficiary of your estate:

Please describe the nature and age of any **taxes owed** to the **IRS, Cal FTB** or **Cal BOE**:

Have you ever sought “innocent spouse” or “injured spouse” relief? _____

("Innocent spouse" is ignorance of a tax liability, where "injured spouse" is having your refund seized to pay a spouse's tax obligation; a reason why married couples may file "married filing separately.")

ASSETS

Are you working with a **financial advisor**? If so, please indicate name and telephone number: _____ Phone: _____

REAL ESTATE (Including Mobile and Modular, Vacant Land, Units and Time Shares)

1. Description and Location _____

City _____ State _____ Zip Code _____

Titled in whose name/vesting? _____

Purchase Price _____ Purchase Date: _____

Mortgage _____ Est. Current Value _____

Real Estate (Continued)

2. Description and Location _____

City _____ State _____ Zip Code _____

Titled in whose name/vesting? _____

Purchase Price _____ Purchase Date: _____

Mortgage _____ Est. Current Value _____

3. Description and Location _____

City _____ State _____ Zip Code _____

Titled in whose name/vesting? _____

Purchase Price _____ Purchase Date: _____

Mortgage _____ Est. Current Value _____

4. Description and Location _____

City _____ State _____ Zip Code _____

Titled in whose name/vesting? _____

Purchase Price _____ Purchase Date: _____

Mortgage _____ Est. Current Value _____

BANK ACCOUNTS

➔ Contact financial advisor to get this information? _____ If not, please complete.

1. Bank _____ Account # _____

Titled in Whose Name? _____

2. Bank _____ Account # _____

Titled in Whose Name? _____

Bank Accounts (Continued)

3. Bank _____ Account # _____

Titled in Whose Name? _____

4. Bank _____ Account # _____

Titled in Whose Name? _____

Safe Deposit Box Location? _____

INVESTMENT ACCOUNTS OR MUTUAL FUNDS FUNDING

➔ Contact financial advisor to get this information? _____ If not, please complete.

A. Institution _____ Account # _____

Titled in Whose Name? _____

B. Institution _____ Account # _____

Titled in Whose Name? _____

C. Institution _____ Account # _____

Titled in Whose Name? _____

D. Institution _____ Account # _____

Titled in Whose Name? _____

INDIVIDUAL STOCKS, BONDS AND CURRENCY

➔ Contact financial advisor to get this information? _____ If not, please complete.

1. Description _____ Quantity _____

Titled in Whose Name? _____

2. Description _____ Quantity _____

Titled in Whose Name? _____

3. Description _____ Quantity _____

Titled in Whose Name? _____

4. Description _____ Quantity _____

Titled in Whose Name? _____

RETIREMENT ACCOUNTS (Example: 401(k), 403(b), 457, IRAs or Pension Plans)

Note: Retirement plans/accounts do not get transferred into the Trust, but accounts such as IRAs may be inherited. Inheritance of certain retirement accounts requires special planning.

➔ Contact financial advisor to get this information? _____ If not, please complete.

1. Name of Plan/Account: _____

Type of Plan: _____ Holder (You or Spouse): _____

Presently Designated Beneficiary: _____

Beneficiary's Contact Information (if other than listed in "Family"): _____

Retirement Plans/Accounts (Continued)

2. Name of Plan/Account: _____

Type of Plan: _____ Holder (You or Spouse): _____

Presently Designated Beneficiary: _____

Beneficiary's Contact Information (if other than listed in "Family"): _____

3. Name of Plan/Account: _____

Type of Plan: _____ Holder (You or Spouse): _____

Presently Designated Beneficiary: _____

Beneficiary's Contact Information (if other than listed in "Family"): _____

4. Name of Plan/Account: _____

Type of Plan: _____ Holder (You or Spouse): _____

Presently Designated Beneficiary: _____

Beneficiary's Contact Information (if other than listed in "Family"): _____

BUSINESSES, PARTNERSHIPS, LLCs or CORPORATE INTERESTS

Note: "Fractional Interest" is your percentage interest in the business concern.

1. Name _____

Type of Ownership _____ Fractional Interest _____

Businesses, Partnerships, LLCs or Corporate Interests (Continued)

2. Name _____

Type of Ownership _____ Fractional Interest _____

3. Name _____

Type of Ownership _____ Fractional Interest _____

4. Name _____

Type of Ownership _____ Fractional Interest _____

LIFE INSURANCE AND ANNUITIES

➔ Contact financial advisor to get this information? _____ If not, please complete.

1. Company _____ Policy Owner _____

1st Beneficiary _____ 2nd Beneficiary _____

Cash Value? _____ Death Benefits _____

Note: Depending on the beneficiary designation, death benefits may be part of your taxable estate.

2. Company _____ Policy Owner _____

1st Beneficiary _____ 2nd Beneficiary _____

Cash Value? _____ Death Benefits _____

3. Company _____ Policy Owner _____

1st Beneficiary _____ 2nd Beneficiary _____

Cash Value? _____ Death Benefits _____

4. Company _____ Policy Owner _____

1st Beneficiary _____ 2nd Beneficiary _____

Cash Value? _____ Death Benefits _____

SIGNIFICANT PERSONAL PROPERTY (Only assets of significant value >\$10,000)

1. Description _____ Approx. Value _____

2. Description _____ Approx. Value _____

3. Description _____ Approx. Value _____

4. Description _____ Approx. Value _____

5. Description _____ Approx. Value _____

PATENTS, COPYRIGHTS, OR TRADEMARKS

Note: Please indicate if any IP interest has been amortized as a business asset.

MINERAL RIGHTS

STOCK OPTIONS

DIGITAL ASSETS

(Bitcoin, Paypal, Square, Google Wallet, Facebook, iTunes, Second Life,
Mileage and Gaming Accounts, Domain Names, Email Accounts)

OTHER ASSETS

DEBTS OWED TO YOU / PROMISSORY NOTES

NOTE: THE INFORMATION SUBMITTED WILL BE REVIEWED FOR GROSS AND NET VALUE TO ASCERTAIN EXPOSURE TO FEDERAL ESTATE TAX AND ANY ATTENDANT PLANNING PROVISIONS. AS OF 1982, CALIFORNIA DOES NOT HAVE AN ESTATE (INHERITANCE) TAX. ESTATE TAX EXPOSURE IN OTHER JURISDICTIONS IS REVIEWED ON A STATE-BY-STATE BASIS.

PRESENT WILLS AND TRUSTS

Do you have a Will or Trust? ____ If so, what is the date of the Will? _____

What is the name of your current Trust? (Not this Trust) _____

Have you been divorced since the above-mentioned Will or Trust was completed? _____

If so, when was your divorce completed? _____ Is your divorce pending? _____

Is your present Will or Trust lost or destroyed? _____ If not, please provide a copy.

PROVISIONS FOR THIS TRUST

Name for this Trust: _____

Note: A specific name is recommended as opposed to, example "The Smith Family Trust."

Trustees and Guardians

Who will be the Trustee(s)? → Check here if it will be you (and your spouse): _____

Successor Trustee(s) - Steps in at your incapacity or death to administer the provisions of the Trust. Can be adult children, trusted friend, and/or a Corporate or Professional Trustee.

First Choice: Name _____ Listed Above? _____

Phone _____ Address _____

City _____ State _____ Zip Code _____

Successor Trustee(s) (Continued)

Second Choice: Name _____ Listed Above? _____

Phone _____ Address _____

City _____ State _____ Zip Code _____

Third Choice: Name _____ Listed Above? _____

Phone _____ Address _____

City _____ State _____ Zip Code _____

Will you require “bond” of these people? _____ Bond is a posted security to ensure that the interests of the beneficiaries are protected from dishonesty of a Trustee. Usually, the premium for the bond is paid out of the trust estate.

Personal Guardian for Minor Children - Responsible party to care for the minor children if something happens to you. A court order will still be required. But, you may designate.

➔ Check here if choices are the same as Successor Trustee(s): _____

First Choice: Name _____ Phone _____

Address _____

Relationship to Child(ren) _____

Second Choice: Name _____ Phone _____

Address _____

Relationship to Child(ren) _____

Third Choice: Name _____ Phone _____

Address _____

Relationship to Child(ren) _____

“Trust Protector” (Optional – but language for appointment will be included in Trust instrument.) A trust protector is an individual who can control the actions of the Trustee by making modifications to the Trust. This is especially important after the Trust becomes irrevocable, as it will avoid the need for court intervention. Please set forth two individuals who are trustworthy, but neither relatives nor “subordinates” of the Successor Trustee(s).

First Choice: Name _____ Phone _____

Address _____

Second Choice: Name _____ Phone _____

Address _____

Compensation to Trustee(s)

Administration of a Trust is a time-consuming task. Trusts normally contain a clause stating that the Trustee is eligible for “reasonable compensation.” This appears to be very vague. Lack of compensation may make a Trustee decline Trusteeship. We include the following clause to specify Trustee compensation.

“[C]ompensation shall be a reasonable fee based on the time and effort of the Trustee; such reasonable fee being no greater than 1.25% annually of the first \$600,000 and 0.75% of the next \$400,000 of the gross trust estate or combined trust estates, and to be prorated for any year in which the trust or trusts are terminated.”

Please indicate:

____ Yes, I agree with this clause for Trustee compensation. ____ No, I do not agree.

DISTRIBUTION OF TRUST ESTATE

Special Gifts to Charities or Organizations - Do you want to make a gift to a charity, foundation, religious or fraternal organization? On First Death or Second Death?

Note: Charitable gifts may be beneficial for planning and taxation.

1. Name of organization _____

Address _____

Description of gift _____

Is this organization a bona fide charity? _____

2. Name of organization _____

Address _____

Description of gift _____

Is this organization a bona fide charity? _____

Special Gifts to Individuals - Do you want to make any gifts to a family member or other individual? On First Death or Second Death?

1. Name of individual _____

Is this individual mentioned in the "Family" section? _____ If not, complete following:

Telephone: _____ E-Mail: _____

Address _____

Description of gift _____

2. Name of individual _____

Is this individual mentioned in the "Family" section? _____ If not, complete following:

Telephone: _____ E-Mail: _____

Address _____

Description of gift _____

INHERITING INSTRUCTIONS FOR REMAINDER OF TRUST ESTATE

Simple “per stirpes” (equal shares typically based on children and surviving “issue”)

Initial here if you desire the following distribution scheme upon the death of the surviving Grantor: _____

Distribution: Distribute the trust estate in equal divisions to my living children, and if a child of mine (one or more) predeceases me, then my child’s share will be divided equally to the predeceased child’s surviving children. If my predeceased child has no issue (i.e., children), then their share shall revert to the Trust Estate to be divided equally among my surviving children. The Trust language will be very specific.

➔ If you do not agree with this distribution scheme, please complete the following or write a narrative of your proposed inheritance plan on a separate sheet of paper.

Beneficiaries and Inheriting Instructions - Who do you want to receive the remainder of your estate after the above gifts have been made? You can designate a dollar amount or a percentage and state whether the inheritance should be outright or held in trust.

On First Death. Spouse (Yes or No)_____. Details: _____

On Second Death. Children (Yes or No)_____. Details: _____

Ultimate Beneficiaries - Who should receive your estate if you outlive all of the people you listed above?

Life Estate – Do you wish to grant a beneficiary the right to enjoy the possession and use of land or income from the estate for their lifetime with a distribution to a beneficiary after the first beneficiary’s death? If so, please describe: _____

Disinheriting - Are there anyone who should not receive anything from your estate?

ADDITIONAL QUESTIONS (If applicable)

1. Date and place of current marriage: _____

2. Do you have a pre or post nuptial agreement? _____ Date: _____

3. Any previous marriages? _____ If so, how many? _____

a. Previous spouse’s name: _____

b. Previous spouse’s name: _____

c. Previous spouse’s name: _____

4. Marriage Settlement Agreements? _____

5. Do you expect a former spouse to make a claim to any portion of your estate? Do you expect a former spouse to make a claim against the estate of any of your family members? _____ If so, which above-mentioned spouse? _____

6. Have you been given a Power of Appointment, Limited or General, as the beneficiary to the Trust of another person? ___ Name of Trust: _____

7. Are you a Trustee of a Trust? ___ Name of Trust: _____

8. Do you expect to receive an inheritance from a non-family member? _____

9. Is so, who? _____

10. Do you own property with others as Tenants in Common? Describe: _____

11. Do you own any property, real or personal, or business interests outside the U.S.?

12. Do you (or, either of you) have any Separate Property? Describe: _____

DURABLE POWER OF ATTORNEY FOR AFFAIRS AND PROPERTY

This is a designation for someone to act as your “Attorney-in-Fact” in the event of your inability to act on your own behalf. “Durable” means that it will be effective if you are incapacitated. Powers of Attorney may be changed or revoked.

➔ **Initial if choices are the same as Successor Trustee(s):** _____ (If not, complete.)

First Choice - Name _____

Address _____

_____ Phone _____

Second Choice - Name _____

Address _____

_____ Phone _____

Should this power be effective immediately? _____

Have you granted anyone a power of attorney (including for affairs with the IRS)? _____

If so, who? _____ Do you revoke? _____

ADVANCE HEALTH CARE DIRECTIVE (AHCD) | HIPPA WAIVER

Who would you like to carry out your health care decisions for you if you were unable to communicate your own wishes? The AHCD is more about enforcement than independent decision making. A HIPPA Waiver permits your AHCD representative to see your records.

➔ **Initial if choices are the same as Successor Trustee(s):** ____ (If not, complete.)

First Choice - Name _____

Address _____

_____ Phone _____

Second Choice - Name _____

Address _____

_____ Phone _____

HEALTH CARE AND DISPOSITION DIRECTIVES (Answer “Y” or “N”)

Artificially prolong life? (Party 1) ____ (Party 2) ____

Anatomical gifts? (Party 1) ____ (Party 2) ____

Autopsy if not legally required? (Party 1) ____ (Party 2) ____

Nutrition/hydration if in vegetative state? (Party 1) ____ (Party 2) ____

Treatment for disease if in irreversible terminal state: (Party 1) ____ (Party 2) ____

Cremation of remains: (Party 1) ____ (Party 2) ____

Burial of remains: (Party 1) ____ (Party 2) ____

ANY ADDITIONAL INFORMATION YOU THINK IS IMPORTANT: Type size will conform to space

[END OF ESTATE PLANNING QUESTIONNAIRE]