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Client Questionnaire for Designing an Estate Plan

DIRECTIONS: Please fill out this form as completely and accurately as possible.

I. Client Family Information:

Please provide the following information regarding you and your spouse.

Client Name: _____

Date of Birth: _____

Social Security No.: _____

Home Address: _____

Home Phone/Fax : _____

E-mail Address: _____

Business Address: _____

Business Phone: _____

Are you a U.S. Citizen? Yes No

If you answered "No," of what country are you a citizen?

Country: _____

Do you have any health problems? Yes No

If you answered "Yes," please explain:

Are you married? Yes No

If you answered “Yes”, please fill out the following:

Spouse’s Name: _____

Date of Birth: _____

Social Security No.: _____

Is your spouse a U.S. Citizen? Yes No

If you answered “No,” of what country is your spouse a citizen?

Does your spouse have any health problems? Yes No

If you answered “Yes,” please explain:

Have you been married previously? Yes No

If you answered “Yes,” please list all prior marriages:

Please provide information regarding your children:

Child #1 Name: _____

Check One:

- ☐ Child of both you and your spouse
- ☐ Your child only
- ☐ Your spouse's child only

Address (if not same as yours):

Date of Birth: _____

Social Security Number: _____

Is this child your dependent? Yes No

Does this child have any health problems? Yes No

If you answered "Yes," please explain:

Child #2 Name: _____

Check One:

- ☐ Child of both you and your spouse
- ☐ Your child only
- ☐ Your spouse's child only

Address (if not same as yours):

Date of Birth: _____

Social Security Number: _____

Is this child your dependent? Yes No

Does this child have any health problems? Yes No

If you answered "Yes," please explain:

Child #3 Name: _____

Check One:

- ☐ Child of both you and your spouse
- ☐ Your child only
- ☐ Your spouse's child only

Address (if not same as yours):

Date of Birth: _____

Social Security Number: _____

Is this child your dependent? Yes No

Does this child have any health problems? Yes No

If you answered "Yes," please explain:

Child #4 Name: _____

Check One:

- ☐ Child of both you and your spouse
- ☐ Your child only
- ☐ Your spouse's child only

Address (if not same as yours):

Date of Birth: _____

Social Security Number: _____

Is this child your dependent? Yes No

Does this child have any health problems? Yes No

If you answered "Yes," please explain:

Estate Plan:

How would you like the bulk of your property to pass at your death? (CIRCLE)

1. To surviving spouse, then to children
2. To children outright
3. Other:

Please describe the percentage of your estate to be left to the beneficiaries above:

Is there any particular property you would like to go to a particular beneficiary? If so, please describe:

Guardians of your children: If your children are minors and both spouses die, who would you want to see as legal guardians of your children?

1st Choice: _____

2nd Choice: _____

Who would you like to see as your trustees and administrators?
(Typically, trusted family members or professionals)
Please provide names and addresses:

1st Successor Trustee: _____

Address:

2nd Successor Trustee: _____

Address:

Is there anything else to remark about your intent?

Other Information:

Do you have any existing Will or Trusts?	Yes	No
Do you have assets in other states or countries?	Yes	No

If you have an existing Will or Trust, please provide me with a copy.

Durable Power of Attorney:

These are people whom you designate to act for you generally. Who do you want to sign legal documents on your behalf should you become incapacitated?

Husband:

1st Choice: _____
SSN: _____ Phone #: _____

2nd Choice: _____
SSN: _____ Phone #: _____

Wife:

1st Choice: _____
SSN: _____ Phone #: _____

2nd Choice: _____
SSN: _____ Phone #: _____

Power of Attorney for Healthcare:

Who do you want to make medical decisions on your behalf should you become incapacitated? This agent must be one person and can be the same as the above.

Husband:

1st Choice: _____

2nd Choice: _____

Wife:

1st Choice: _____

2nd Choice: _____

Asset Information:

Approximate GROSS value of your Entire Estate (include death benefits on life insurance owned by you and the value of gifts made within the last three (3) years.)

\$ _____

Approximate NET value (after debts) of your Entire Estate.

\$ _____

Financial Information:

Be as specific as you can with regard to account names. Account balances vary, please just list approximate balance on each account.

If married, please answer:

1. How long have you been married? _____
2. Do you and your spouse consider all of your assets to be community property?
Yes No
3. Did you or your spouse receive any substantial gifts or inheritance after your marriage?
Yes No
4. Did you or your spouse come into your marriage with any substantial assets?
Yes No

Amounts in Banks, Savings & Loans, and Credit Unions – Not in an IRA

<u>Name of Institution:</u>	<u>Type of Account:</u>	<u>Account Number:</u>	<u>Balance:</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____

Real Estate:

Please bring the GRANT DEED (for the legal description of the property) and a recent Property Tax Bill (for the APN) for each property.

Property Address: Original Cost: Current Value: Debt or Mortgage: Net Value

1. _____ \$ _____ \$ _____ \$ _____ \$ _____

Assessor's Parcel No.: _____

2. _____ \$ _____ \$ _____ \$ _____ \$ _____

Assessor's Parcel No.: _____

3. _____ \$ _____ \$ _____ \$ _____ \$ _____

Assessor's Parcel No.: _____

The assessor's parcel number can be found on the Property Tax Bill.

Mutual Funds and/or Brokerage Accounts: (Do not include IRA or other retirement accounts)

Name of Firm or Fund:

Account Numbers:

1. _____

2. _____

Stocks and Bonds: (No Brokerage Accounts)

<u>Name of Stock/Bond:</u>	<u>Number of Shares:</u>	<u>Approx. Value:</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

IRA Accounts and Other Retirement Plans:

<u>Name of Account:</u> (IRA, 401K, DB Plans)	<u>Type of Account/Acct #:</u>	<u>Current Beneficiary:</u>	<u>Approx. Value:</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

Closely-Held Businesses:

(Closely-held companies where you should actually have the Certificates or Bonds)

<u>Name of Stock:</u>	<u>Number of Shares:</u>	<u>Total Market Value:</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
Total Value:		\$ _____

Annuities:

(Not part of a Retirement Plan)

<u>Insurance Company Name:</u>	<u>Annuitant:</u>	<u>Total Value:</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
Total Value:		\$ _____

Promissory Notes & Trust Deeds:

(Where someone is paying you on a note)

If secured, please bring a copy of the recorded Trust Deed.

<u>Name of Debtor:</u>	<u>Secured by Trust Deed?</u> (Yes or No)	<u>Due Date:</u>	<u>Balance:</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
Total Value:			\$ _____

Limited or General Partnerships:

<u>Name of Partnership:</u>	<u>Limited or General:</u>	<u>Approx. Value:</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Life Insurance:

<u>Name of Company & Broker Name:</u>	<u>Policy Number:</u>	<u>Insured Person:</u>	<u>Current Ben.:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other Assets:

1. Are you expecting a large inheritance soon? _____.
Approximate Amount: \$_____

2. If you own a business, what is the business's name? _____

Is the business a corporation? _____

Percentage owned by you _____%

Total Value of Business: \$_____

3. Any other assets not yet mentioned?

Living Will

We will prepare a standard Living Pour Over Will, unless you instruct otherwise.