

Confidential Estate Planning Questions

Names (as you want them to appear in your documents):

Partner #1: _____ Partner #2: _____

Address: _____ City _____ Zip _____

Date of marriage: _____ Phone: _____ E-mail: _____

Children:

Child #1 _____ DOB _____ Notes _____

Child #2 _____ DOB _____ Notes _____

Child #3 _____ DOB _____ Notes _____

Child #4 _____ DOB _____ Notes _____

Grandchild #1 _____ DOB _____ Parent: _____

Grandchild #2 _____ DOB _____ Parent: _____

Grandchild #3 _____ DOB _____ Parent: _____

Grandchild #4 _____ DOB _____ Parent: _____

Do you want to disinherit any children? If so, which?

Assets

Personal residence: _____

Other real property: _____

Bank accounts: _____

Brokerage accounts: _____

Valuable jewelry/art/assets: _____

Vehicles: _____

Does either partner have property/assets that they owned before marriage or inherited during marriage? If so, what: _____

Other assets (Add't space on page 3): _____

Life insurance: _____ Amt \$ _____ Term/Whole Life

IRA's/Retirement Plans/Pensions: _____

- Assets with named beneficiaries are not held in the trust, but the trust can be named to receive the proceeds

Disposition of Assets

How do you want your assets distributed after the death of the surviving spouse? (i.e. equally or unequally to your children)

Any specific gifts you want to make? (i.e. cash, cars, jewelry)

If a share of the trust is distributed to a beneficiary under the age of 18, it will be held in trust. At what age would you want them to receive the assets? (i.e. 21, 25, 30, 35) _____

Successor Trustee/Executors

If both trustees become incapacitated or upon the death of the surviving trustee, who would you want to serve as Successor Trustee? _____ Alt. #1: _____

Alt. #2: _____

Although an executor is typically not appointed when you have a trust, a proposed executor is named in your pour-over will just in case. _____ Alt. #1: _____

Guardian:

If you have minor children, who would you want to serve as guardian of your children? _____

Health Care Agent

Who would you want to name as your agent for making health care decisions if you and your spouse would be unable to? (Most importantly the decision to prolong or not prolong life using artificial means) (Your spouse is always named first alternate)

Financial Agent

During any time you are incapacitated, who would you want to be able to do financial transactions on your behalf? _____

Any other questions: _____

Additional Assets: _____

Additional Space: _____

Once completed, please call our office at 510-278-8362 to set up an appointment.

Appointment Date: _____ Appointment Time: _____

What to bring to the appointment:

1. If available, copies of your real property deed(s).
2. Financial statements
3. Any other information regarding assets that you would like to include in your estate plan.

Please feel free to call our office prior to your appointment with any questions.