

C O N F I D E N T I A L

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Estate Planning Questionnaire

for a single person

General Information

Full name _____

Other names used _____

Date of birth _____ Place of birth _____

Social Security number _____ Country of citizenship USA Other _____

Business phone _____ Home _____ Cell _____

Address or main residence _____

_____ E-mail _____

Prior Marriages

Name of former spouse 1 _____

Date of marriage _____ Marriage ended in divorce death End date _____

Name of former spouse 2 _____

Date of marriage _____ Marriage ended in divorce death End date _____

Children and Relatives

If any child has special needs because of developmental, physical or mental disability, please provide pertinent information on an attachment. This should include the nature of the illness, the nature of the disability, the names of the doctors, guardians and the anticipated needs of the child after your death.

Child A: Name _____ Date of birth _____

Does Child A have special needs? If so, indicate here and attach explanation

Spouse of Child A _____

Children of Child A:

1 _____ Date of birth _____ 2 _____ Date of birth _____

3 _____ Date of birth _____ 4 _____ Date of birth _____

Name of other parent _____

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Child B: Name _____ Date of birth _____

Does Child B have special needs? If so, indicate here and attach explanation

Spouse of Child B _____

Children of Child B:

1 _____ Date of birth _____ 2 _____ Date of birth _____

3 _____ Date of birth _____ 4 _____ Date of birth _____

Name of other parent _____

Child C: Name _____ Date of birth _____

Does Child C have special needs? If so, indicate here and attach explanation

Spouse of Child C _____

Children of Child C:

1 _____ Date of birth _____ 2 _____ Date of birth _____

3 _____ Date of birth _____ 4 _____ Date of birth _____

Name of other parent _____

Child D: Name _____ Date of birth _____

Does Child D have special needs? If so, indicate here and attach explanation

Spouse of Child D _____

Children of Child D:

1 _____ Date of birth _____ 2 _____ Date of birth _____

3 _____ Date of birth _____ 4 _____ Date of birth _____

Name of other parent _____

Deceased Children

Child E: Name _____ Date of death _____

Spouse of Child E _____

Children of Child E:

1 _____ Date of birth _____ 2 _____ Date of birth _____

3 _____ Date of birth _____ 4 _____ Date of birth _____

Name of other parent _____

Information Regarding Important Documents

Do you now have a will? Yes No

Do you now have a trust? Yes No

Do you now have a Financial Power of Attorney? Yes No

Do you now have an Advance Health Care Directive (sometimes called a Living Yes No

If the answer to any of the above questions is "Yes", please provide us with a copy of the document.

Distribution of Estate

How do you wish to dispose of your assets upon your death?

To your children in equal shares on your death? Yes No

If any children predecease you, do you wish to leave that child's share to his or her children? If not, to whom do you wish to leave your property? Yes No

Name _____ Relationship _____ Date of birth _____ % of assets _____

Name _____ Relationship _____ Date of birth _____ % of assets _____

Name _____ Relationship _____ Date of birth _____ % of assets _____

Name _____ Relationship _____ Date of birth _____ % of assets _____

Timing of Distribution

If assets to any beneficiary are not to be provided outright at your death or at death of your spouse, these assets will be placed into a trust and distributed in stages. Please provide name, relationship, age at time of the distribution and the percentage to be distributed at each age:

The following example may be of help to you:

Name: Jane Smith

Relationship: Daughter

Ages at distribution: 21, 25, 30

Percentage of assets to be distributed at each age: 33.3

Name _____ Relationship _____

Ages at distribution _____ Percentage of assets to be distributed at each age _____

Name _____ Relationship _____

Ages at distribution _____ Percentage of assets to be distributed at each age _____

Name _____ Relationship _____

Ages at distribution _____ Percentage of assets to be distributed at each age _____

Name _____ Relationship _____

Ages at distribution _____ Percentage of assets to be distributed at each age _____

Specific Bequests

List all gifts of specific real or personal property or cash that you wish to make, if any. Also indicate who (person or organization) should receive the bequest if the first person does not survive you. You can also choose to have the gift become part of the residue of your estate if the first person does not survive you. The following examples may be of help to you:

1. Diamond and ruby cocktail shaker to John Doe, my friend, 1234 Easy Street, Avocado, CA. If John Doe is not living, then to his oldest child who is living at the time of my death.
2. Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, CA.
3. Antique sheet music collection and harpsichord to Best School of Music Scholarship Fund, 51 Crescendo Lane, Solotown, PA. If this scholarship fund is not in existence at my death, this gift shall lapse and be distributed as part of the residue of my estate.
4. The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse and be distributed as part of the residue of my estate.

Bequest _____

Name _____ Relationship _____

If this person or organization does not survive me, then this gift shall be included in the residue of my estate

shall be given to _____

Bequest _____

Name _____ Relationship _____

If this person or organization does not survive me, then this gift shall be included in the residue of my estate

shall be given to _____

Naming Your Representatives

Trustees: *You are the first trustee of your Trust. During your lifetime you will manage and control all of your property without interference from anyone. Upon your death the successor trustee will automatically become responsible for management and control of your estate in accordance with the terms of the Trust.*

Name your choice in order of preference:

Name _____ Relationship _____

Will a co-trustee serve with this person? Yes No

If "Yes", name of co-trustee _____ Can either trustee serve alone? Yes No

Name _____ Relationship _____

Will a co-trustee serve with this person? Yes No

If "Yes", name of co-trustee _____ Can either trustee serve alone? Yes No

Executors: *Your executor will identify your property and liabilities and will open a probate case in the court if necessary. He or she will protect your property until all debts and taxes have been paid, and transfer the remaining property to the people who are named in your Will.*

Name your choice in order of preference:

Name _____ Relationship _____

Will a co-executor serve with this person? Yes No

If "Yes", name of co-executor _____ Can either executor serve alone? Yes No

Name _____ Relationship _____

Will a co-executor serve with this person? Yes No

If "Yes", name of co-executor _____ Can either executor serve alone? Yes No

Guardians of Minor Children: *There are two guardianships that must be considered: the guardian of the person is the person with whom your children will live. The guardian of the estate manages the child's money.*

Guardian of the person of minor children

Other parent first? Yes No Note: If the child's other parent is alive, he or she will be the guardian of the person whom the courts prefer.

List primary or successor guardian of the person:

Name _____ Relationship _____

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian _____ Can either guardian serve alone? Yes No

Name _____ Relationship _____

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian _____ Can either guardian serve alone? Yes No

Guardian of the estate of minor children

Other parent first? Yes No Note: You may name the other parent or any other person for this role.

List primary or successor guardian of the estate:

Name _____ Relationship _____

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian _____ Can either guardian serve alone? Yes No

Name _____ Relationship _____

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian _____ Can either guardian serve alone? Yes No

Agent to Be Named in Your Durable Power of Attorney—Financial:

The person you name as your agent will manage your assets if you cannot or do not wish to do so.

In order of preference, list the name and relationship of your agent for this purpose.

List the primary or successor agent:

Name _____ Relationship _____

Address _____ Telephone number _____

Will a co-agent serve with this person? Yes No

If “Yes”, name of co-agent _____ Can either agent serve alone? Yes No

Name _____ Relationship _____

Address _____ Telephone number _____

Will a co-agent serve with this person? Yes No

If “Yes”, name of co-agent _____ Can either agent serve alone? Yes No

Advance Health Care Directive: *The person you name as your agent will make health care decisions for you based upon the instructions in your Advance Health Care Directive.*

In order of preference, list the name and relationship of your agent for this purpose.

List the primary or successor agent:

Name _____ Relationship _____

Address _____ Telephone number _____

Will a co-agent serve with this person? Yes No

If “Yes”, name of co-agent _____ Can either agent serve alone? Yes No

Name _____ Relationship _____

Address _____ Telephone number _____

Will a co-agent serve with this person? Yes No

If “Yes”, name of co-agent _____ Can either agent serve alone? Yes No

Special note: This Estate Planning Questionnaire has been filled out completely and legibly by the client or clients named below, with the assistance of _____ (Financial Planner, CPA, business consultant or other financial professional, hereinafter referred to as "Financial Professional."). The clients have reviewed this form carefully before submitting it, and warrant the information herein to be accurate.

The Attorney, Gillian Stein, takes professional and legal responsibility for the accuracy and validity of all estate planning documents prepared in accordance with the information contained in this Estate Planning Questionnaire. The Client instructs said Attorneys to prepare such estate planning documents using the highest standards of the law.

Dated: _____ **Signed:** _____
Client 1

Dated: _____ **Signed:** _____
Client 2

Dated: _____ **Signed:** _____
Financial Professional

Schedule of Assets

	Account number	Market value <i>or</i> Account balance	Name of lender or other details	Date acquired
Real estate or mobile home _____				

Bank accounts _____				

Stocks, bonds, mutual funds, securities _____				

Retirement funds: IRA, 401k, pension _____				

Partnerships, corporations, sole proprietorships, other investments				

Vehicles, personal property, other _____				

Total:				