

SCHOMER LAW, PC

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date _____, _____

Please use n/a to indicate not applicable.

GENERAL INFORMATION

CLIENT 1

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

CLIENT 2 [SPOUSE OF CLIENT 1]

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

Date and Place of Marriage: _____

Location of Marriage Certificate: _____

ADDRESS AND TELEPHONE INFORMATION:

Home telephone number: _____

Business telephone number:

Client 1: _____

Client 2: _____

Permanent residence:

Address: _____

Own or rent? _____

How long have you resided there? _____

Other residence(s): _____

Own or rent? _____

If you have residences in more than one state:

State in which you are registered to vote: _____

When did you first register to vote in that state? _____

State in which your car is registered: _____

Address used on your federal tax return: _____

Address to which your credit card bills are sent: _____

Names and addresses of clubs and associations to which you belong:

If any of these memberships are on a nonresidence basis, please list:

Describe each home in each state (size of building, land, etc).

Residence 1: _____

Residence 2: _____

PRIOR MARRIAGE(S)

CLIENT 1:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CLIENT 2:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

Children of Existing Marriage:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

3. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

4. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Prior Marriage(s):

Client 1:

1. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

2. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

Client 2:

1. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

DECEASED CHILDREN

Client 1:

Childs Full Name: _____

Date of death: _____

Spouses Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Client 2:

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child?

Yes

No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify.

If you have friends that you consider as close as family members, include them here.

Client 1:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

Client 2:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "n/a" next to it.

ESTATE PLANNING DOCUMENTS

Document	Location
WILL <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If yes, please provide me with a copy.

TRUST <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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If yes, please provide me with a copy.

DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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If yes, please provide me with a copy.

POWER OF ATTORNEY FOR HEALTH CARE (ADVANCE DIRECTIVE), DIRECTIVE TO PHYSICIAN and/or LIVING WILL

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
--	-------

If yes, please provide me with a copy.

If any powers of attorney have been granted by you to another:

Date: _____

Holder of power: _____

State where executed: _____

Special powers granted or withheld: _____

Location of original(s): _____

Number of originals executed: _____

OTHER DEATH-RELATED DOCUMENTS

Document	Location
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FUNERAL AND BURIAL
ARRANGEMENTS

CEMETERY PLOT and DEED TO
PLOT

ORGAN DONATION DIRECTIONS

PERSONAL DOCUMENTS

Document

Location

BIRTH CERTIFICATE

MARRIAGE CERTIFICATE

DIVORCE DECREE

PREMARITAL AGREEMENTS
(please provide me with copies)

COMMUNITY PROPERTY
AGREEMENT(S) (please provide me
with copies)

MARITAL PROPERTY
AGREEMENT(S) (please provide me
with copies)

NATURALIZATION OR
CITIZENSHIP DOCUMENTS

PASSPORT

YOUR CHILDREN'S BIRTH
CERTIFICATES

YOUR CHILDREN'S ADOPTION
PAPERS

MILITARY SERVICE RECORDS
(DISCHARGE PAPERS)

EMPLOYMENT RECORDS

TAX RETURNS

Location

COPIES OF INCOME TAX
RETURNS

COPIES OF GIFT TAX RETURNS _____

ASSET AND LIABILITY RELATED DOCUMENTS

Location

BROKERAGE STATEMENTS _____

STOCK CERTIFICATES AND BONDS
(not held in a brokerage acct) _____

DEED TO RESIDENCE and/or
VACATION HOME _____

INSURANCE POLICIES

Location

LIFE INSURANCE POLICIES _____

PROPERTY INSURANCE POLICIES _____

DISABILITY INSURANCE POLICY _____

OTHER ASSETS

Location

CORPORATE ASSETS:
(i.e. stock in businesses that
are not in brokerage accounts) _____

PARTNERSHIP HOLDINGS: _____

JOINT VENTURE HOLDINGS: _____

DISTRIBUTION OF YOUR ESTATE

EXECUTORS:

In order of preference, please list the full names, relationships and address of your Executors:

Your spouse first: Yes No

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

TRUSTEES:

In order of preference, please list the full names, relationships and address of your Trustees:

Same as above: Yes No

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

GUARDIANS OF MINOR CHILDREN:

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

3. Name: _____

Relationship: _____

Address: _____

DURABLE POWER OF ATTORNEY, HEALTH CARE

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

vegetative state; or terminally ill and life-sustaining procedures would only artificially delay death; or otherwise if burdens of treatment outweigh expected benefits.

I want to receive medical treatment unless I am in an irreversible coma.

I want to preclude use of life-sustaining procedures if I am in a terminal condition.

I want to receive medical treatment that will allow me to live as long as possible.

None of the above

If none of the above, please state your wishes for end-of-life care:

Client 2 (_____):
name

I do not wish to receive medical treatment if I am in an irreversible coma or persistent vegetative state; or terminally ill and life-sustaining procedures would only artificially delay death; or otherwise if burdens of treatment outweigh expected benefits.

I want to receive medical treatment unless I am in an irreversible coma.

I want to preclude use of life-sustaining procedures if I am in a terminal condition.

I want to receive medical treatment that will allow me to live as long as possible.

None of the above

If none of the above, please state your wishes for end-of-life care:

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people?

Yes No

If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____
Relationship: _____
Address: _____

Explanation: _____

2. Name: _____
Relationship: _____
Address: _____

Explanation: _____

3. Name: _____
Relationship: _____
Address: _____

Explanation: _____

DISTRIBUTION OF PROPERTY ON DEATH

In General

What is your desired disposition of your property on your death and/or your spouses death?

If married:

All to your spouse on death Yes No

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

If not married:

To your children in equal shares Yes No

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: _____

Address: _____

Proportion: _____

2. Name: _____

Address: _____

Proportion: _____

3. Name: _____

Address: _____

Proportion: _____

Childrens Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No

Outright on your spouses death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

Age	Fractional or % Interest of Share
-----	-----------------------------------

EXAMPLE:

Name of Child: Jane Alexandra Smith

<u>age 21</u>	<u>1/4 of share</u>
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<u>age 24</u>	<u>1/2 of share</u>
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<u>age 30</u>	<u>Remainder of share</u>
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Name of Child: _____

Name of Child: _____

If a child or children or yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution?

Yes No

If yes, at same ages listed above?

Yes No

Simultaneous Death

Desired disposition of estate in the event client, spouse and issue die simultaneously:

- EXAMPLES: 1) Your heirs (determined by California law)
2) Specific named individuals (other than your heirs generally)
3) A specific charity (Red Cross, Boys Town, Girl Scouts)

- 1) _____

- 2) _____

- 3) _____

Specific Bequests

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individuals issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 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, California.
- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 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.

- 1) _____

- 2) _____

- 3) _____

4)

KEY ADVISORS

Accountant:

Name and address: _____

Telephone number: () _____

Fax number: () _____

Stockbrokers/Investment Advisors:

Name and address: _____

Institution: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Name and address: _____

Institution: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Insurance Agents:

Name and address: _____

Company: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Type of insurance coverage: _____

Name and address: _____

Company: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Type of insurance coverage: _____

Trust Officer (Primary Banker):

Name and address of institution: _____

Name of contact person: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Account number: _____

Pension Plan Administrator:

Name and address of plan: _____

Name of contact person: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Account number(s): _____

Doctor:

Name and address: _____

Telephone number: () _____

SAFETY DEPOSIT BOXES

1. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

2. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

3. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____
