

ESTATE PLANNING QUESTIONNAIRE

Date of initial interview: _____ Dates/colors of later-added notes: _____

TYPE OF CASE: Estate Planning ___ Trust Administration ___ Other: _____

SECTION I. PERSONAL INFORMATION

A. CLIENT 1 INFORMATION

Name (as it will be printed on all documents): _____ SSN: ___ - ___ - _____

Full Name (middle and previous names): _____

Home Phone:(____) _____ Cell: (____) _____ E-mail: _____

Would you like draft versions of documents to be emailed to you? Y / N

Address (including zip code): _____

County: _____

Employer's name: _____ Business phone: (____) _____

Place and date of birth: _____ Month _____ Day _____ Yr _____ U.S. Citizen: Y / N

Parents (names, address/or note if deceased): _____

Siblings (name(s) and city(ies) and state(s) of residence(s)): _____

B. CLIENT 2 INFORMATION (spouse)

Name (as it will be printed on all documents): _____ SSN: ___ - ___ - _____

Full Name (middle and previous names): _____

Home Phone:(____) _____ Cell: (____) _____ E-mail: _____

Address (including zip code): _____

County: _____

Employer's name: _____ Business phone: (____) _____

Place and date of birth: _____ Month _____ Day _____ Yr _____ U.S. Citizen: Y / N

Parents (names, address/or note if deceased): _____

Siblings (name(s) and city(ies) and state(s) of residence(s)): _____

C. CURRENT MARRIAGE

Date you came to California: Client 1: _____ Client 2: _____

Date and place of marriage: _____

Is all your property community property? (e.g. acquired in CA from earnings while married?) Y / N

Do you own separate property? (e.g., gifts, inheritance, earnings before marriage) Y / N

Which spouse has the greater value of separate property? _____

Do you have a written agreement concerning separate and/or community property? Y / N

If so, when was it made? _____ Please provide a copy of the agreement.

D. PREVIOUS MARRIAGE(S)

Client 1: Name of former or deceased spouse: _____
Date of death or divorce: _____ Name of probate or divorce court: _____
Case number: _____ Other information: _____

Client 2 :Name of former or deceased spouse: _____
Date of death or divorce: _____ Name of probate or divorce court: _____
Case number: _____ Other information: _____

E. CHILDREN

Children of present marriage:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Birth/Adoption Date</u>	<u>Date deceased</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children of [Client 1 / Client 2]'s prior marriage to _____:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Birth/Adoption Date</u>	<u>Date deceased</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children of [Client 1 / Client 2]'s prior marriage to _____:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Birth/Adoption Date</u>	<u>Date deceased</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION II. NOMINATIONS

A. TRUSTEES OF YOUR TRUST

Trustees manage the assets of the trust. Usually, the starting Trustee(s) is/are you, the Settlor(s) of the Trust. For starting trustee couples, if one person dies/becomes incapacitated, the other person usually takes over as sole trustee. Successor trustees take over if a previous trustee dies/becomes incapacitated. Two or more people can be co-trustees together.

First/Starting trustee: _____ Address: _____ Phone: (_____) _____	(co-trustee) _____ Address: _____ Phone: (_____) _____
Second successor: _____ Address: _____ Phone: (_____) _____	(co-trustee) _____ Address: _____ Phone: (_____) _____
Third successor: _____ Address: _____ Phone: (_____) _____	(co-trustee) _____ Address: _____ Phone: (_____) _____
Fourth successor: _____ Address: _____ Phone: (_____) _____	(co-trustee) _____ Address: _____ Phone: (_____) _____

B. EXECUTOR OF YOUR WILL

The executor is the person you appoint through a will to gather assets and distribute your estate. Whenever a trust is prepared, a "pour-over will" is also prepared. The will picks up any assets that you may not have put into the trust and "pours" them into your trust, but if such assets are over the probate threshold (\$50,000 for real property and \$150,000 for other assets) then a court process is required to complete the "pouring".

Please list your choices for initial and successor executor(s). It is advisable to chose the same person as executor, as trustee, and preferably as agent under your durable power of attorney for finances as well.

Use same selections for Executor as Trustee? Y / N If not, fill out the section below.

(Client 1) FIRST: _____
Address: _____
Phone: (____) _____

(Client 2) FIRST: _____
Address: _____
Phone: (____) _____

SECOND: _____
Address: _____
Phone: (____) _____

SECOND: _____
Address: _____
Phone: (____) _____

THIRD: _____
Address: _____
Phone: (____) _____

THIRD: _____
Address: _____
Phone: (____) _____

What instructions about burial, cremation or funeral services would you like in your will?

OR, would you like to write a separate letter to your survivors about these matters? Y / N

C. PROPOSED GUARDIAN OF MINOR CHILDREN (person & estate)

There are two types of guardians for minors--guardians of the person and guardians of the estate. The guardian of the person takes care of the child's physical needs and the guardian of the estate manages any money that the child inherits after the parents pass away. Again, there can be co-guardians.

Guardian of the Person
FIRST: _____
Address & Ph: _____
SECOND: _____
Address & Ph: _____
THIRD: _____
Address & Ph: _____

Guardian of the Estate
FIRST: _____
Address & Ph: _____
SECOND: _____
Address & Ph: _____
THIRD: _____
Address & Ph: _____

D. ADVANCE HEALTH CARE DIRECTIVE

The Advance Health Care Directive enables an "agent" under a Durable Power of Attorney for Health Care to make health care decisions for you in the event that you become incapacitated. Please choose agents, and list the address and phone number if not listed elsewhere in this questionnaire:

(Client 1) FIRST: _____
Address: _____
Phone: (____) _____

(Client 2) FIRST: _____
Address: _____
Phone: (____) _____

SECOND: _____
Address: _____

Phone: (____) _____

SECOND: _____
Address: _____

Phone: (____) _____

THIRD: _____
Address: _____

Phone: (____) _____

THIRD: _____
Address: _____

Phone: (____) _____

If you choose to enact the Advance Health Care Directive, you will have the opportunity to express your desires for or against life support systems on the form by choosing to sign a prepared statement. You may make additional statements regarding your desires for medical treatment or limitations. You may also state your desires regarding donation of body parts. The space below is for any additional statement that you would like to make (besides the prepared statement about life support systems). For more info on AHCD's, see www.cmanet.org.

E. DURABLE POWER OF ATTORNEY FOR FINANCES

The Durable Power of Attorney for Finances (DPAF) enables an agent to make financial decisions for you in the event that you become incapacitated. It is advisable to choose the same persons for agent, as executor and trustee. *Use same selections for Agent as Trustee?* Y / N

(Client 1) FIRST: _____
Address: _____

Phone: (____) _____

(Client 2) FIRST: _____
Address: _____

Phone: (____) _____

SECOND: _____
Address: _____

Phone: (____) _____

SECOND: _____
Address: _____

Phone: (____) _____

THIRD: _____
Address: _____

Phone: (____) _____

THIRD: _____
Address: _____

Phone: (____) _____

Choice of immediately effective or "springing" DPAF

The DPAF can be drafted so that it will either go into effect upon signing, giving your agent authority to make decisions for you immediately. Or, the DPAF can "spring" into effect only if you are declared to be incapacitated.

Springing -- (Authority of agent(s) springs into effect only upon incapacity.) _____

Immediate -- (Authority of agent(s) takes effect immediately after signing.) _____

Mix -- (1st agent has immediate authority, successor agents only upon incapacity) _____

Power of Agent to Change IRA beneficiaries

Would you like to authorize your agent to change beneficiaries under any IRAs you may own? (There may be tax consequences for the agent.) Y / N If yes, list any IRAs and policy numbers:

Power of Agent to Change Trust Provisions

Would you like to authorize your agent to alter your trust(s), including amending or creating new ones? Y / N

Optional Long-Term Care Preference Choices

Select one of the long term care statements from the sheet provided: Medi-Cal ___ Home ___ Mixtures ___

Personal Care Decisions

The DPAF can include a statement which enables your agent to make personal care decisions for you (e.g., regarding location of residence, mail, religious needs, travel, clothing). The personal care statement may also be included in a separate power of attorney form. Please indicate whether you would like a statement regarding personal care to be included in your DPAF form.

Yes--(I would like a statement about personal care included in the DPAF.) _____

No--(I do not want a statement about personal care included in the DPAF.) _____

F. INCAPACITY DETERMINATION

Incapacity determines your ability to function as Trustee of your trust, and/or when a springing DPA becomes effective. This determination should be made by people who know you well.

Include "Treating Physician", referring to the doctor who will be treating you in the future? Y / N

Client 1 _____ Client 2 _____

Please choose the number of people from your list who must agree before your incapacity is determined. You can choose as few as one person or as many as the number of people on your list. 1 2 3 4

Note: When we meet in person I will ask you whether or not you would like to give this law office permission to disclose your confidential information to your successor trustee(s) and to your agent(s) under your durable powers of attorney.

G. CONSERVATOR.

A conservator is appointed by the court to manage your affairs if you become incapacitated and your affairs are not provided for appropriately. You are unlikely to need a conservator if you are having a Trust, DPAF, and Advance Health Care Directive drafted. However, in case one is appointed, you may nominate people in the DPAF who you would wish to have appointed as your conservator(s) if necessary. You can choose separate conservators over your financial and personal care decisions.

Use same nominations for conservator handling your finances as your DPAF agent? Y / N

Use same nominations for conservator handling your personal care as your AHCD agent? Y / N

(Client 1) Finances: _____ (Client 2) Finances: _____

(Client 1) Personal: _____ (Client 2) Personal: _____

H. DISPUTES, DELEGATION AND MEDIATION

If more than one individual is serving in a fiduciary role (agent, trustee, etc.), in case there are disagreements on how best to proceed, you can select a method of resolving disputes. You can appoint a friend or family member to serve as mediator or tiebreaker informally, or you can provide for a more formal arbitration process. You can appoint an arbitrator, or professional arbitrators are available for hire.

Please name any individuals you would like to appoint to serve as arbitrators, mediators or tiebreakers.

First: _____ Second: _____

1. Would you like the mediator to approach a dispute between co-fiduciaries by mediating informally? Y / N
2. If mediation does not resolve the dispute, would you like the mediator to decide the issue unilaterally? Y / N
3. Is there a type of disagreement for which you want a professional arbitrator/ mediator consulted? _____
If so, how do you want the fees for the service paid?

Sole Signatory Authority

How much independence would you like to grant to future co-trustees or other co-fiduciaries?

Generally when married spouses create a trust, each of them will have independent authority to write checks and make other financial decisions on any matter, except that transactions involving real estate require both parties' consent. However, you don't have to give the same independent power to successor trustees by default. Automatic delegation of authority, called "sole signatory authority" with respect to financial obligations, allows more convenience, but less oversight. Please choose one of the following:

1. Co-fiduciaries have independent signing authority on all matters except real estate. Y / N
2. Co-fiduciaries must sign together, but may give independent authority to one agent/each other in writing. Y / N
3. Co-fiduciaries may act independently only on certain subjects, or only up to a certain value of property (This third choice is rare and can become difficult to interpret, hence is less recommended.)

Notes: _____

SECTION III. DISTRIBUTION OF ESTATE TO YOUR CHILDREN OR HEIRS

(If you do not have children, please skip this section and answer Questions 1 and 4 on Attachment A, Page 8)

1. If you are married, upon the death of your spouse, will your children become your sole beneficiaries? Y / N
OR If you are unmarried and have children, are your children your sole beneficiaries? Y / N
If you indicated no above, please answer Attachment A, Question 1.
2. Will your children receive equal shares? Y / N
If no, please indicate a different distribution in Attachment A, Question 2.
3. If your children predecease you, will their share go to their children (issue), your grandchildren? Y / N
If no, please indicate a different distribution in Attachment A, Question 3.
4. If a child of yours predecease you and leaves no issue, will their share go to your other children? Y / N
If no, please indicate a different distribution in Attachment A, Question 3.
5. If all your children and their issue predecease you, the contingent disposition clause provides that the heirs (i.e., parents, siblings, nephews, nieces) of you and your spouse shall each receive 1/2 of the trust estate.
Would you like this type of disposition? Y / N
If no, please indicate a different distribution in Question 4 on Attachment A.

SECTION IV. QUESTIONS FOR PEOPLE WITH MINOR CHILDREN

The trust provides for the following disposition if both married settlors or the single settlor pass(es) away:

The income from the trust is added to the principal. The successor trustee has discretion to use the principal for the children's health, education, support and maintenance.

If you choose to have a "Family Pot Trust", the trust will remain in one lump sum until your children reach a designated age. The advantage of the Family Pot Trust is that a larger sum of money will be available for emergencies if one of your children needs more money than the others while young. When one of your children reaches a designated age, the Family Pot Trust would be divided into separate trusts for each of your children.

1. Do you want a Family Pot Trust set up? Y / N
2. When do you want the Family Pot Trust to be divided? (e.g. when the oldest child turns 18) _____

3. Would you like your children's guardian to have the same legal authority as a parent? Y / N
4. If the guardian that you are nominating lives outside California, would you like the guardian to be able to petition in their own state to bring your child to the state where the guardian resides? Y / N
5. Would you like to include instructions that the trustee is to spend money from your trust liberally on behalf of your children in order not to pose a burden on the children's guardian? (e.g., money to build additional rooms to the guardian's home or money for extra childcare.) Y / N
6. It is better to write down reasons why you choose the selected person(s) to be the guardian for your child(ren)

SECTION V. DISTRIBUTIONS TO YOUNG PERSONS

(Answer even if you do not have children or expect young persons to inherit.)

1. Gifts going to young beneficiaries can be held either in a custodial account (CUTMA account) and managed by a custodian, OR placed in a separate Trust with provisions on how it should be managed. Please select ONE of the following options:

- a. California Uniform Transfers to Minors Act (CUTMA): Gifts given to young persons through a will or trust can be held by a custodian until the minor reaches a specified age. Please choose an age between 18 and 25 when you would want a young beneficiary to take over full control of your gift from the custodian:
- b. Trust for Young Persons: Gifts for young persons can be placed in a trust for their benefit until they are old enough to receive the gift outright.

What age would you like young persons to reach before they receive gifts from the trust? _____
 Rather than specify a single age to receive the whole gift, you can specify percentages of the gift to be distributed to the beneficiary when he/she reaches different ages. Would you like to do this?

_____ % at age _____; _____ % at age _____; _____ % at age _____

2. The word "issue" means children and descendants. When the word "issue" is defined in your trust, would you like to include: adopted children Y / N; children born out of wedlock Y / N; stepchildren Y / N; foster children Y / N; half bloods (children who share 1 parent) Y / N;

SECTION VI. MISCELLANEOUS QUESTIONS

1. Would you like a trust that eases the application process for Medi-Cal benefits? In some cases, a settlor may need to utilize the Medi-Cal program to obtain assistance for long term nursing home costs. There are hurdles involved in obtaining Medi-Cal assistance to pay for long term nursing home care. We can provide you with documents to coordinate with Medi-Cal application regulations. Please note that the cost will be higher to set up an estate plan that takes Medi-Cal laws into consideration because of the complexity of the Medi-Cal laws and because extra documents may be necessary. Y / N
2. Indicate any specific gifts of personal property or money you would like to give to specific persons.

3. Does anybody owe you debts? If so, who owes what? _____

Do you want any of these debts to be forgiven at your death? _____

Do you want to instead reduce a beneficiary's bequest by what remains of their debt to you upon your death? If so, on what terms? _____

4. Is there anyone you would like your trustee(s) to pay or otherwise help if you become incapacitated? _____

5. How much, if anything, do you expect to inherit from your parents or others? _____

6. Do you now have any share in an existing trust, or do you expect to receive an inheritance from, or control of, a trust other than the one we are writing/revising for you here? _____

7. Do you have an interest in a buy-sell agreement? Y / N

8. A spendthrift clause in your trust or will can help to protect your beneficiaries from creditors' claims by blocking any beneficiary from committing the trust assets to anyone else before they are distributed. The disadvantage of a spendthrift clause is that your beneficiaries become unable to give away their shares in the trust, through their own wills or trusts, before its distribution. For example, your child would not be able to direct in advance that his/her share of an inheritance from you should go to his/her spouse or children. On the other hand, if your child had creditors, they would not be able to demand a right to that future inheritance. Would you like to include a spendthrift clause in your trust? Y / N

ATTACHMENT A

If you do not have any children, please answer Questions 1 and 4 below.

If you do have children, the following items should only be completed if you responded negatively to any of the items in Section IV on Page 6.

If a husband and wife are providing different dispositions, provide each spouse's name and his/her desires.

1. The following are to be my beneficiaries:

Name/address/phone number	Relationship	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Instead of equal shares to my children, they shall receive:

Name	Percentage
_____	_____
_____	_____
_____	_____
_____	_____

3. If a child predeceases you, and leaves no issues, or you do not want that share distributed to that child's issue (your grandchildren), please provide the name(s) of the recipient of that child's share.

Name of your child	Recipient of your child's share	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If you do not want your heirs to be your contingent beneficiaries, select alternative contingent beneficiaries.

Client 1's contingent beneficiaries: Name/address/phone number	Percentage
_____	_____
_____	_____
_____	_____
_____	_____

Client 2's contingent beneficiaries: Name/address/phone number	Percentage
_____	_____
_____	_____
_____	_____
_____	_____