

Law Office of JoAnn D. Gould

• 1150 W. Center Street, #104 •
• Manteca, CA 95337 •
Telephone: 209/456-5547 ♦ Fax: 209/824-0191
E-Mail: jogould@mac.com

ESTATE PLANNING QUESTIONNAIRE - CONFIDENTIAL

Date: _____

Family Information

1. Client Full Name: _____
Birthdate: _____ Place of Birth: _____
U.S. Citizen: Yes _____ No _____
Health Condition/Diagnosis: _____
If spouse/partner deceased relationship, name and date of death: _____

2. Client Full Name: _____
Birthdate: _____ Place of Birth: _____
U.S. Citizen: Yes _____ No _____
Health Condition/Diagnosis: _____
If spouse/partner deceased relationship, name and date of death: _____

3. Address: _____
Home Phone: _____ Work Phone: _____
Residence: Own: _____ Rent: _____

4. Does Either Spouse/Partner live elsewhere, if so, who and where: _____

5. Date of Marriage: _____ Place of Marriage: _____

6. Occupation: Client #1 _____ Client #2: _____

7. Children of this Marriage:

<u>Name</u>	<u>DOB</u>	<u>Residence, City/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Deceased Child: Please list Name and Date of Death:

9. Identify child/children with Mental/Physical Disability and describe Disability and any other important information:

10. Client #1: Prior Marriage
 Name of Prior Spouse: _____
 Date of Death: _____ Date of Divorce: _____ Place of Divorce: _____
 Children of Prior Marriage, Names: _____

 Special Information about children: _____

11. Client #2: Prior Marriage
 Name of Prior Spouse: _____
 Date of Death: _____ Date of Divorce: _____ Place of Divorce: _____
 Children of Prior Marriage, Names: _____

 Special Information about children: _____

Estate Planning Documents:

NOTE: PLEASE BRING THESE DOCUMENTS WITH YOU TO MEETING

Please indicate to which party the following is applicable

1. Will: Yes _____ No _____ Date Signed _____
 Where signed (city/state) _____
2. Trust: Yes _____ No _____ Date Signed _____
 Where signed (city/state) _____
3. Durable Power of Attorney: Yes _____ No _____
4. Durable Power of Attorney for Health Care/Living Will: Yes _____ No _____
5. Other: _____
6. Professional Advisors:
 Accountant Attorney Insurance Investments Other
 Name: _____

Address/Phone: _____

Name: _____

Address/Phone: _____

Name: _____

Address/Phone: _____

Financial Information: Assets

Note: Market or Actual Value may be Estimated

	<u>Address/Description</u>	<u>How Title Held (Trust, JT, CP, etc.)</u>	<u>Cost Basis</u>	<u>Market Value</u>
1.	Real Property			
a.	_____		\$ _____	\$ _____
b.	_____		\$ _____	\$ _____
c.	_____		\$ _____	\$ _____
d.	_____		\$ _____	\$ _____

NOTE: Please bring a copy of the Grant Deed and recent tax statements for each piece of Real Property to meeting.

2.	Secured Notes		\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

	<u>Address/Description</u>	<u>How Title Held (Trust, JT, CP, etc.)</u>	<u>Cost Basis</u>	<u>Market Value</u>
3.	Cash, C/D's, Accounts			
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

4.	Securities (stocks, bonds, unsecured notes) Note: If you have an investment account, bring most recent statement.			
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

5.	Partnerships			
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

6. Business: Name of: _____
 Partnership Corporation LLC Sole Proprietorship

7. Retirement Plans:
 Male Client: _____

 Female Client: _____

8. Life Insurance: Whole Term Other
 Company Owner Beneficiary Cash Value Death Benefit

9. Long Term Care Insurance:

10. Tangible Personal Property:
 List specific Items to be passed at death or of greater value:
Example: My gold bracelet to my daughter, Jane Doe.

11. Other Assets: Royalties, Copyrights, Patents, etc.

12. Does either spouse/partner have separate property: _____. If so, please list:

Income

1. Male Client:
 S.S. _____ Retirement Plans _____ Other: _____
 Female Client:
 S.S. _____ Retirement Plans _____ Other: _____
 Other Issues: _____

Debts

	Description	Amount (est.)
1.	Mortgage(s): _____	\$ _____
2.	Note(s): _____	\$ _____
3.	Judgment(s): _____	\$ _____

Anticipated Inheritance

1. Source: _____ Beneficiary: _____
Asset and/or Estimated Value: _____
2. Source: _____ Beneficiary: _____
Asset and/or Estimated Value: _____

Gifts

1. Please list Gifts made in last three (3) Years, which were in excess of \$10,000 per person.
Recipient: _____ Amount: _____ Year: _____
Recipient: _____ Amount: _____ Year: _____
Recipient: _____ Amount: _____ Year: _____
2. Were Gift Tax Returns Filed for these gifts, if so, please bring copies: _____

Other

1. Location and number of Safe Deposit Boxes: _____

Other Important Items for Decision

1. **Successor Trustee/Executor:** Who would act as your Successor Trustee (Executor) either during life, if you are unable to act, or at your death. Also, one or more alternatives: Give Name, Relationship, City and State of residence.

2. **Guardian:** If you have minor children, who would take care of the child/children and who would manage their financial affairs (may be the same of different individuals): Give Name, Relationship, City and State of residence.

3. **Disinheritance:** Are there any persons who you wish **NOT** to inherit under our plan? If so, Give Name, Relationship, City and State of residence.

