

# MITCHELL & BATCHELDER, LLP

Attorneys at Law

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## ESTATE PLANNING QUESTIONNAIRE

This questionnaire will provide us with basic personal and financial information for use in preparing your estate plans. It may also be useful to you as a compilation of your important information. To the best of your ability, please complete all applicable parts, adding more pages if needed. Be sure to make a copy for your file before submitting this to us.

### I. FAMILY INFORMATION

**Client #1** U.S. Citizen? Yes  No

**Client #2 (if married)** U.S. Citizen? Yes  No

Name (as shown on ID) \_\_\_\_\_

\_\_\_\_\_

Also known as \_\_\_\_\_

\_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Home telephone \_\_\_\_\_

\_\_\_\_\_

Mobile number \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Business name \_\_\_\_\_

\_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

Business tel. \_\_\_\_\_

\_\_\_\_\_

Date & place of birth \_\_\_\_\_

\_\_\_\_\_

### Marriage

Date & place of present marriage \_\_\_\_\_

States of residence during present marriage (with approximate dates)

1. Calif. from \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Do you have a Prenuptial or Community Property Agreement? Yes  No  N/A  If "yes," please provide a copy.

Do you (or does one of you) have a former spouse? Yes  No  If "yes," date of  divorce or  death: \_\_\_\_\_

**Children** Indicate if a child is adopted child or from a child of a prior marriage of client or spouse.

Name	Birthday	Name of Child's Spouse if Married	Adopted? From prior marriage?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have minor children, who should serve as their guardian?

First Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship \_\_\_\_\_

Deceased children	Birthday	Date of Death
_____	_____	_____
_____	_____	_____

Grandchildren	Birthday	Name of Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents (living)	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. INFORMATION ABOUT ASSETS**

For proper planning, general information is required about your assets and how they are held.

**A. Savings & Checking Accounts**

Bank	Type of account	Held in whose name?	How Held? Joint Tenancy, Tenancy-in-Common, in Trust, Community or Separate Property?	Estimated balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**B. Safe Deposit Boxes**

Location	Held in whose name?
_____	_____
_____	_____

**C. Securities / Investments**      Include brokerage accounts, mutual funds, and individual securities.

Name of Broker/Issuer	Type of account	Held in whose name?	How Held? Joint Tenancy, Tenancy-in-Common, in Trust, Community or Separate Property?	Estimated balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**D. Real Estate**      Include all residential, commercial, and vacation properties, including leaseholds, oil interests, etc. If possible, provide copies of deeds and recent property-tax statements.

Location	Loan balance?	Held in whose name?	How Held? Joint Tenancy, Tenancy-in-Common, in Trust, Community or Separate Property?	Approx. value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**E. Retirement Plans**      Include IRA's, 401 (K), pension plans, employee benefit plans, etc. If possible, please provide a copy of the latest beneficiary designations for each plan.

Whose plan/ Type of plan?	Plan Administrator	Approx. value of vested benefits	Amount of survivor benefits	Named beneficiaries
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**F. Business Interests** Include interests in any business other than in the form of publicly traded securities noted above in "Securities / Investments."

"Type" refers to the legal form, e.g., sole proprietorship, partnership, or closely held corporation.

Company name	Type	Interest owned	Estimated value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**G. Personal Property** Indicate location, if other than at home. Indicate estimated total value of each category if the items were sold at auction.

Household furniture	\$ _____	Objects of art	\$ _____
Jewelry	\$ _____	Automobiles	\$ _____
		Club memberships	\$ _____
Personal effects	\$ _____	Collectibles	\$ _____
Other (describe)	_____		\$ _____
			\$ _____
			\$ _____

**H. Money Owed to You** Only include promissory notes or other receivables valued at more than \$1,000.

Name of Debtor	How much?	Owed to whom? You? Your spouse? Both?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**I. Debts You Owe** Include loans on real property, notes payable, and other liabilities over \$1,000.

Name of creditor	How much?	Owed by whom? You? Your spouse? Both?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**J. Life Insurance** Include both personal and group life insurance on you, your spouse, and your children. Please provide your life insurance policies, including the “declaration” pages and the most recent beneficiary designations.

Ins. Company	Person Insured	Policy #	Amount	Beneficiaries
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**K. Annuities** If your own, or are the beneficiary of, any annuity not already shown above under “Retirement Plans,” please provide a copy of the annuity contract, including the latest beneficiary designations.

Ins. Company	Person Insured	Policy #	Amount	Beneficiaries
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**L. Interests in Trust** Please provide copies of your current trust (if you have one) and the documents for any trust for which you or your spouse are a present or potential trustee or beneficiary.

Person(s) who created trust	Name of trustee	Date of creation	Approx. value of trust assets	Your annual income from the trust, if any
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**M. Other Assets**

Description and Location	Value	Who owns it?
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

### 3. MISCELLANEOUS DATA

**A. Inheritances** Do you:

- Expect to inherit something from parents or others? Yes  No
- Have "powers of appointment"? Yes  No
- Expect to receive gifts from parents or others? Yes  No
- Have an interest in a buy-sell agreement? Yes  No
- Have an interest in a generation-skipping trust? Yes  No

If you answered "yes" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Gift Taxes** Have you ever filed a gift tax return? Yes  No  If so, please provide copies.

**C. Guardianship / Conservatorship** Are you a custodian, guardian, or conservator for any person, including minor children? Yes  No

If so, please provide a current statement of any related account and a copy of the papers (e.g., a court order) establishing your authority.

**D. Tax Preparer or Accountant**

Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

**E. Other Important People** Is there anyone else who knows about your affairs, including insurance brokers, investment advisors, caregivers, any other attorneys, etc.? Please provide names and contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Anything Else That We Should Know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. ADVANCE HEALTH CARE DIRECTIVE**

Do you have an “Advance Health Care Directive” or “Power of Attorney” for health decisions? Client #1: Yes  No

If “yes,” please provide a copy.

Client #2: Yes  No

Otherwise, designate someone (and two alternates) to make health-care decisions for you if you are unable. At least one of these people should be local.

**Agents for Client #1**

Name & relationship	Address	Telephone & email
First Choice		Home: Work: Mobile: Email:
Second Choice		Home: Work: Mobile: Email:
Third Choice		Home: Work: Mobile: Email:

**Agents for Client #2 (if applicable)**

Name & relationship	Address	Telephone & email
First Choice		Home: Work: Mobile: Email:
Second Choice		Home: Work: Mobile: Email:
Third Choice		Home: Work: Mobile: Email:

## 5. NOMINATIONS FOR EXECUTOR, SUCCESSOR TRUSTEE, AND AGENT UNDER POWER-OF-ATTORNEY (POA)

You'll need to designate who should handle your affairs in case of death or incapacity. Usually, people nominate the same person to fulfill the roles of executor, successor trustee, and POA agent. We will discuss these critically important roles with you.

For now, please just list the persons whom you would trust to handle your affairs generally. Ideally, you should name a first choice and two (or more) back-ups.

Provide names, addresses, phone numbers, & email addresses, if available.

	<b>Client #1</b>	<b>Client #2 (if applicable)</b>
<b>First Choice</b>		
<b>Second Choice</b>		
<b>Third Choice</b>		



## 6. BENEFICIARIES

Client #1, you (and your spouse, if applicable) must decide who-will-get-what, in terms of:

- General distributions (“Melba is to receive 50% of our estate.”)
- Specific monetary gifts (“Melba is to get \$15,000.”)
- Specific gifts of personal property (“Gerry is to get my grandmother’s ring.”)
- Gifts to charity
- Etc.

This is just a place to record some initial thoughts about your gifts and beneficiaries. We will discuss everything with you in the course of planning for your estate.

Person who wants to leave the gift (i.e., Client #1 and/or #2)	Beneficiary’s name & address	Relationship to person leaving the gift	Beneficiary’s date of birth (if under 21)	What is to be given to the beneficiary?