



ESTATE PLANNING WORKSHEET

We must have this Questionnaire returned to us at least three days prior to our meeting (this will ensure we have enough time to understand the specifics of your situation before our meeting). If you need assistance completing the information, call our office (415-454-4020) and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN
WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Client 1 Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____
US Citizen? _____

Home Address _____ City _____
State _____ Zip _____

Home Telephone _____ Cell Phone Number _____
Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____
State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Divorced Widowed Single Life Partner _____

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name.)

Name	Birth Date	Parent or Relationship

ADVISORS

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

IMPORTANT FAMILY QUESTIONS

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you own a business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you own a long-term care (nursing home) insurance policy? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you own any property that is not community property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
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INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

INCOME:

- Earned Monthly Income from Labor: _____
- Monthly Social Security Income: _____
- Monthly Pension Income: _____
- Other Monthly Income: _____

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land. (please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
	Total:	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description

<u>Miscellaneous Furniture and Household Effects (Total)</u>	Owner	Market Value
<u>Miscellaneous Furniture and Household Effects (Total)</u>		
	Total:	_____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRA’s or 401(k)’s here

Name of Institution and account number	Type	Owner	Amount
		Total:	

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Owner	Type	Acct. Number	Amount

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total:	

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			Total:	

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
Total		_____

SUMMARY OF VALUES

ASSETS	<u>Amount*</u>		
	Client	Other's	Total Value
Real Property			
Furniture and Personal Effects			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			

**Values for property owned with other put your percentage in client's column and other's percentage in other's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number

Relationship

GUARDIAN FOR PETS:

Name, address and phone number of your physician: _____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Do you want to provide that your organs and tissues should be made available for medical research?
