

Youngman Ericsson Scott, LLP

Confidential Estate Planning Questionnaire

Please Complete and Bring to Your Appointment

For office use: Interviewer: _____ Date: _____ Name of Trust: _____
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Instructions:

1. **PLEASE PRINT**. Verify name spellings to be sure they are correct.
2. If you are not sure about a question, leave it blank. If you need more room, attach extra pages.
3. If you have prior estate planning documents, such as a Will, please bring them with you.
4. If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, please call in advance.

Part One: Personal Information

PLEASE PRINT

Husband's Name _____ Date of Birth _____
(Per Driver's License)

Legal AKA (if any) _____ U.S. Citizen? Y or N
(AKA = also know as)

Please print how you like to sign your Name _____

Employer _____ Work Phone (_____) _____

Social Security Number _____

Are you retired? Y or N If not, when? _____

How is your health? _____ Any major surgeries or problems in the last 10 years? Y or N

Wife's Name _____ Date of Birth _____
(Per Driver's License)

Legal AKA (if any) _____ U.S. Citizen? Y or N
(AKA = also know as)

Please print how you like to sign your Name _____

Employer _____ Work Phone (_____) _____

Social Security Number _____

Are you retired? Y or N If not, when? _____

How is your health? _____ Any major surgeries or problems in the last 10 years? Y or N

Home Address _____

City _____ State _____ Zip _____

County of _____ Home Phone (_____) _____

Husband's E-mail _____ Husband's Cell Phone (____) _____

Wife's E-mail _____ Wife's Cell Phone (____) _____

Children and Family

PLEASE PRINT

<i>Full Name</i>	<i>Sex</i>	<i>DOB</i>	<i>Parent (circle)</i>	<i>Number of Children</i>
1. _____	M F	___/___/___	Ours His Hers	_____

Address _____

Home Phone (_____) _____ E-mail: _____

Are you concerned with this child's ability to manage money? Y or N

2. _____	M F	___/___/___	Ours His Hers	_____
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Address _____

Home Phone (_____) _____ E-mail: _____

Are you concerned with this child's ability to manage money? Y or N

3. _____	M F	___/___/___	Ours His Hers	_____
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Address _____

Home Phone (_____) _____ E-mail: _____

Are you concerned with this child's ability to manage money? Y or N

4. _____	M F	___/___/___	Ours His Hers	_____
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Address _____

Home Phone (_____) _____ E-mail: _____

Are you concerned with this child's ability to manage money? Y or N

5. _____ M F ___/___/___ Ours His Hers _____

Address _____

Home Phone (_____) _____ E-mail: _____

Are you concerned with this child's ability to manage money? Y or N

Do you have any deceased children? Y or N If yes, did they leave surviving children? Y or N

Do any of your children have step-children? Y or N _____

Age of grandchildren: Youngest _____ Oldest _____

Any children or grandchildren that were born out of wedlock? Y or N _____

Do any of your children or grandchildren have major medical problems? Y or N _____

Do you want to exclude anyone from receiving any portion of your estate? Y or N If yes, who?

If married, please answer:

1. How long have you been married? _____
2. Do you and your spouse consider all of your assets community property? Y or N
3. Did you or your spouse receive any valuable gifts or inheritances after marriage? Y or N
4. Would you consider future inheritances as community property? Y or N
5. Did you or your spouse come into your marriage with any substantial assets? Y or N
6. Do you have a pre-marital agreement? (If yes, please bring to the meeting) Y or N

Name of GUARDIAN for Minor Children (after Spouse):

PLEASE PRINT

1) _____

2) _____

TRUST/DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS:

Name of Successor Trustee/Agent (after Spouse):

In the event of your DEATH:

1) _____

2) _____

In the event of your INCAPACITY:

1) _____

2) _____

Age for Distribution to Beneficiaries:

Specific Real Property Distributions:

Specific Cash Distributions:

Distribution of Remainder (%s):

For HUSBAND:

Name of Successor Attorney in Fact (after Spouse):

1) _____

2) _____

Relationship:

Cell phone:

Relationship:

Cell phone:

Does client wish to have life support if in a situation when the only method to survive is with life support?

Does client want to donate anatomical parts?

For WIFE:

Name of Successor Attorney in Fact (after Spouse)

1) _____

2) _____

Relationship:

Cell phone:

Relationship:

Cell phone:

Does client wish to have life support if in a situation when the only method to survive is with life support?

Does client want to donate anatomical parts?

Any questions you would like answered?

Part Two: Financial Information

PLEASE PRINT

Instructions:

1. **PLEASE PRINT**. Be as specific as you can with regard to account names.
2. Account balances will vary, so please just list the approximate balance of each account.
3. Watch for REMINDERS regarding papers we would like you to bring in.

Amounts in Banks, Savings & Loans and Credit Unions - Not in an IRA

(Please list IRA and other retirement accounts separately on page 7)

<i>Name of Institution</i>	<i>Type of Account</i> (Checking/Savings/CD)	<i>Account Number</i>	<i>Approx. Balance</i>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
			Total Value: \$ _____

Stocks or Bonds — Not in a Brokerage Account

(Certificates you actually hold; please list Mutual Funds on p. 5)

PLEASE PRINT

<i>Name of Stock</i>	<i>Number of Shares</i>	<i>Owner</i>	<i>Total Market Value</i>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
			<i>Total Value:</i> \$ _____

Mutual Funds And/Or Brokerage Accounts — Not in an IRA

(Please list IRA and other retirement accounts separately on page 7)

<i>Name of Firm or Fund</i>	<i>Account Number</i>	<i>Total Market Value</i>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
		<i>Total Value:</i> \$ _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gain taxes? Y or N

Promissory Notes & Trust Deeds Owed To You

PLEASE PRINT

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed (“T.D.”)

<i>Name of Debtor</i>	<i>Secured by T.D.?</i>	<i>Due Date</i>	<i>Original Amount</i>	<i>Balance</i>
1. _____	Y or N	_____	_____	\$_____
2. _____	Y or N	_____	_____	\$_____
3. _____	Y or N	_____	_____	\$_____
4. _____	Y or N	_____	_____	\$_____
				<i>Total Value:</i> \$_____

Do any of your children owe you money? Y or N Who and how much?

Real Estate

**REMINDER: Please bring both the GRANT DEED and a recent
PROPERTY TAX BILL for each property.**

<i>Property Address</i>	<i>Original Cost</i>	<i>Current Value</i>	<i>Debt or Mortgage</i>	<i>Net Value</i>
1. _____ _____	\$_____	\$_____	\$_____	\$_____
2. _____ _____	\$_____	\$_____	\$_____	\$_____
3. _____ _____	\$_____	\$_____	\$_____	\$_____
4. _____ _____	\$_____	\$_____	\$_____	\$_____

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

6. _____ \$ _____ \$ _____ \$ _____ \$ _____

7. _____ \$ _____ \$ _____ \$ _____ \$ _____

Total Net Value: \$ _____

Are you planning on selling any real estate soon? Y or N

Are any properties owned with someone other than your spouse? Y or N

Do any of your children (or other relatives) reside on any of your properties? Y or N

IRA Accounts and Other Retirement Plans

PLEASE PRINT

<i>Custodian of Account</i> (Bank, Broker, Employer)	<i>Type</i> (IRA, 401K, etc.)	<i>Owner</i>	<i>Beneficiary of Account</i>
1. _____	_____	_____	_____
<i>Account No.</i> _____		<i>Approximate Value</i> \$ _____	
2. _____	_____	_____	_____
<i>Account No.</i> _____		<i>Approximate Value</i> \$ _____	
3. _____	_____	_____	_____
<i>Account No.</i> _____		<i>Approximate Value</i> \$ _____	
4. _____	_____	_____	_____
<i>Account No.</i> _____		<i>Approximate Value</i> \$ _____	

<i>Custodian of Account</i> (Bank, Broker, Employer)	<i>Type</i> (IRA, 401K, etc.)	<i>Owner</i>	<i>Beneficiary of Account</i>
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5. _____
Account No. _____ *Approximate Value* \$ _____

6. _____
Account No. _____ *Approximate Value* \$ _____

7. _____
Account No. _____ *Approximate Value* \$ _____

8. _____
Account No. _____ *Approximate Value* \$ _____

9. _____
Account No. _____ *Approximate Value* \$ _____

10. _____
Account No. _____ *Approximate Value* \$ _____

Total Value: \$ _____

Life Insurance

PLEASE PRINT

<i>Company</i>	<i>Owner of Policy</i>	<i>Insured Person</i>
1. _____	_____	_____
<i>Account No.</i> _____	<i>Cash Value, Est. Amount?</i> \$ _____	<i>Death Benefit</i> \$ _____
2. _____	_____	_____
<i>Account No.</i> _____	<i>Cash Value, Est. Amount?</i> \$ _____	<i>Death Benefit</i> \$ _____
3. _____	_____	_____
<i>Account No.</i> _____	<i>Cash Value, Est. Amount?</i> \$ _____	<i>Death Benefit</i> \$ _____

<i>Company</i>	<i>Owner of Policy</i>	<i>Insured Person</i>
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4. _____

Account No. _____ Cash Value, Est. Amount? \$ _____ Death Benefit \$ _____

5. _____

Account No. _____ Cash Value, Est. Amount? \$ _____ Death Benefit \$ _____

6. _____

Account No. _____ Cash Value, Est. Amount? \$ _____ Death Benefit \$ _____

Total Value: \$ _____

Annuities

<i>Name of Company</i>	<i>Owner</i>	<i>Beneficiary</i>	<i>Account No.</i>	<i>Total Value</i>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____

Total Value: \$ _____

Limited or General Partnerships

<i>Name of Partnership</i>	<i>Limited or General Partnership?</i>	<i>Total Market Value</i>
1. _____	_____	\$ _____
Percentage owned by Husband: _____ Percentage owned by Wife: _____		
2. _____	_____	\$ _____
Percentage owned by Husband: _____ Percentage owned by Wife: _____		
3. _____	_____	\$ _____
Percentage owned by Husband: _____ Percentage owned by Wife: _____		

Total Value: \$ _____

Other Assets

1. Are you expecting any inheritances soon? Y or N If yes, from whom and approximate amount:

2. If you own a business, its name: _____

Is it a corporation? Y or N Percentage owned by Husband: _____ %
Percentage owned by Wife: _____ %

Is it a California corporation? Y or N If No, which state: _____

Do you have a Buy-Sell Agreement? Y or N Total Value of Business: \$ _____

3. Please list unusually valuable personal items such as jewelry, collections, etc.

4. Please list any other assets not yet mentioned such as stock options, patents, royalties, etc.

5. Approximate gross value of my entire estate: \$ _____

Thank you for completing the Questionnaire!