

GEHRES LAW GROUP, P.C.
ESTATE PLANNING QUESTIONNAIRE
FOR A MARRIED COUPLE**

This Estate Planning Questionnaire requests information which we realize is very personal. However, the information requested is necessary for us to adequately advise you with respect to your overall estate plan. All of the information you provide us will be kept strictly confidential.

We also realize that the length of this questionnaire may seem overwhelming. However, we ask each of these questions for a reason. If you are reluctant to respond to any question, then leave the answer blank. You should still review the entire questionnaire, even if you don't answer all the questions, since a complete review will save us time when we have our initial conference.

This questionnaire will (1) make you aware of the topics we will discuss at our estate planning evaluation, (2) allow you time to consider some of the decisions you will be making, (3) provide us with necessary background information prior to the evaluation, and (4) alert us to unusual or problem assets (from an estate planning point of view) and to any tax problems you may have. If you have existing estate planning documents, please send us copies or provide prior to our estate planning evaluation. Often, they can substitute for much of the information requested in this questionnaire. Likewise, a copy of a current financial statement can substitute for much of the financial information requested in this questionnaire.

Spouse or Domestic Partner #1:

Date Prepared: _____

Full Legal Name _____

Also Known As _____ Preferred Name _____

Date of Birth _____ Place of Birth _____

Date of Marriage/Domestic Partnership _____ Place of Marriage/Domestic Partnership _____

Soc. Sec. No. _____ U.S. Citizen? Yes No

Employer _____

Occupation _____ Title/Position _____

Work Address _____

Work Phone _____

Home address _____ Phone _____

_____ County _____

Prior Marriages: (If you were married before, please complete the following.)

Name of prior Spouse _____

How marriage term _____ Date marriage term _____

Children of that marriage (Name, Address, Telephone Number & Date of Birth): _____

**Please note that sending this completed form to us does not, by itself, establish an attorney-client relationship.

If your divorce decree or property settlement agreement requires you to leave property to or maintain insurance for the benefit of your prior spouse or the children of your prior marriage, please provide a copy.

Living parents (names(s) and city(ies) and state(s) of residence(s)): _____

Brothers/Sisters (name(s) and city(ies) and state(s) of residence(s)): _____

Spouses or domestic Partner#2: _____ **Date Prepared:** _____

Full Legal Name: _____

Also Known As _____ Preferred Name _____

Date of Birth _____ Place of Birth _____

Soc. Sec. No. _____ U.S. Citizen? Yes No

Employer _____

Occupation _____ Title/Position _____

Work Address _____

Work Phone _____

Home Address _____ Phone _____

County _____

Prior Marriages: (If you were married before, please complete the following.)

Name of prior spouse _____

How marriage term _____ Date marriage term _____

if your divorce decree or property settlement agreement requires you to leave property to or maintain insurance for the benefit of you prior spouse or the children of your prior marriage, please provide a copy.

Name of prior spouse #2 _____

How marriage term _____ Date marriage term _____

If your divorce decree or property settlement agreement requires you to leave property to or maintain insurance for the benefit of your prior spouse or the children of your prior marriage, please provide a copy.

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

Brothers/Sisters (name(s) and city(ies) and state(s) of residence(s)): _____

Children of this Marriage:

	Child 1	Child 2	Child 3
Name			
Date of Birth			
Address			
Phone			
Spouse's Name			
No. of Children			

If additional space is needed (i.e. for more children), list the same information for each child on a separate sheet.

If there are any special circumstances with respect to your children or grandchildren (special health needs, educational requirements, etc) or any other people for whom you feel financially responsible, please describe below.

Any Other Children from Previous Relationships:

	Child 1	Child 2	Child 3
Name			
Date of Birth			
Address			
Phone			
Spouse's Name			
No. of Children			

If additional space is needed (i.e., for more children), list the same information for each child on a separate sheet.

If there are any special circumstances with respect to your children or grandchildren (special health needs, educational requirements, etc.) or any other people for whom you feel financially responsible, please describe below.

Are any of your children from this marriage or any previous marriage deceased? If so, Please list name and date of death of any deceased children:

Your Estate Plan

We need you to describe in your own words how you want your property to pass upon your death (use additional sheets if Necessary. Please remember that a spouse cannot transfer their spouse's 1/2 interest in community property. For a discussion of community property, please see our blog at <http://gehreslaw.com/2014/03/20/community-property-california/>.

Which documents would you like us to prepare for you (choose all that apply):

- | | |
|---|---|
| <input type="radio"/> Living Trust | <input type="radio"/> HIPAA Release |
| <input type="radio"/> Last Will and Testament | <input type="radio"/> Living Will (Directive to Physicians) |
| <input type="radio"/> Durable Power of Attorney | <input type="radio"/> Irrevocable Trust |

*An irrevocable trust can provide additional protections from your creditors, and aid you in preventing Medi-Cal from liquidating your property to become eligible for benefits. However, the trust would own your property and you do not have the ability to change or revoke the trust. Please speak to our attorneys if you believe you may wish to set up an irrevocable trust.

Other documents you need us to prepare: _____

Do you each wish for all of your assets to go to the surviving spouse? Yes No

Upon the death of the last surviving spouse, do you wish for all of your assets to go to all children of this marriage and of previous relationships in equal shares? Yes No

If you answer "No", please indicate in what percentages you wish for your children to inherit your estate: _____

If you have minor children, do you wish to set up a "family pot trust" until the children become adults in order to ensure funds are available to them to meet their needs, which may result in more money going to one child over another based on their individual needs? Yes No

If you answered "Yes", when do you want the family pot trust to be divided (e.g., when the youngest child turns 18 years old)? _____

If any of your children predecease you and leave issue (grandchildren), do you want the deceased child's share to go to their children (your grandchildren)? Yes No

If you answered "Yes", would you like the deceased child's share of assets to be held by a custodian for that child's children (your grandchildren) until the grandchildren become adults? Yes No

If you answered "No", that you do not wish for your grandchildren to inherit your deceased child's share of your estate, please indicate how the deceased child's shares should be distributed (name, address, relationship, and percentage of distribution to each recipient).

If all your children and their children predecease you, do you want your heirs (parents, siblings, nephews, nieces) to receive equal shares of your estate?

Yes No

If you answered "No", list who you would like your estate to pass to (name, address, relationship, and percentage of distribution to each recipient).

List any specific items of property you want to go to other beneficiaries not named above:

Under the California Uniform Transfers to Minors Act, when property is given through a will or trust, a custodian can hold money for "children" until the child reaches an age between 18 and 25. Please choose an age between 18 and 25, for a custodian to hold money on behalf of beneficiaries who are under the age of 26. _____

Please answer this question even if you do not expect any young children to inherit from you.

If we are preparing a trust for you, a spendthrift clause is a clause in a trust that could help to protect your beneficiaries from creditors' claims to the trust assets. The disadvantage of the spendthrift clause is that your beneficiaries would not be able to give away their share in the trust, by will or by trust, before distribution of the trust. For example, if your trust has a spendthrift clause, your child would not be able to give away his/her share of your trust to his/her children or spouse before the distribution of his/her share. However, it can protect a beneficiary who is not good with money. Such a clause typically gives a trustee the discretion when to pay the beneficiary and can stop paying the beneficiary if they are spending money recklessly. would you like to include a spendthrift clause in your trust? Yes No

The word "issue" means children and descendants. When the word issue is defined in your will or trust, would you like us to write anything about the inclusion or exclusion of half bloods (e.g. children by different marriages), adopted children, children born out of wedlock, stepchildren or foster children as issue? _____

Use the space below to describe any additional wishes you have with respect to the disposition of your property at your death.

Executors, Trustees and guardians¹

Executors:

If we are preparing a living trust for you, the executor of your pour over will is usually the same person as the trustee, and alternate trustees. If you would like to name an executor other than the trustees named on page 7, please complete this section. If they are the same, skip this section. Your executor has the duty to settle your estate (include payment of any state or federal death or income taxes) and distribute your property to the beneficiaries named in your will. The executor may be a relative, a friend, a bank with an active trust department, or a private trust company. The degree of business management ability required depends upon the size of your estate and the nature of your assets. For example, if your estate will include an asset which may be burdensome to manage (e.g., a business, a farm, or real estate investments, you may wish to name an executor with business or investment management experience with the type of assets in your estate. You may name two or more executors to act together if you wish.

Spouse or Domestic Partner #1	Spouse or Domestic Partner #2
Primary Executor _____	_____
Address _____ _____	_____
Phone _____	_____
1st Alternate Executor _____	_____
Address _____ _____	_____
Phone _____	_____
2nd Alternate Executor _____	_____
Address _____ _____	_____
Phone _____	_____

¹While it is common to name the same person or institution to act in all three capacities, this is not required. Your executor should have business or investment management abilities. It may be helpful if the executor has intimate knowledge of you property. A trustee should have business or investment management abilities, be available for the duration of the trust, and be sensitive to the financial needs of the beneficiaries. A guardian should be a caring person with whom you would entrust your children. No single individual or institution may possess all of these traits.

Trustees:

Your trustees will manage your living trust as well as any trusts for you descendants. The trustees will be authorized to provide funds as needed for the beneficiary's health, maintenance, support and education, However, unless you also designate a trustee as guardian, the trustee is not authorized to personally take custody of your minor children.

Primary Trustee _____

Address _____

Phone _____

1st Alternate Trustee _____

Address _____

Phone _____

2nd Alternate Trustee _____

Address _____

Phone _____

Lifetime Trusts:

In a living trust or last will and testament, you can minimize estate taxes to your descendants at your death and provide protection for them from divorce and creditors, by creating trusts for their bebenefit that will last for their entire lifetimes. We typically allow each descendant to become a co-trustee of his or her trust at one age, and sole trustee several years later. The most common ages selected are either 25 and 30, or 30 and 35. However, these ages can be any you select. **If you would like to create lifetime trusts for you descendants, please list the ages at which your descendants may become (i) co-trustees and (ii) sole trustees of their trusts:**

Descendants may become co-trustees of their trusts at age _____ and sole trustees of their trusts at age _____

Guardians:

If you have minor children, you may include an appointment of guardianship for them in your will or living trust should both parents pass away. The guardian has the responsibility for raising your children. If you wish to include an appointment of guardianship in you will or living trust, please complete the following:

Spouse or Domestic Partner #1	Spouse or Domestic Partner #2
Primary Guardian: _____	_____
Address _____ _____ _____	_____ _____ _____
Phone _____	_____
1st Alternate Guardian _____	_____
Address _____ _____ _____	_____ _____ _____
Phone _____	_____
2nd Alternate Guardian _____	_____
Address _____ _____ _____	_____ _____ _____
Phone _____	_____

Would you like your children's guardian to have the same legal authority as a parent? Yes No

If the guardian that you are nominating lives outside of 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? Yes No

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 child care.) Yes No

Please provide a brief explanation why you are choosing the person(s) you are selecting to be the guardian for you child(ren). What are the reasons why you have chosen that (those) person(s)?

Other Agents

Financial Power of Attorney:

You may name someone a your "agent" or "attorney-in-fact" with a durable power of attorney. The agent will have authority to pay your bills, sell your assets, etc. if you ever become incompetent to do this yourself. Naming an agent can save a great deal in court costs and legal fees, but you should only name someone you trust completely. Two people can act together at the same time. Also, you can make the agents authority effective immediately, or only upon your disability. Your should keep in mind, however, that if you choose the latter, the agent will have to convince transfer agents (e.g., stock brokers, bankers. title examiners) that you are disabled in order to use the power of attorney.

Spouse or Domestic Partner #1	Spouse or Domestic Partner #2
Should the grant of authority to your agents(s) be effective now? <input type="radio"/> Yes <input type="radio"/> No	Should the grant of authority to your agent(s) be effective now? <input type="radio"/> Yes <input type="radio"/> No
Primary Agent _____	_____
Address _____ _____	_____
Phone _____	_____
1st Alternative Agent _____	_____
Address _____ _____	_____
Phone _____	_____
2nd Alternative Agent _____	_____
Address _____ _____	_____
Phone _____	_____

Health Care Power of Attorney and Directive to Physicians ("Living Will")

Please complete this information for both spouses if you wish to name different agents. You may name someone as your agent for the purpose of making medical or other health care decisions for you under a **power of attorney for health care**, If you ever become incapable of making these decisions yourself. You may also express a desire that you do not want your life prolonged by artificial means by signing a **directive to physicians**, commonly known as a **"living will."** You can also name someone as your agent for the purpose of making this final decision for you when the time comes.

Do you want a living will?

Do you want to name the same agent in both documents? (If no, please specify the agents in each document below or on a separate sheet.

Special instructions regarding organ donation:

- Any Organ Donation
- Medical Research and Organ Donation
- None
- Specific Organ Donation, Specify: _____

Primary Agent _____	
Address _____ _____	
Phone _____	
1st Alternate Agent _____	
Address _____ _____	
Phone _____	
2nd Alternate Agent _____	
Address _____ _____	
Phone _____	

Funeral Please list any specific preference for burial or cremation:

What type of Ceremony do you desire after death?

- Religious
- Non-Religious
- None

Who is to carry out the funeral instructions (e.g. executor)?

Financial Summary

Please provide a recent financial statement or supply the following financial information:

Assets

Real Estate (current value from next page) _____

Stock and Bonds (current value from next page) _____

Cash:

Average checking and savings account balances _____

Certificates of Deposit _____

Other Accounts _____

Business Interests (see next page) _____

Life Insurance Death Benefits (from page 14) _____

Employee Benefits and Retirement plans (from page 14) _____

Other Substantial Assets (boats, planes, autos, etc.)

Total Assets _____ \$

Liabilities

Notes Payable (including mortgages)

Other significant Liabilities (e.g., child support, alimony, large accounts payable, etc.)

Total Liabilities\$ _____

Net Worth (Total Assets less Total Liabilities)\$ _____

Financial Details

Please indicate any assets held as joint tenants with right of survivorship ("JTWROS") and let us know who the other joint tenant is. **IT IS VERY IMPORTANT THAT YOU LET US KNOW IF ANY ASSETS ARE HELD WITH A "RIGHT OF SURVIVORSHIP"** (Attach additional sheets if necessary.)

Real Estate (including mineral interests)²

Address _____

Description _____

Address _____

Description _____

Address _____

Description _____

Address _____

Description _____

Stocks and Bonds

Company	No. of Shares	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Closely-held Businesses

If you own an interest in a closely-held or family-owned business, please provide the following information with respect to each business:

Name of Company _____

Form of Organization Corporation Partnership Sole Proprietorship

_____ _____ _____ _____

²If any real estate is located in another state, please disclose the state in the address.

Current value of your interest: _____ Tax basis of your interest: _____
do you plan to dispose of this business interest during your lifetime? _____ If yes, please
describe the plans on a separate sheet. If No, then upon your death, do you want this business interest transferred
to your:

Please provide copies of any buy/sell or redemption agreements and the most recent financial statement and tax
return.

Life Insurance, Qualified Plans, and IRAs

<u>Insurance Company</u>	<u>Policy No.</u>	<u>Insured</u>	<u>Cash Value</u>	<u>Proceeds</u>	<u>Beneficiary</u>
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(Include type- Whole, Universal, variable, Term, group)

			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	

Qualified Plans

<u>Beneficiary</u>	<u>Plan No.</u>	<u>Participant</u>	<u>Value</u>	<u>Benefit</u>
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			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

IRAs

<u>Beneficiary</u>	<u>Acct No.</u>	<u>Holder</u>	<u>Value</u>	<u>Benefit</u>
--------------------	-----------------	---------------	--------------	----------------

			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

Annual Income

Annual Salary

Other Income:

.....

.....

.....

.....

Total Annual Income

Your Other Professional Advisors

From time to time, it may be helpful if we know who your other professional advisors are. Please complete this list so we know who to contact for appropriate information.

Accountant(s) _____

Bank(s) _____

Banker(s), if applicable _____

Investment Advisor(s) _____

Life Insurance Agent(s) _____

Physician(s) _____

Other Attorney(s) _____

Other Information

Have you always lived in California? If No, when did you move to CA? _____

Where did you live previously and provide dates of residency? _____

Have you inherited or do you expect to inherit any property? If yes, describe and give approximate values for this property, if possible.

Have you created any trusts? If Yes, please provide a copy of the trust agreement.

Are you the beneficiary of any trusts? If Yes, please provide a copy of the will or trust.

Do you have a safety deposit box? If Yes, Where? _____

Does anyone owe you debts? Do you want those debts to be forgiven when you pass away?

Reminder: If you have had any of the following documents prepared, please send copies when you return this questionnaire or bring the documents to our conference.

- * Prior wills or trust agreements
- * Divorce decree or property settlement agreement requiring you to leave property to or maintain insurance for the benefit of your prior spouse or the children of you prior marriage.
- * Any business agreements (partnership agreements, buy/sell or stock redemption agreements, employment agreements, split-dollar insurance agreements, etc.)
- * Financial statements and tax returns for closely-held businesses
- * Insurance policies (unless you accurately completed the previous pages)
- * Keogh, 401(k), profit-sharing, pension, stock option or deferred compensation plans, and IRA's (unless you accurately completed the previous pages)
- * Gift tax returns

Is there anything else you would like to discuss prior to preparation of your documents? _____

