

Confidential Estate Planning Questionnaire
Please Complete and Bring To Your First Appointment

PART ONE - PERSONAL INFORMATION

For office use:
 Interviewer: _____
 Date: _____

INSTRUCTIONS: *SEE LAST PAGE FOR FINAL CHECKLIST*

1. Please print. Verify all name spellings to be sure they are correct.
2. If you are not sure about a question, please leave it blank.
3. If you have any prior Will or other estate planning documents, please bring them with you.
4. If you are married, *both* spouses should attend the first meeting.
5. Bring a copy of all Grant Deeds, and a copy of your most recent property tax bills.

Client Name _____ Birth Date _____ Age _____

Legal AKA (If Any) _____ SS# _____ US Citizen? Yes No

Employer _____ Work Phone (_____) _____

Spouse Name _____ Birth Date _____ Age _____

Legal AKA (If Any) _____ SS# _____ US Citizen? Yes No

Employer _____ Work Phone (_____) _____

Home Address _____

City _____ State _____ Zip _____ Email _____

County Of: San Diego Other: _____ Home Phone (_____) _____

CHILDREN

Full Name	Sex	Age	Parent Ours His Hers	# of Their Children	City, State (Where they live)
1. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
2. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
3. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
4. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
5. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
6. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
7. _____	M F	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____

Do you have any children who are deceased? _____ If yes, did they leave childing surviving? _____

Do any of your children have step-children ? Yes No Who: _____

How many grandchildren do you have? _____ Age of youngest: _____ Oldest: _____

Any children or grandchildren that were born out of wedlock? Yes No

Names: _____

Approximate Gross Value of Your Entire Estate: \$ _____

Approximate NET Value (after debts) of Your Entire Estate: \$ _____

Please check one of the following boxes:

- I am ready to proceed with the creation of my Living Trust
- I need some questions answered before I am ready to proceed with my Living Trust
(Please list questions below)

Questions you would like answered:

PART II - FINANCIAL INFORMATION

INSTRUCTIONS:

1. Please print.
2. Be as specific as you can with regard to account names.
3. Account balances will vary, please just list the approximate balance of each account.

If married, please answer:

1. How long have you been married? _____
2. Do you and your spouse consider all of your assets to be community property? Yes No
3. Did you or your spouse receive any substantial gifts or inheritances after your marriage? Yes No
4. Did you or your spouse come into your marriage with any substantial assets? Yes No

Amounts In Banks, Savings & Loans and Credit Unions – “Not in an IRA”

Checking, CD’s, Savings, Money Market, Etc. If CD, list maturity date.

(Please list IRA and other retirement accounts separately on Page 6)

Name of Institution	Type of Account & Maturity Date	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
Total Value:		\$ _____

Mutual Funds And/Or Brokerage Accounts

(Please list IRA and other retirement accounts separately on Page 6)

Name of Firm or Fund	Total Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
Total Value:	\$ _____

Stocks or Bonds

(Where you actually have the Certificates)

Name of Stock	Number of Shares	Total Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
Total Value:		\$ _____

Annuities

(Not Part of a Retirement Plan)

Insurance Company Name	Annuitant	Total Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
Total Value:		\$ _____

REAL ESTATE

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

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
8. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
9. _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	Assessor's Parcel Number* _____			
Total Net Value:			\$	_____

* The Assessor's Parcel Number can be found on the Property Tax Bill

Promissory Notes & Trust Deeds
(Where someone is paying you on a note)

REMINDER . . . *If secured, please bring the original or a copy of the recorded trust deed.*

Name of Debtor	Secured by T. D.?	Due Date	Balance
1. _____	Yes No	_____	\$ _____
2. _____	Yes No	_____	\$ _____
3. _____	Yes No	_____	\$ _____
4. _____	Yes No	_____	\$ _____
Total Value:			\$ _____

IRA Accounts and Other Retirement Plans

Name Where Account Is	Type of Account <i>(IRA, 401K, TSA, Etc.)</i>	Approximate Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
Total Value:		\$ _____

When do you plan to retire? _____

Limited or General Partnerships

Name of Partnership	Limited or General	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
Total Value:		\$ _____

Life Insurance

Company	Insured Person	Cash Value	Death Benefit
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
Total Value:			\$ _____

Other Assets

1. Are you expecting any large inheritances soon? _____ Approximate Amount

2. If you own a business, its name _____
Is it a corporation? ____ Percentage owned by you ____% Total Value of Business:
\$ _____
3. Any other assets not yet mentioned? _____

By signing below, I understand and agree that any legal advice rendered by Richard O. Barndt, Attorney at Law, is based on the information contained in this form. I hereby declare that **ALL** assets have been disclosed and their approximate values listed. I hereby release Richard O. Barndt, Attorney at Law, for any failure by me to completely disclose or value this estate.

Date: _____
_____ (Signature)
_____ (Signature)

COMPLETE THIS FINAL CHECKLIST PRIOR TO YOUR MEETING

- | | Yes | No |
|---|-------|-------|
| 1. Are all the names spellings correct? | _____ | _____ |
| 2. Do you have any prior Will or other estate planning documents?
If "Yes", bring them with you. | _____ | _____ |
| 3. Did you find your Grant Deed for all real property owned by you?
Bring the Grant Deeds. <u>Not</u> the Deed of Trust or Deed of Reconveyance. | _____ | _____ |
| 4. Did you find your most recent property tax bill for all real property owned by you? Bring them with you to the meeting. | _____ | _____ |
| 5. Bring your valid photo ID card with you (California Drivers License) | _____ | _____ |

List the names of three (3) people you *trust* to handle your finances and assets:

1. _____
2. _____
3. _____

List the names of three (3) people you *trust* to handle your health care decisions:

1. _____
2. _____
3. _____

If you have minor children, list the names of three (3) people you trust to care for your children:

1. _____
2. _____
3. _____