

*Certified Specialist • Estate Planning, Trust & Probate Law
Taxation Law • California State Bar • Board of Legal Specialization

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Date:

Please use "N/A" to indicate "not applicable."

GENERAL INFORMATION

Husband (full name): _____

Assumed or other names: _____

Date of Birth: _____

Place of Birth: _____

Social Security # _____

Date of Death if Deceased: _____

Wife (full name): _____

Assumed or other names: _____

Date of Birth: _____

Place of Birth: _____

Social Security # _____

Date of Death if Deceased: _____

Permanent Residence

Address: _____

Telephone: _____

A Member of



An Organization of Independent Attorneys
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California Trust & Estate Counselors LLP neither represents clients nor provides legal services.

Facsimile: _____

E-mail: _____

Other Residence

Address: _____

Telephone: _____

Business Address: _____

(Husband) _____

Business Telephone: _____

Facsimile: _____

Business Address: _____

(Wife) _____

Business Telephone: _____

Facsimile: _____

Date and Place of Marriage: _____

If either you or your spouse has been previously married, please provide when and in what manner did those marriages ended. If the previous marriages were dissolved by court order, please give date of court order: _____

Are you a U.S. Citizen? Husband: Yes No Wife: Yes No

If no, country of citizenship: _____

Have you always resided in California since your marriage to your spouse? _____ If not, please indicate the dates and locations of your out-of-state residences and your approximate net worth when California residency (when you moved to California intending to stay for an indefinite period of time): _____

Who referred you to this office?

Name, address and telephone number: _____

Relationship to you or office staff: _____

LIVING PARENTS AND FAMILY

(If you have friends you consider as close as family members, include them here.)

Name(s) & Address: _____

Telephone: _____

Relationship: _____

Relationship: _____

Date(s) of Birth: _____

Other Information: _____

Name(s) & Address: _____

Telephone: _____

Relationship: _____

Date(s) of Birth: _____

Other Information: _____

Name(s) & Address: _____

Telephone: _____

Relationship: _____

Date(s) of Birth: _____

Other Information: _____

Name(s) & Address: _____

Telephone: _____

Relationship: _____

Date(s) of Birth: _____

Other Information: _____

Name(s) & Address: _____

Telephone: _____

Relationship: _____

Date(s) of Birth: _____

LIVING CHILDREN AND GRANDCHILDREN OF EXISTING MARRIAGE

Full Names, Addresses and Telephone Numbers (if not living with you) and Birth Dates of Children and Grandchildren (*please add the date of adoption if child is adopted*):

1) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

2) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

3) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

4) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

5) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

6) Child's Full Name: _____

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

LIVING CHILDREN AND GRANDCHILDREN OF PRIOR MARRIAGE

(Please circle whether husband or wife is the parent of the child.)

1) Child's Full Name: _____ Parent: H W

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Name and Address of Child's Other Parent:

2) Child's Full Name: _____ Parent: H W

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Name and Address of Child's Other Parent:

3) Child's Full Name: _____ Parent: H W

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Name and Address of Child's Other Parent: _____

4) Child's Full Name: _____ Parent: H W

Sex: Male Female Date of Birth: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Grandchild: _____ Date of Birth: _____

Name and Address of Child's Other Parent: _____

Are there any people whom you have raised as children who are *not* legally your children? If so, for purposes of your Will and/or Trust do you wish them to be considered your children. Yes No

1) Full Name: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Sex: Male Female Date of Birth: _____

Legal Relationship: _____

2) Full Name: _____

Address: _____

Telephone: _____

Spouse's Name: _____

Sex: Male Female Date of Birth: _____

Legal Relationship: _____

