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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

**PART ONE: INFORMATION ABOUT YOU AND YOUR FAMILY**

Your name: \_\_\_\_\_ aka \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Marital status: Married \_\_\_ Unmarried \_\_\_ Date of marriage: \_\_\_\_\_  
Spouse's name (if applicable): \_\_\_\_\_ aka \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ Is your spouse a citizen? Yes \_\_\_ No \_\_\_

Any previous marriages (indicate number for each): Yourself \_\_\_ Your Spouse \_\_\_  
If any previous marriages, please list each former spouse; the termination date of each previous marriage; reason for termination (death/dissolution/annulment); and whether it was yours or your spouse's: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any living children of your current marriage? If so, list each child's name, sex, birth date, and indicate if adopted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any deceased children of your current marriage? If so, list each child's name and birth date: \_\_\_\_\_  
\_\_\_\_\_

Any children (of either you or your spouse) from a previous marriage? If so, list each child's name, sex, birth date, parents' names, and indicate if adopted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any existing estate planning documents? If so, please complete the following:

Will? \_\_\_ Dated: \_\_\_\_\_  
Revocable trust? \_\_\_ Dated: \_\_\_\_\_ Funded? \_\_\_  
Irrevocable trust? \_\_\_ Dated: \_\_\_\_\_ Funded? \_\_\_

**Important:** Please provide us with a copy of your current will and trust(s), if applicable.

Any marital settlement agreements or pre-marital agreements? \_\_\_ If so, please provide me with a copy of each such document.

PART TWO: INFORMATION ABOUT YOUR ASSETS (When indicating how title is held, CP =community property, SP=separate property, JT=joint tenancy, and TIC=tenancy-in-common)

Real Estate: Total Value, Net of Any Loans \$ \_\_\_\_\_

**Important:** Please provide me with the original or copy of the current deed to each property, including legal description.

For each property, complete the following (attach additional pages if necessary):

Address: \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ Total loans and encumbrances: \_\_\_\_\_  
How acquired: \_\_\_\_\_ How title is held: \_\_\_\_\_

Address: \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ Total loans and encumbrances: \_\_\_\_\_  
How acquired: \_\_\_\_\_ How title is held: \_\_\_\_\_

Address: \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ Total loans and encumbrances: \_\_\_\_\_  
How acquired: \_\_\_\_\_ How title is held: \_\_\_\_\_

Closely-Held Businesses: Net value \$ \_\_\_\_\_

For each business, complete the following (attach additional pages if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Type of entity (LLC, corporation, etc.): \_\_\_\_\_ Estimated value: \_\_\_\_\_  
How title is held: \_\_\_\_\_

**Important:** If there are any buy-sell agreements or restrictions on transfer of shares, please provide me with a copy of each such document.

Partnership Interests: Value \$ \_\_\_\_\_

For each partnership, complete the following (attach additional pages if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ How title is held: \_\_\_\_\_

**Important:** Please provide me with a copy of each partnership agreement.

Mutual Funds and Money Market accounts: Value \$ \_\_\_\_\_

For each mutual fund or money market account, complete the following (attach additional pages if necessary):

Name: \_\_\_\_\_ How title is held: \_\_\_\_\_  
Name: \_\_\_\_\_ How title is held: \_\_\_\_\_  
Name: \_\_\_\_\_ How title is held: \_\_\_\_\_  
Name: \_\_\_\_\_ How title is held: \_\_\_\_\_

Stocks, Bonds, and T-Bills: Value \$ \_\_\_\_\_

For each stock or bond, complete the following (attach additional pages if necessary):

Name: \_\_\_\_\_ Shares or par value: \_\_\_\_\_ How title is held: \_\_\_\_\_  
Name: \_\_\_\_\_ Shares or par value: \_\_\_\_\_ How title is held: \_\_\_\_\_  
Name: \_\_\_\_\_ Shares or par value: \_\_\_\_\_ How title is held: \_\_\_\_\_

Bank Accounts: Value \$ \_\_\_\_\_

For each bank account, complete the following (attach additional pages if necessary):

Bank: \_\_\_\_\_ Checking or savings? \_\_\_\_\_ How title is held: \_\_\_\_\_  
Bank: \_\_\_\_\_ Checking or savings? \_\_\_\_\_ How title is held: \_\_\_\_\_  
Bank: \_\_\_\_\_ Checking or savings? \_\_\_\_\_ How title is held: \_\_\_\_\_

Promissory Notes Receivable: Value \$ \_\_\_\_\_

For each promissory note, complete the following (attach additional pages if necessary):

Obligor: \_\_\_\_\_ How title is held: \_\_\_\_\_

Retirement Plans (IRAs, Keoghs, Pension Plans, Annuities, etc.): Value \$ \_\_\_\_\_

For each retirement plan, complete the following (attach additional pages if necessary):

Plan name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Primary beneficiary: \_\_\_\_\_ Secondary beneficiary: \_\_\_\_\_  
Estimated value: \_\_\_\_\_

Plan name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Primary beneficiary: \_\_\_\_\_ Secondary beneficiary: \_\_\_\_\_  
Estimated value: \_\_\_\_\_

Life Insurance Policies: Value \$ \_\_\_\_\_

For each life insurance policy, complete the following (attach additional pages if necessary):

Insurer: \_\_\_\_\_ Person whose life is insured: \_\_\_\_\_  
Policy owner: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Face value: \_\_\_\_\_  
Primary beneficiary: \_\_\_\_\_ Secondary beneficiary: \_\_\_\_\_

Insurer: \_\_\_\_\_ Person whose life is insured: \_\_\_\_\_  
Policy owner: \_\_\_\_\_ Policy number: \_\_\_\_\_  
Type of policy: \_\_\_\_\_ Face value: \_\_\_\_\_  
Primary beneficiary: \_\_\_\_\_ Secondary beneficiary: \_\_\_\_\_

Vehicles, Cars, Motor Homes, Boats: Value net of any loans \$ \_\_\_\_\_

Other Assets (furniture and fixtures, jewelry, sports equipment, etc.): Value \$ \_\_\_\_\_

### PART THREE: FIDUCIARIES

List below those persons you wish to nominate as trustees of your living trust, executors of your will(s), guardians of minor children or pets, and holders of your powers of attorney for health care and property management. A trustee may also be a beneficiary. You may name more than one person to hold these positions concurrently or in succession. If you have any questions, please discuss with me before you decide.

Trustees: Please name each trustee for your trusts in the order you would like him/her appointed, address, phone number, and relationship to you (list co-trustees, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Executors: Please name each executor of your estate in the order you would like him/her appointed, address, phone number, and relationship to you (list co-executors, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Guardians: Please name each guardian for your minor children in the order you would like him/her appointed, address, phone number, and relationship to you (list co-guardians, if applicable, on the same line). I encourage you to list as many persons as you feel comfortable naming to this position, because if there is no one to fill the position a court will choose for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### Health Care Agents

For You: Please name each health care agent to make health care decisions on your behalf if you were to become incapacitated in the order you would like him/her appointed, address, phone number, and relationship to you (list co-agents, if applicable, on the same line):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For Your Spouse: Please name each health care agent in the order your spouse would like him/her appointed, address, phone number, and relationship to your spouse (list co-agents, if applicable, on the same line):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Power of Attorney

For You: Please name each attorney-in-fact to manage your business and financial affairs if you were to be incapacitated in the order you would like him/her appointed, address, phone number, and relationship to you (list co-attorneys, if applicable, on the same line):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

For Your Spouse: Please name each attorney-in-fact to manage your spouse's business and financial affairs if your spouse were to be incapacitated in the order your spouse would like him/her appointed, address, phone number, and relationship to your spouse (list co-attorneys, if applicable, on the same line):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**PART FOUR: DISTRIBUTION OF YOUR ESTATE**

Please indicate how you want to distribute your property upon your death. If you have any questions, please allow us to assist you in filling in this information.

List any specific asset(s) (cash amount, jewelry, heirloom, or other property) that you want distributed to a certain person upon your death (attach additional pages if necessary):

- |                       |                 |
|-----------------------|-----------------|
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |
| Describe asset: _____ | To whom?: _____ |

How do you want your assets distributed upon your death if you predecease your spouse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your spouse want his/her assets distributed upon his/her death if he/she predeceases you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you want your assets distributed upon your death if your spouse predeceases you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your spouse want his/her assets distributed upon his/her death if you predecease him/her?

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If above you or your spouse potentially created trusts for any minor beneficiaries, in how many stages do you want the trust estate distributed outright, and at what age(s)? (for example, all at age 21, half at age 25 and half at age 35, one-third at age 30, one-third at age 35, and one-third at age 40, etc.)? \_\_\_\_\_

Other distribution provisions or restrictions: \_\_\_\_\_

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Notes or questions for attorney: \_\_\_\_\_

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