

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE
FOR
MARRIED COUPLE
(HUSBAND AND WIFE)

THE LAW OFFICE OF
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FOR OFFICE USE ONLY		
CLIENT #: _____	BASE PACKAGE TYPE:	BASE FEE: \$ _____
INITIAL APPOINTMENT: _____	<input type="checkbox"/> Disclaimer	ADDITIONAL EP SERVICES:
LEGAL SERVICES AGREEMENT	<input type="checkbox"/> A-B	_____ \$ _____
Received On: _____	<input type="checkbox"/> A-B-C	_____ \$ _____
CONFIDENTIAL DRAFTS	NON-BASE SERVICES:	FUNDING SERVICES:
Sent On: _____	<input type="checkbox"/> Hourly Fees	_____ \$ _____
SIGNING APPOINTMENT:	<input type="checkbox"/> Special Needs	_____ \$ _____
_____	<input type="checkbox"/> Dynasty	_____ \$ _____
_____	<input type="checkbox"/> _____	_____ \$ _____
_____	<input type="checkbox"/> _____	_____ \$ _____

A. **What do you want to name your trust?** (Many clients use their names, such as “The John Q. and Mary J. Public Family Trust”. Other clients use other names, such as “The Really Great Family Trust”.)

B. **Personal Information**

HUSBAND:

Last: _____ First: _____

Middle: _____

List any other names you have used: _____

What name do you want to use as Trustee?

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Do you have any prior marriages? No. Yes: If so, state the full name of each former spouse, the date of termination of the marriage (e.g., death or dissolution), and, if a dissolution, the name of the court that granted the final dissolution order, and the date that the dissolution order was entered. Use additional sheets if necessary:

WIFE:

Last: _____ First: _____

Middle: _____

List any other names you have used: _____

What name do you want to use as Trustee?

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Do you have any prior marriages? No. Yes: If so, state the full name of each former spouse, the date of termination of the marriage (e.g., death or dissolution), and, if a dissolution, the name of the court that granted the final dissolution order, and the date that the dissolution order was entered. Use additional sheets if necessary:

C. Address and Telephone Information:

HUSBAND:

Address: _____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Cellphone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____ @ _____

WIFE:

Address: _____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Cellphone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____ @ _____

D. Citizenship.

Is Husband a citizen of the United States? Yes. No.

Is Wife a citizen of the United States? Yes. No.

E. Community and Separate Property.

In California, in general, unless a married couple have agreed otherwise, all income of either since the beginning of the marriage, and assets acquired with that income during the marriage, are community property. In general, unless a married couple has agreed otherwise, property owned

at the time of the marriage, property acquired during the marriage by gift or inheritance, and personal injury settlements and judgments, are the separate property of the spouse receiving them.

Does either Husband or Wife have any separate property?

Yes. No. Don't know.

F. *Overview of Your Estate.*

1. What is your approximate net worth, that is, the present market value of all your assets, less all amounts you owe (including mortgages/deeds of trust)?

Assets: \$ _____

Less:

Liabilities: \$ _____

Equals:

Net Worth: \$ _____

2. Do either or both of you own stock in any small *closely held corporation* (e.g., a C-corporation or an S-corporation)?

Yes. No. Not sure or don't know.

3. Are either or both of you a partner in any *general partnerships*?

Yes. No. Not sure or don't know.

4. Are either or both of you a general or limited partner in any *limited partnerships*?

Yes. No. Not sure or don't know.

5. Are either or both of you a member of any limited liability companies?

Yes. No. Not sure or don't know.

6. Are either or both of you the sole proprietor of any business?

Yes. No. Not sure or don't know.

7. Are either or both of you the beneficiary of any trust, whether or not you presently receive any income from the trust?

Yes. No. Not sure or don't know.

8. Do either or both of you expect to inherit any significant amount of money or property?

Yes. No. Not sure or don't know.

9. Does Husband own any IRAs, Qualified Plans (i.e., Keogh, 401(k), 403(b), etc.), or other retirement plans?

Yes. No. If "Yes" what is the approximate total value? \$ _____

10. Does Wife own any IRAs, Qualified Plans (i.e., Keogh, 401(k), 403(b), etc.), or other retirement plans?

Yes. No. If "Yes" what is the approximate total value? \$ _____

11. What is the total amount of life insurance on Husband's life? \$ _____
Are any of the policies "whole life" (that is, do they have cash value which can be borrowed against) as opposed to term insurance? Yes. No. Not sure or don't know.

12. What is the total amount of life insurance on Wife's life? \$ _____
Are any of the policies "whole life" (that is, do they have cash value which can be borrowed against) as opposed to term insurance? Yes. No. Not sure or don't know.

13. Do either or both of you own any bank accounts?

No. Yes: How many? _____

14. Do either or both of you own any safe deposit boxes?

No. Yes: How many? _____

15. Do either or both of you own any brokerage accounts?

No. Yes: How many? _____

16. Do either or both of you own any mutual funds?

No. Yes: How many? _____

17. Do either or both of you own any stocks not held in brokerage accounts?

No. Yes: How many? _____

18. Do either or both of you own any bonds?

No. Yes: How many? _____

19. Do you have any special collections? No. Yes.

Describe: _____

20. Do you own any fine art or high-value jewelry? No. Yes.

Describe: _____

21. Do you own any promissory notes and/or deeds of trust?

No. Yes: How many? _____

22. Do you own any real property?

No. Yes. If so, for each property provide the following information:

Principal Residence:

Street Address: _____

County: _____

Assessor's Parcel Number: _____

How is title held? Community property. Joint Tenancy. Separate Property. Don't know.

Property 2:

Street Address: _____

County: _____

Assessor's Parcel Number: _____

How is title held? Community property. Joint Tenancy. Separate Property. Don't know.

Property 3:

Street Address: _____

County: _____

Assessor's Parcel Number: _____

How is title held? Community property. Joint Tenancy. Separate Property. Don't know.

Property 4:

Street Address: _____

County: _____

Assessor's Parcel Number: _____

How is title held? Community property. Joint Tenancy. Separate Property. Don't know.

[If you own any other properties, please attach additional sheets as necessary.]

G. *Trustee/Executor/Durable Power of Attorney Agent Information.*

After the death of the second spouse to die, in the case of married couples, usually the same person(s) will be the successor trustee(s) of your revocable living trust, the executor(s) of your pour-over wills, and the successor agent(s) appointed in your durable power(s) of attorney. More than one person may be nominated to act in the alternative ("if John cannot act then I nominate Sally") or jointly ("I nominate John and Sally as cotrustees"). Although you can usually change the designations at any time, you should nevertheless carefully ponder whom you select, and, as you do so, we recommend that you consider the following:

(a) You should trust him or her completely.

(b) He or she should have enough maturity, common sense and business experience to handle your estate. Obviously, the amount of desirable business experience will vary with the nature and size of your estate.

(c) He or she should be of such an age and physical and mental condition that he or she is likely to be alive and able to act when needed. *(Remember, that in the case of a trustee of a trust of which children or young adults may be the beneficiaries, the trustee could potentially have to act for a number of years.)*

(d) If your trust will hold real estate, it will be most convenient, but not absolutely essential, that he or she live close to the property so that management will not be too difficult.

(e) If your trust gives the trustee certain discretion with regard to distribution of income to minors or young adults, you might want to consider whether he or she will be able to get along with, and "stand up" to, the beneficiaries so that your purposes are most likely to be accomplished.

CHOICE OF SUCCESSOR TRUSTEE(S)/EXECUTOR(S)/DURABLE POWER OF ATTORNEY AGENT(S):

First Choice:

Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____

Second Choice:

Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____

Third Choice:

Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____

Fourth Choice:

Name: _____ Relationship: _____

Address: _____

Telephone: (____) _____

H. **Distribution**

1. CHILDREN.

(Please complete whether or not you intend all or any of your children to receive any portion of your estate.)

Child 1:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

Child 2:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

Child 3:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

Child 4:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

Child 5:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

Child 6:

Full Name: _____

Date of Birth: _____

Address (if different than yours):

Telephone Number (if different than yours): (____) _____

Social Security Number: _____-_____-_____

Is this child the child of either only Husband or Wife? No. Yes: If so, state the name of the child's other parent: _____

[If you have more children, please attach additional sheets as necessary.]

2. Do you have any deceased children? No. Yes.

3. Do any of your children have disabilities or special needs that should be addressed in your estate plan? No. Yes. If so, please describe: _____

4. Do you have any pets you want to provide for in your estate plan?
 No. Yes. If so, please describe: _____

5. Do you desire to make any particular gifts of tangible personal property (that is, things, such as pieces of furniture, works of art, jewelry, vehicles)? If so, please describe the objects and intended beneficiaries on an attached sheet.

6. Do you desire to make any particular gifts of specific amounts of money? If so, please list the amounts and intended beneficiaries on an attached sheet.

7. Do you desire to make any gifts (whether of money or other assets) to charitable organizations such as religious organizations, health-related organizations, or animal welfare organizations? If so, please detail on an attached sheet.

8. In the typical trust situation, the surviving spouse receives everything on the death of the first spouse. Please choose *one* of the following plans which most closely describes how you want your estate to be distributed after the death of the surviving spouse:

Outright to your children in equal shares – the share of a deceased child to that child’s descendants, or to the child’s siblings if there are no descendants.

Outright to your then living children in equal shares – the share of a deceased child to be redistributed among the remaining children

To your children in equal shares to be held in separate trusts to a specified age – the share of a deceased child to that child’s descendants, or to the child’s siblings if that child has no descendants. Age(s) for distribution? (Example: 1/3 at age 25, 1/3 at age 30, and the balance at age 35.) _____

To your children in equal shares to be held in separate trusts and distributed in increments at certain ages – the share of a deceased child to that child’s descendants, or to the child’s siblings if there are no descendants. Age(s) for distribution? (Such as, 1/3 at age ____, 1/3 at age ____, and the balance at age ____.)

Trust assets to be held in a family pot trust to be used for the benefit of your children until the youngest child reaches age 25 (or any other age you specify) or until some other condition is satisfied (i.e., the youngest child graduates from college). The trustee can apply more for the benefit of some children than others according to need.

Other: _____

I. *Advance Health Care Directive.*

If you or your spouse were not able to make health care decisions for yourselves, who would you want to make them for you? Typically, the Husband appoints the Wife first, then others to be her successors; and the Wife appoints the Husband first, then others to be his successors. List your choices in order of priority:

HUSBAND'S

First Choice:

Wife, or Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

First Alternate:

Same as First Successor Trustee/Executor/Durable Power of Attorney Agent, or
Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

Second Alternate:

Same as Second Successor Trustee/Executor/Durable Power of Attorney Agent, or
Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

WIFE'S

First Choice:

Husband, or Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

First Alternate:

Same as First Successor Trustee/Executor/Durable Power of Attorney Agent, or

Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

Second Alternate:

Same as Second Successor Trustee/Executor/Durable Power of Attorney Agent, or

Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

J. *Guardian of the Person and of the Estate of Minor Children*

Should both parents die and/or become incapacitated while a child is under 18, a guardian of the child's person and of the child's estate may be appointed by the Court. Normally, the Court will honor the parents' nomination. The guardian of the estate may or may not be the same person as the guardian of the person, and, in turn, may or may not be the same person as the child's trustee.

First Choice:

Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

First Alternate Choice:

Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

Second Alternate Choice:

Name: _____

Relationship: _____

Address: _____

Telephone: (____) _____

