

ALBERTSON & DAVIDSON LLP

Attorneys at Law
3750 Santa Fe Avenue, Suite 109
Riverside, California 92507

(951) 686-5296

Fax (951) 346-3785

ESTATE PLANNING PERSONAL AND FINANCIAL QUESTIONNAIRE

SECTION 1 - GENERAL INFORMATION

Circle One: Single Divorced Widowed

Your full Legal Name (First, Middle, Last)		Soc. Sec. No.	Date of Birth
Other Names Used by You (Nicknames, Prior Names)		Your Name as it appears on Driver's License	
Home Address		City	State, Zip
Mailing Address if Different From Above		City	State, Zip
() Home Phone	() Work Phone	() Fax No.	

SECTION 2 - PERSONAL INFORMATION

- Are you a U. S. citizen? YES NO
If no, state country of citizenship. _____
- Occupation. _____
- Employer. _____
- Annual Income \$ _____
- Is your legal domicile the State of California? YES NO
If yes, date of entry into California. If no, state of legal domicile. _____
- Have you previously been married? YES NO
If yes, former spouse's full legal name. _____
Other names used by former spouse. _____
If marriage ended by divorce, date of divorce. _____ Describe any continuing divorce or support obligations owed by or to you. _____
If marriage ended by death, date of spouse's death. _____
Did your deceased or divorced spouse have children from a prior marriage? YES NO
- Have you ever served in the military? YES NO
- State of health. Indicate whether you have any serious health problems. _____
- Do you have a will or trust now? YES NO
- Are you expecting to receive property or money from (indicate approximate amount for all that apply):
INHERITANCE \$ _____ GIFT \$ _____ LAWSUIT \$ _____ OTHER \$ _____

SECTION 3 - FINANCIAL INFORMATION

In order to adequately advise you regarding a will or a living trust, it is necessary to have as complete and accurate a picture of the nature and estimated value of your assets and liabilities as possible. Please fill in the following information as completely as you can. Use additional sheets for each separate section if you need more room. When completing the financial information section, in the space marked "Titled in Whose Name", indicate the exact name or names appearing on the title document or the account. If you don't know some of the information, just leave blank. For the dollar amounts, approximate present values and estimates are all that is necessary. Your best estimate of the present value is very important for planning purposes.

1. DO YOU OWN A HOME OR ANY OTHER REAL ESTATE?

Address/Location/Description	Titled in whose name(s)	Price	Original Cost Basis	Approx. Value (-)	Estimated Market Mortgage(=)	Equity
Total Equity						

2. DO YOU OWN ANY OTHER TITLED PROPERTY, SUCH AS A CAR, BOAT, MOTOR HOME, ETC.?

Description	Titled in whose name(s)	Market Value	(-) Loan	(=)	Equity
Total					

3. DO YOU HAVE ANY CHECKING ACCOUNTS?

Name of Bank / Branch	Account No.	Titled in Whose Name(s)	Average Balance

4. DO YOU HAVE ANY INTEREST-BEARING OR BROKERAGE ACCOUNTS (SAVINGS, MONEY MARKET) AND/OR CDs?

Name of Bank / Branch	CD, Money Market or Savings?	Account No.	Titled in Whose name(s)	Balance

5. DO YOU OWN ANY STOCKS, BONDS OR MUTUAL FUNDS?

(Do not include stock in closely-held corporations in which you or your spouse are active.)

Name of Security	Account No.	Titled in whose name(s)	Shares	# of Price	Purchase Value	Current
						Total

6. DO YOU HAVE ANY PROFIT SHARING, IRAs OR PENSION PLANS?

Plan Name	Account No.	Titled in whose name	Primary Beneficiary	Current Value
				Total

7. DOES ANYONE OWE YOU MONEY?

Name(s) of Debtor	Date of Loan	Original Balance	Rate	Interest Secured? (Yes / No)	Approximate Current Balance
					Total

8. DO YOU OWN ANY CLOSELY HELD BUSINESS INTERESTS?

Name and Address of Business	Partnership, Corp or Sole Proprietorship?	% Owned By You	Buy/Sell Yes/No	Cost or Amount Invested	Est. Market Value of Yr Share
Total					

9. DO YOU OWN ANY PARTNERSHIP INTERESTS (OTHER THAN ANY BUSINESS LISTED IN NO. 8)?

Name and Address of Partnership	Limited or Gen Partnership?	% Owned By You	Buy/Sell Yes/No	Cost or Amount Invested	Estimated Market Value of Yr Share
TOTAL					

10. DO YOU HAVE ANY SPECIAL ITEMS OF VALUE SUCH AS COIN COLLECTIONS, ANTIQUES, JEWELRY, ETC.?

Description	Location	Original Cost	Approx. Present Value
Total			

11. DO YOU OWN ANY ANNUITIES?

Name and Address of Company	Policy Number	Annuitant	Face Value	Current Value

12. DO YOU HAVE ANY LIFE INSURANCE POLICIES, INCLUDING MORTGAGE INSURANCE?

Name and Address of Co.	Policy No.	Name of Insured	Primary Beneficiary	Face Amount Payable on Death	Current Cash Value
Total					

13. WHAT IS THE APPROXIMATE TOTAL VALUE OF YOUR REMAINING TANGIBLE PERSONAL PROPERTY? WHATEVER YOU OWN THAT HAS NOT BEEN INCLUDED ABOVE (FURNISHINGS, CLOTHING, ETC.) PLEASE ESTIMATE LIQUIDATION VALUE (WHAT COULD YOU EXPECT TO RECEIVE IF SOLD AT ESTATE SALE OR YARD SALE?)

\$ _____

14. DO YOU HAVE ANY DEBTS OTHER THAN THE MORTGAGES AND LOANS LISTED ABOVE—CREDIT CARDS, PERSONAL LOANS, ETC.?

Description	Interest Rate	Monthly Pmt.	Minimum Amount Owed

15. Total Current Value of Everything You Own (Add Totals of Sections 1 thru 13 Above) \$ _____

16. Total Debt Owed by You (Total of Section 14 Above) (\$ _____ **)**

17. Subtract Line 16 from Line 15: NET CURRENT ESTATE VALUE: \$ _____

18. LIQUIDITY NEEDS. FOR EACH MORTGAGE AND LOAN LISTED IN SECTIONS 1 AND 2 GIVE THE FOLLOWING INFORMATION:

Lender	Property Address	Balance Owed	Years Remaining	Fixed or Adjusted?	Interest % Principal and Interest	Mo. Payment

19. DO YOU HAVE A SAFE DEPOSIT BOX?

Name of Bank or Financial Institution	Name of Branch and Address

SECTION 4 - CHILDREN/HEIRS/BENEFICIARIES (wherever necessary use additional sheets)

1. How many living children do you have? _____
2. How many deceased children do you have? _____
3. Are all your children legally yours (natural or legally adopted?) _____
4. How many stepchildren do you have? _____
5. How many children of deceased children do you have? _____
6. How many grandchildren do you have? _____

7. Fill in the following information regarding your children and any deceased children. Indicate if adopted [A], or deceased [D]. Use additional sheets if more than four children.

	{1}	{2}
Name	_____ []	_____ []
Nickname	_____	_____
Date of birth [age]	_____ []	_____ []
Place of birth	_____	_____
Address if other than client's	_____ _____	_____ _____
Phone No.	_____	_____
Present or past occupation	_____	_____
Educational goal	_____	_____
Spouse's name	_____	_____
Spouse's present or past occupation	_____	_____
Child's children: name and [age]	_____ []	_____ []
	_____ []	_____ []

	{3}	{4}
Name	_____ []	_____ []
Nickname	_____	_____ []
Date of birth [age]	_____ []	_____
Place of birth	_____	_____
Address if other than client's	_____ _____	_____ _____
Phone No.	_____	_____
Present or past occupation	_____	_____
Educational goal	_____	_____
Spouse's name	_____	_____
Spouse's present or past occupation	_____	_____
Child's children: name and [age]	_____ []	_____ []
	_____ []	_____ []

8. YOUR PARENTS

Name	Address & Phone No.	Age or Date of Death

9. YOUR BROTHERS AND SISTERS

Name	Address & Phone No.	Age or Date of Death

10. DO YOU HAVE ANY DEPENDENTS WHO REQUIRE SPECIAL CARE? IF YES, INDICATE THEIR NAMES, RELATIONSHIP, AGE, AND TYPE OF GOVERNMENTAL BENEFITS THEY RECEIVE OR FOR WHICH THEY ARE ELIGIBLE.

Name	Relationship	Type of Care	Governmental Benefits

11. HAVE YOU MADE ANY UNPAID LOANS TO ANY OF YOUR CHILDREN NOT LISTED IN FINANCIAL SECTION ABOVE?

Name of Child	Loan	Date of Amt of Loan	Interest Rate	Secured? Yes/No	Signed Note? Yes/No	If No Note Signed, Do You Expect Repayment?

12. HAVE YOU MADE ANY GIFTS OF CASH OR PROPERTY VALUED AT MORE THAN \$10,000 AT THE TIME OF THE GIFT TO YOUR CHILDREN OR TO ANY OTHER PERSON?

Name of Recipient	Date of Gift	Description of Gift	Value of Gift at Time Made

13. SPECIAL GIFTS TO ORGANIZATIONS. Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name and Address of Organization	Description of Gift

- 14. SPECIAL GIFTS TO INDIVIDUALS.** Do you want to give any specific items to a family member or other individual?
(For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name / Relationship / Address of Person	Description of Gift

15. BENEFICIARIES

Who do you want to receive the rest of your estate after the special gifts listed in 13 and 14 have been distributed? It is usually simpler and clearer to indicate a percentage.

Name of Person or Organization	Relationship	Amount or Percentage

16. ALTERNATE BENEFICIARIES

Who do you want to receive your estate if you outlive the beneficiaries you have named above?

Name of Person or Organization	Relationship	Amount or Percentage

- 17. DISINHERITING.** Are there any relatives that you specifically do not want to receive anything from your estate?
Please indicate names and relationships: _____

SECTION 5 - EXECUTOR / TRUSTEE

EXECUTOR OR SUCCESSOR TRUSTEE to take care of the management and distribution of all your property after your death or upon your disability. Can be one or more persons or a corporate trustee.

#1 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#2 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#3 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

SECTION 6 - GUARDIANS / TRUSTEES / CUSTODIANS FOR MINORS

1. PERSONAL GUARDIANS FOR MINOR CHILDREN. Responsible adult who will raise your children if something happens to both parents.

#1 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#2 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#3 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

2. TRUSTEE OR CUSTODIAN FOR MINOR CHILDREN. Manages your children's inheritance. This could be the same as the guardian, but often it is better to appoint a different person or a corporate trustee.

#1 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#2 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

#3 Choice: Name _____ Relationship _____

Address _____ Phone No. _____

SECTION 7 - UNIFORM STATUTORY FORM POWER OF ATTORNEY

A Uniform Statutory Form Power of Attorney is a document by which you give another person (your "agent") the power to make certain business and personal decisions for you if you are unable to do so. It gives your agent broad powers to act on your behalf unless you specifically limited the authority of your agent. If you have a trust, the power of attorney would only affect assets and business matters not subject to the trust. Do you want a Uniform Statutory Form Power of Attorney?

YES _____ NO _____

If yes, who do you wish to name as your agent to make business decisions on your behalf? You can also name an alternate agent who can act in the event that your first agent is unable to act. Leave blank if you do not wish to name an alternate agent for business decisions.

	Agent for Business Decisions	Current Address & Phone No.	Relationship
First Choice			
Second Choice			

Do you want to give these persons the power to act in your behalf now, or do you want to specify that their appointment only takes effect if you become incapacitated?

EFFECTIVE NOW _____ EFFECTIVE ONLY IF I BECOME INCAPACITATED _____

SECTION 8 - SPECIAL INSTRUCTIONS FOR INCOMPETENCY; HEALTH

1. KEEPING/SELLING ASSETS

If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. MEDICAL CARE / ADVANCE HEALTH CARE DIRECTIVE

AN ADVANCE HEALTH CARE DIRECTIVE is a document by which you can give another person the power or authority to make health care decisions for you if you are unable to do so. It can also include specifically state your wishes regarding life support, organ donation, autopsy, and disposition of remains. Do you want an Advanced Health Care Directive?

YES _____ NO _____

AGENT FOR ADVANCE HEALTH CARE DIRECTIVE:

The person you wish to name as your agent to make health care decisions on your behalf, in the event that you are unable to make decisions for yourself. You can also name an alternate agent who can act in the event that your first agent is unable to act. Leave blank if you do not wish to name an alternate agent for health care decisions.

	Agent for Health Care	Current Address & Phone No.	Relationship
First Choice			
Second Choice			
Third Choice			

SECTION 9 - SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. DO YOU HAVE ANY SPECIAL WISHES REGARDING FUNERAL OR BURIAL? WHAT TYPE OF SERVICE DO YOU WANT, HOW ELABORATE, AND WHERE? ANY SPECIAL PEOPLE TO CONTACT, ANY PARTICULAR MUSIC OR INSPIRATIONAL READINGS? DO YOU WANT CREMATION? HAVE YOU ALREADY MADE AND PAID FOR FUNERAL ARRANGEMENTS?

2. IF YOU HAVE A CEMETERY LOT, WHERE IS IT LOCATED?

Cemetery Name

City

State

PLEASE BRING IN COPIES OF THE FOLLOWING DOCUMENTS:

1. Your present will, if any.
2. Your present living trust, if any.
3. Any trust under which you or a child is a beneficiary, grantor or trustee.
4. Any ante-nuptial agreement or other property agreement to which you are a party.
5. Any divorce decree (including amendments), and any property settlement agreements.
6. Each deed to real property owned by you.
7. Latest investment account statements.
8. All or the most recent financial statements for you personally, and for all businesses owned by you.
9. Plan summaries and beneficiary designations for all pension and profit-sharing benefits and IRAs.
10. Life insurance policy declarations page.
11. Business or partnership buy-sell agreements.