2011: Create Your Individual Estate Planning Questionnaire

This article will give a step by step explanation of the information needed to prepare a revocable living trust and begin your estate plan. If you are a resident of San Diego, please feel free to use this individual estate planning questionnaire to begin the process. Discussing the below will assist in your deciding how you want your property distributed after you pass away as well as some considerations you may not have thought of. This is not a complete list but has some information you may find valuable for your estate planning and revocable living trust purposes.

This article will first explain what information is needed and why important and then provide a space for you to fill out with your individual information. Our firm would be pleased to assist you in filling this out since this is complicated and involves very important decisions. Please feel free to contact us to represent you in the preparation and formalization of your revocable living trust and estate plan. Our contact information is below.

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A Professional Law Corporation
16466 Bernardo Center Drive, Ste. 260
San Diego, California 92128
Telephone (858) 618-5510
Facsimile (858) 618-5511

FIRST SECTION
The first section contains very important information. Legal Descriptions of names are very important and use your correct legal name and include any middle name or suffixes. In addition, accurate and complete addresses are important. As you will see, you will need to choose a name for your Trust. We suggest your family surname but this is your decision. It is also very important all children are listed whether they are alive or deceased. Again, the spelling of all names is very important. There is also a place for your grandchildren and parents. Again, please feel free to print this article out and use as a template for preparing to meet with your attorney to prepare your estate plan and revocable living trust. This is taken from our in office form.

ESTATE PLANNING QUESTIONNAIRE
(If married, fill in spaces for both spouses; if unmarried, fill in one only)

I. BIOGRAPHICAL INFORMATION

Trust Name: The Family/Living Trust

Client Full Legal Name: __________________________________________________________
(Name as you want it to appear in legal documents and should match most commonly used signature)

Date of Birth: __________________________ SSN: __________________________

USA Citizen: YES  NO
Marriage Date: ___________________________ Place: ___________________________

Prior marriages if any: Of Client __________________ Of Spouse __________________

Home address: Street: ___________________________
City: __________________ County: __________________ State: ___________ Zip: ______

Mailing Address: [if different] Street: ___________________________
City: __________________ County: __________________ State: ___________ Zip: ______

Phone: Residence (____) __________________ Business: (____) __________________

Living Children:

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<thead>
<tr>
<th>Full Name</th>
<th>Birth Date</th>
<th>Parent Code (H for husband, W for wife, B for both)</th>
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Deceased Children:

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<th>Full Name</th>
<th>Birth Date</th>
<th>Parent Code (H for husband, W for wife, B for both)</th>
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Spouses of children:

Name of child | Name of spouse
-------------|---------------
-------------|---------------
-------------|---------------
-------------|---------------

Grandchildren:

Name of grandchild | Name of related parent
-------------------|------------------------
-------------------|------------------------
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SECOND SECTION: This section is very important to all who special needs children, physically handicapped children, mentally handicapped children and children with emotional problems. In distributing your assets, you may have the option for a special needs trust or a spendthrift trust if your children would be taken advantage of or cannot make their own decisions. Make sure to discuss this in detail if this section applies to you.

II. FAMILY CONCERNS

Special Dependency Cases:

Physically Handicapped:

Mentally Handicapped:

Emotional Problems:

Comments:

THIRD SECTION: If you have a current will or trust or other estate plan, this needs to be reviewed to determine if it is current and updated. You may need to reinstate your Trust or have a new Trust prepared. A will is included in the Trust and the goal of the Trust is to avoid probate legal fees and costs as well as minimize time in the distribution of the assets and try and keep private the distributions since will must be probated and this becomes a public document. This also provides whether you would like to be kept alive through artificial life support.

III. GENERAL INFORMATION

Do you have a Will or Trust now?  YES  NO

If yes, please provide a copy.

Do you have any written marital agreements?  YES  NO

Are there any heirs you plan to disinherit?  YES  NO
if yes, please identify

Should adopted children be treated as natural issue?

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<th>YES</th>
<th>NO</th>
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Should step-children be treated as natural issue?

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<th>YES</th>
<th>NO</th>
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Would you like to be kept alive through Artificial Life Support?

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<tr>
<th>YES</th>
<th>NO (Husband)</th>
<th>NO (Wife)</th>
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FOURTH SECTION: Peace of mind is knowing when you are gone you can trust that your wishes are carried out as if you were here. Having a Trust gives you the power to determine who will carry out your instructions. This is one of the most critical decisions you can make. This section also includes your beneficiaries and how you want your assets distributed. You can also determine if you want your children who are beneficiaries to obtain their full inheritance when they are 18 years old [legal age] or at other ages with percentages at each age.

IV. TRUST MANAGEMENT DECISIONS

BACK-UP OR SUCCESSOR TRUSTEE(S): Who will step in for you at your death or disability, if both spouses are deceased or incapacitated? Please provide us with a complete address so that we may schedule a meeting to review their duties and obligations as Successor Trustee.

#1 Choice
Name ____________________________________________________________ Age ______________________
Address ______________________________________________________________________ State _____ Zip _______
Spouse’s Name ____________________________________________________________ Age ______________________
Telephone Number (____) __________________________

#2 Choice
Name ____________________________________________________________ Age ______________________
Address ______________________________________________________________________ State _____ Zip _______
Spouse’s Name ____________________________________________________________ Age ______________________
Telephone Number (____) __________________________

APPOINTMENT OF EXECUTOR (It is preferable to keep Executors and Trustees consistent)

#1 Choice
Name ____________________________________________________________ Age ______________________
Address ______________________________________________________________________ State _____ Zip _______
Spouse’s Name ____________________________________________________________ Age ______________________
Telephone Number (____) __________________________

APPOINTED GUARDIANS FOR MY MINOR CHILDREN (if any)

#1 Choice
Name ____________________________________________________________ Age ______________________
Address ______________________________________________________________________ State _____ Zip _______
Spouse’s Name ____________________________________________________________ Age ______________________
Telephone Number (____) __________________________ Relationship ________________________________

#2 Choice
Name ____________________________________________________________ Age ______________________
Address ______________________________________________________________________ State _____ Zip _______
Spouse’s Name ____________________________________________________________ Age ______________________
Telephone Number (____) __________________________
Address _______________________________________________________
State ________ Zip ___________
Spouse’s Name _________________________________________________ Age ________________________
Phone Number (_____) __________________________ Relationship ______________________________

**Beneficiaries after your death (or the death of both husband and wife):**

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<tr>
<th>Full Name</th>
<th>Relationship</th>
<th>Percentage</th>
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**At what ages will your heirs inherit your estate?**

A. All at once upon my death.
B. At the following ages and percentages (i.e. at age 25 inherit 30%)

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<th>Age</th>
<th>Percentage</th>
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**If a named beneficiary predeceases you, should that beneficiary’s share go to:**

A. The deceased beneficiary’s issue? YES NO
B. The other beneficiaries? YES NO
C. To: YES NO

Do you wish to make any specific gifts of cash or property to any charity or specific person? YES NO
If yes, please describe ________________________________

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

FIFTH SECTION: Who would make decisions for you in the event you cannot? What would happen if you were medically unable to make decisions due to physical injuries or some other disability or lacked the capacity? Health care powers of attorney are very important. There are also powers of attorney for property.

(REV 1-97)
V. DURABLE POWER OF ATTORNEYS

In the event that your spouse is deceased or incapacitated, and you are medically unable to make important decisions for yourself (i.e. you’re in a coma), who will be authorized to make them for you? Note these powers of attorney only “spring” into effect upon your *incapacity*. You do not have to include addresses if completed elsewhere on the form.

**POWER OF ATTORNEY - HEALTH CARE**
This person will be authorized to make important health care decisions for you.

| Client’s Choices | | |
|------------------|------------------|
| **#1 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |
| **#2 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |

| Spouse’s Choices | | |
|------------------|------------------|
| **#1 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |
| **#2 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |

Do you want to donate organs? __________

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<tr>
<th>Husband</th>
<th>Wife</th>
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Wishes for your remains (cremation/burial) ? __________

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**POWER OF ATTORNEY - PROPERTY**
This person will be authorized to make important decisions regarding your property.

| Client’s Choices | | |
|------------------|------------------|
| **#1 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |
| **#2 Choice** | Name | Age |
| Address | | State | Zip |
| Spouse’s Name | | Age |
| Telephone Number (____) | |

| Spouse’s Choices | | |
|------------------|------------------|
| **#1 Choice** | Name | Age |
| | | |
SIXTH SECTION: This list is your estate. Only you know what you have so take some time in filling this out. The list is specific but it is not all inclusive. Include your primary residence as well and any land or lots which are vacant. If you have a vacation home or timeshare, this also needs to be listed. Real property is very important since the title is recorded and changes to the title need to be recorded to be valid and to properly fund the trust. Other assets also have ownership documented in many cases, such as a title with the California Department of Motor Vehicles for a car or RV. If you have a sailing or motor boat, this would be registered as well. Some assets do not have a title or proof of ownership attached other than you know it is yours such as personal jewelry, antiques, collectibles and other personal property. Be as descriptive as possible when describing these in the trust.

VI. ASSET INFORMATION

Please Circle Any Assets You Have:

- Home
- Mobile Home
- Rental Property
- Personal Jewelry
- Land/Lots
- Vacation Home
- Timeshare(s)
- Antiques
- General Partnerships
- Limited Partnerships
- Collectibles
- Oil, Gas or Mineral Rights
- Checking Account
- Savings Account
- Own Business
- Debts Owed to You
- Certificates of Deposit
- Stocks/Bonds
- Mutual Funds
- Annuities
- U.S. Savings Bonds
- IRA/Keogh Plan
- Retirement/Pension
- 401(k) at work
- Trust Deeds
- Leases
- Trust Deeds
- Leases

REAL PROPERTY

Personal Residence: Assessor’s Parcel No. ________________

(please provide deed with legal description)

Street Address: ________________________________
City: __________________________ County: ______ State: _______ Zip: _______
Ownership: community property / husband’s separate property / wife’s separate property
Estimated Value __________________________ Outstanding Loan Balance ________________

Other Real Property: Assessor’s Parcel No. ________________

(please provide deed with legal description)
Street Address: __________________________________________________________
City: ___________________ County: __________ State: __________ Zip: _______
Ownership: community property / husband’s separate property / wife’s separate property
Estimated Value ___________________ Outstanding Loan Balance ___________

SAFE DEPOSIT BOX
Bank ___________________________ Box No. ___________________________
Address: ____________________________________________________________

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<tr>
<th>BANK/CREDIT UNION ACCOUNTS</th>
<th>Institution</th>
<th>Type of Account</th>
<th>Account No.</th>
<th>Ownership</th>
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<tr>
<th>STOCKS/BONDS/MUTUAL FUNDS</th>
<th>Shares</th>
<th>Name of Account</th>
<th>Account No.</th>
<th>Ownership</th>
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<tr>
<th>RETIREMENT ACCOUNTS/PROFIT-SHARING/ PENSIONS PLANS</th>
<th>Institution</th>
<th>Type of Account</th>
<th>Account No.</th>
<th>Ownership</th>
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(REV 1-97)
LIFE INSURANCE POLICIES

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<th>Name of Company</th>
<th>Policy No.</th>
<th>Death Benefit</th>
<th>On Whom</th>
<th>Owner</th>
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BUSINESS INTERESTS

Do you own any interest in an unincorporated business?  YES  NO  If yes, please describe:
____________________________________________________________________________________
____________________________________________________________________________________

Do you own any interest in any partnerships?  YES  NO  If yes, please describe:
____________________________________________________________________________________
____________________________________________________________________________________

Do you own any interest in any closely held corporations?  YES  NO  If yes, please describe:
____________________________________________________________________________________
____________________________________________________________________________________

ESTATE TAX SNAPSHOT

Please estimate the value of your estate as follows:

Checking/Savings/C.Ds. .................................................................................................................. $ _____

Stocks/Bonds/Mutual Funds .......................................................................................................... $ _____

Face Value of Savings Bonds ...................................................................................................... $ _____

Life Insurance Death Benefits .................................................................................................. $ _____

Annuities ................................................................................................................................. $ _____

(REV 1-97)
IRA/Retirement Account.......................................................................................... $_______
Personal Property/Furnishings............................................................................. $_______
Real Estate........................................................................................................... $_______
Municipal Bonds................................................................................................. $_______
Autos/Boats/Recreational Vehicles...................................................................... $_______
Jewelry................................................................................................................... $_______
Trusts Deeds......................................................................................................... $_______
Debts Owed to You by Others............................................................................ $_______
Business Assets You Own.................................................................................... $_______
Antiques/Coin/Art/Stamp Collections................................................................. $_______
Other..................................................................................................................... $_______

SUBTOTAL........................................................................................................... $_______

DEBT.................................................................................................................... $_______

NET ESTATE........................................................................................................ $_______

Our hope is that this begins you thinking about the estate planning process. Again, if you would like to meet with one of our attorneys in our San Diego office, please feel free to contact us for an appointment.