



ROBINSON & FULTON LAW

(530) 823-2010 • (530) 885-8900 • Facsimile (530) 823-0570 • staff@fulton-law.com • www.fulton-law.com

MARGARET HEISER FULTON

Certified Specialist in Estate Planning,
Trust and Probate Law Certified by the
State Bar of California Board of
Legal Specialization

ASHLEY CLOWER

Associate Attorney

A.K. ROBINSON (1850-1935)
K.D. ROBINSON (1892-1968)
D.R. ROBINSON (1917-2004)

ESTATE PLANNING QUESTIONNAIRE

The information you provide will help us with the planning of your estate. If you have financial statements, statements from brokers, or other documents which provide the information requested, please feel free to attach them and refer to them in answering specific questions. If you need more space, use another letter size sheet.

If you are not certain about an answer or do not have the relevant information, just leave the space blank and we will determine the need for this information at our first meeting. The last page of this form contains a list of documents we would like you to provide. While these documents will be helpful to us in your estate planning process, if they are not readily available, we can begin the planning process without them.

Date this questionnaire is completed:

FAMILY INFORMATION

	Husband	Wife
Full Name		
Mailing Address City, State, ZIP County		
Home Telephone		
E-Mail Address		
Employer Name Business Address		
Date of Birth		
Place of Birth		
USA Citizen?	Yes No	Yes No

	Husband	Wife
Social Security No.		
Year You Came to CA		
Date & Place of Marriage		
Premarital Agreements?	Yes No	Yes No
Prior Marriages? ☞ If yes, indicate whether terminated by death or dissolution.	Yes No	Yes No

CHILDREN

Name		Male Female	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male Female	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male Female	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male Female	Birth Date	
Address				
Telephone		Spouse's Name		

Names of deceased children:

Person or persons you would designate to be the guardian of any minor children:

Name	County of Residence

AGENTS

Family members or other persons (other than your spouse) you would designate to manage your assets:

Husband	Name	Address	Relationship

Wife	Name	Address	Relationship

Family members or other persons (other than your spouse) you would designate to make health care decisions for you:

Husband	Name	Address	Telephone

Wife	Name	Address	Telephone

PRESENT ESTATE PLAN

1. Do you have wills? Yes No If yes, please provide us with a copy.
2. Have you created any trusts? Yes No If yes, please provide us with a copy of the trust instrument.
3. Are you a trustee or beneficiary of any trust? Yes No

If yes, please furnish details:


4. Do you have a safe-deposit box? Yes No

If yes, where?

In whose name(s)?

General description of contents:

ASSETS

REAL ESTATE  Please provide us with a copy of the deed for each parcel of real property.

◆ **Property 1:**

Location/Address:

Personal Residence? Yes No

Owned in Names of:

Form of Ownership (e.g., joint tenancy, community property, separate property):

Date of Acquisition:

Assessor's Parcel Number (APN):

Cost Basis:

Current Market Value:

Amount of Loan (if any):

◆ **Property 2:**

Location/Address:

Personal Residence? Yes No

Owned in Names of:

Form of Ownership (e.g., joint tenancy, community property, separate property):

Date of Acquisition:

Assessor's Parcel Number (APN):


Cost Basis:

Current Market Value:

Amount of Loan (if any):

Total Fair Market Value of Real Estate

(Disregarding loan balances)

 On a separate sheet, please provide the same information as requested above for any additional properties.

STOCKS AND BONDS

Please fill out the form below or, if more convenient, attach a copy of a statement from your stockbroker if it contains similar information.

Company/Type	Ownership*	# of Shares	Current Market Value
Total Current Fair Market Value of Stocks and Bonds			

Indicate restrictions on transfer, if any.

* e.g., joint tenancy, tenancy in common, community property, name of one person only.

BANK ACCOUNTS AND OTHER CASH ASSETS

◆ Bank Accounts and Certificates of Deposit

Bank	Account #	Form of Ownership*	Present Value
Total Fair Market Value of Bank Accounts			

◆ Notes Receivable

Name of Obligor	Present Value
Total Fair Market Value of Notes Receivable	

Total Fair Market Value of Bank Accounts and Cash Assets

* e.g., joint tenancy, tenancy in common, community property, or name of one person only.

RETIREMENT BENEFITS

◆ Retirement Plans

If you have any interest in a pension, profit-sharing, stock bonus, self-employment retirement plan, or deferred compensation plan, or any other similar type of benefit, complete the following:

Husband:	Company	Type of Plan	Present Value

Wife:	Company	Type of Plan	Present Value

Total:

◆ Individual Retirement Accounts (IRA's)

Husband:	Institution Where Maintained	Beneficiary	Present Value

Wife:	Institution Where Maintained	Beneficiary	Present Value

Total IRA's:

Total Fair Market Value of Retirement Benefits:

BUSINESS INTERESTS

If you own an interest in a business, please complete the following.

If you have an interest in more than one business, use a separate sheet to describe each business.

Owner of interest (husband and/or wife):

Name of business:

Percent Owned:

Type of entity: Corporation Partnership Sole Proprietorship

If a corporation, it is a "Subchapter S" corporation? Yes No

Your estimate of the fair market value of your interest: \$

Your tax basis for your interest:

Do you have any plans to dispose of business interest during your lifetime? Yes No

If yes, please describe:

What are your wishes as to disposition of ownership after death?

1. Transfer to family
2. Sale to co-owner of business
3. Sale to key employee
4. Other

Is there a buy/sell or redemption agreement? Yes No

If yes, describe your understanding of the terms of the agreement:

☞ Please provide a copy of your buy/sell or redemption agreement.

Total Fair Market Value of Interest in Business

LIFE INSURANCE POLICIES AND ANNUITIES

◆ Life Insurance Provided by Employer

	Policy No. 1	Policy No. 2	Policy No. 3
Company			
Policy Number			
Type			
Insured			
Owner			
Beneficiaries			
Face Value			
Amount of Loan (if any)			

◆ Other Life Insurance (Include policies on life of spouse and children)

	Policy No. 1	Policy No. 2	Policy No. 3
Company			
Policy Number			
Type			
Insured			
Owner			
Beneficiaries			
Face Value			
Current Cash Surrender Value			
Amount of Loan (if any)			

Total Life Insurance Face Value

☞ Please provide us with copies of summaries of life insurance policies.

MISCELLANEOUS ASSETS

◆ **Automobiles and Boats**

Description	Ownership*	Fair Market Value

◆ **Household Furnishings and Personal Effects**

Description	Ownership*	Fair Market Value

◆ **Jewelry**

◆ **Collections (Art, etc.)**

◆ **Other** (Include such assets as stock options or any interest in a trust)

Total Fair Market Value of Miscellaneous Assets

* e.g., joint tenancy, tenancy in common, community property, name of one person only.

LIABILITIES

◆ Loans, Including Mortgages

Creditor	Secured By	Interest Rate	Due Date	Repayment Schedule	Current Balance

◆ Other Debts

Creditor	Secured By	Interest Rate	Due Date	Repayment Schedule	Current Balance

Total Liabilities

SUMMARY - ESTIMATED VALUE OF ASSETS

	Separate Property of Husband and Wife	Community Property
Real Estate (from page 5)		
Stocks and Bonds (from page 6)		
Bank Accounts and Other Cash Assets (from page 7)		
Retirement Benefits (from page 8)		
Business Interests (from page 9)		
Life Insurance Policies and Annuities (from page 10)		
Miscellaneous Assets (from page 11)		
TOTAL ASSETS		
Less TOTAL LIABILITIES (from page 12)		
NET TAXABLE ESTATE		

COMBINED NET TAXABLE ESTATE (Separate and Community)

GIFT DATA

Have you made any gifts other than to charities in any one year to any one or more persons which exceeded in value \$10,000*? Yes No

If gift tax returns were filed, please furnish Federal and State Tax Returns. If gift tax returns were not filed, describe the gift, date, fair market value, and to whom given:

Have gifts been made by creating a Trust: Yes No

If yes, please provide trust documents.

Have gifts been made under the Uniform Gift to Minors Act? Yes No

If you are the custodian, please give details on the property:

* For 1981 and earlier, the figures are \$3,000.

DOCUMENTS TO BE ATTACHED

	Attached	N/A
Existing Wills of Both Spouses		
Deeds to Real Property (copies)		
Life Insurance Policies or Summaries		
Trust Documents		
All Gift Tax Returns Ever Filed		
Business Agreements and Documents Regarding Interests in Corporations, Partnerships and Sole Proprietorships		
Pre- or Post-Nuptial Agreements		

forms\estate\plan\questionnaire-married