



Estate Planning and Special Needs Attorneys

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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:

PERSONAL INFORMATION

Full Name	
Spouse's Name	
Mailing Address City, State, ZIP, County	
Home Telephone	
E-Mail Address	
Employer Name Business Address	
Date of Birth (mm/dd/yy)	
Place of Birth	
USA Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number	

Year You Came to California	
Prior Marriages?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate whether terminated by death or dissolution:

CHILDREN

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date	
Address				
Telephone		Spouse's Name		

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	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 you would designate to manage your assets:

Name	Address	Relationship

Family members or other persons you would designate to make health care decisions for you:

Name	Address	Telephone

PRESENT ESTATE PLAN

1. Do you have a will? 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 Name(s) of:

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

Date of Acquisition:

How Acquired (Gift, Purchase, etc.):

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 Name(s) of:

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

Date of Acquisition:

How Acquired (Gift, Purchase, etc.):

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)

0

☞ 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			0

Indicate restrictions on transfer, if any.

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

BANK ACCOUNTS AND OTHER CASH ASSETS

◆ **Bank Accounts and Certificates of Deposit**

Bank	Account #	Form of Ownership* and With Whom	Present Value
Total Fair Market Value of Bank Accounts			0

◆ **Notes Receivable**

Name of Obligor	Present Value
Total Fair Market Value of Notes Receivable	0

Total Fair Market Value of Bank Accounts and Cash Assets **0**

* e.g., joint tenancy, tenancy in common, 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:

Company	Type of Plan	Present Value

Total 0

◆ Individual Retirement Accounts (IRA's)

Institution Where Maintained	Beneficiary	Present Value

Total IRA's 0

Total Fair Market Value of Retirement Benefits 0

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:

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

0

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 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

0

☞ 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

0

* e.g., joint tenancy, tenancy in common, 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

0

SUMMARY - ESTIMATED VALUE OF ASSETS

	Separate Property of Husband and Wife	Community Property
Real Estate (from page 5)	0	
Stocks and Bonds (from page 6)	0	
Bank Accounts and Other Cash Assets (from page 7)	0	
Retirement Benefits (from page 8)	0	
Business Interests (from page 9)	0	
Life Insurance Policies and Annuities (from page 10)	0	
Miscellaneous Assets (from page 11)	0	
TOTAL ASSETS	0	
Less TOTAL LIABILITIES (from page 12)	0	
NET TAXABLE ESTATE	0	

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 Will	<input type="checkbox"/>	<input type="checkbox"/>
Deeds to Real Property (copies)	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Policies or Summaries	<input type="checkbox"/>	<input type="checkbox"/>
Trust Documents	<input type="checkbox"/>	<input type="checkbox"/>
All Gift Tax Returns Ever Filed	<input type="checkbox"/>	<input type="checkbox"/>
Business Agreements and Documents Regarding Interests in Corporations, Partnerships and Sole Proprietorships	<input type="checkbox"/>	<input type="checkbox"/>

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