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ESTATE PLANNING QUESTIONNAIRE

Instructions to Client:

1. Please fill out this form and e-mail it back to Matthew@MatthewHartLaw.com, or bring a printed copy to your appointment.
2. When coming in for an appointment please bring the following:
 - a. A copy of your old will or trust, if applicable;
 - b. A copy of the Grant Deed (including the legal description) to any real estate you own;
 - c. A printed copy of this form.
 - d. Your check book, if you would like us to get started immediately. There is no charge for the initial appointment if you decide not to hire me. If you choose to hire me, I will give you an estimate of my fees and sign a written fee agreement. I require a deposit of one-half of the estimated fees before I begin working.
3. **NOTE:** Filling in this form does not transmit it to the Law Offices of Matthew Hart. You must either e-mail a copy of the form, and or print it and bring it to the meeting.

Intro Questions

Have you spoken to any other lawyers about a will and trust? YN

Do you currently have a will YN

Do you currently have a trust YN?

Has your will or trust ever been amended? YN

Client Personal Information

Man/Husband's Name _____ Date of Birth: _____

US Citizen? YN Prior Marriage YN Date & Place Marriage ended: _____

Occupation: _____ Work Phone: _____ Cell Phone _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____ E-Mail: _____

Woman/Wife's Name _____ Date of Birth: _____

US Citizen? YN Prior Marriage YN Date & Place Marriage ended: _____

Occupation: _____ Work Phone: _____ Cell Phone _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____ E-Mail: _____

Safe Deposit Box (location): _____

Current Marriage Date: _____ Place of Marriage: _____

Children

(Please indicate if any children are from a prior marriage or if any children are deceased next to their name)

Name: Birthdate: Residence (City and State) Relation to both Spouses

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grandchildren

(Please list Grandchildren **if you plan on naming them** as a beneficiary instead of your children)

Name: Birthdate: Residence (City and State) Status

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Immediate Family Members

(If there is no spouse, children or grandchildren, please list your immediate family members below)

<u>Name:</u>	<u>Birthdate:</u>	<u>Residence (City and State)</u>	<u>Relationship:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets

Real Estate

Please list each piece of real property by address, description (i.e. primary residence, secondary residence, land, vacation home, rental property, commercial property) and asset value

<u>Address:</u>	<u>Description:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Accounts

Please list by Bank and account #, type (i.e. checking , savings, CD, money market) and value.

<u>Bank</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____

Bank Accounts (cont.)

<u>Bank</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investments

Please list by Bank/Broker and account #, type (i.e. bonds, common stock, mutual fund, Lt. Partnership, preferred stock, etc.) and value.

<u>Bank/Broker:</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retirement Accounts

Please list by Bank/Broker, type (i.e. 401k, 403b, IRA, Qualified Plan, SEP/IRA, etc.) and value.

<u>Bank/Broker and:</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Policies

Please list by Insurance Company and Policy #, type (i.e. term policy, whole life, policy, universal life policy, variable life policy etc.) and value.

<u>Insurance Policy:</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business

Please list Name, type (i.e. general partnership, limited partnership, C Corporation, S corporation, sole proprietorship, LLC, etc.) and value.

<u>Name of Company:</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other:

Please list other assets of significant value by type (i.e. boats, collectibles, automobiles, etc.) and value.

<u>Type:</u>	<u>Value:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total Asset Value (Gross Estate Value): _____

Liabilities

Please list all debts and liabilities by type (i.e. mortgage, credit line, personal loan, other loan, etc.) and amount. (You may group debts such as credit cards)

Type:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Liabilities: _____

Current Estate Net Value: _____

Distribution Plan

Specific Gifts: Cash or Specific items to Individuals or Charities?

Name and Address and relationship of Individual or Organization:

Description of Gift:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Beneficiaries: (remainder after specific gifts)

Name:

Amount of Percentage:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Alternate Beneficiaries: If all of the above named beneficiaries predecease you, how would you want your estate distributed? (heirs at law, certain relatives, charities, etc.)

Executor (for wills):

Name & Address: _____ Relationship: _____

Name & Address: _____ Relationship: _____

Successor Trustee (for trusts, can be the same as the executor):

Name & Address: _____ Relationship: _____

Name & Address: _____ Relationship: _____

Additional Optional Documents

Advanced Health Care Directive (each spouse can have a different primary or alternate): YN

Agent: _____

Alternate: _____

Durable Power of Attorney (each spouse can have a different primary or alternate): YN

Agent: _____

Alternate: _____

Other Information to Discuss
