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ESTATE PLANNING QUESTIONNAIRE

Please bring the following to your appointment:

- 1) A printed copy of this form;
- 2) A copy of the Grant Deed (including the legal description) to any real estate you own;
- 3) A copy of your old will or trust, if you have one;
- 4) Your checkbook. For clients without a current will or trust, there is no charge for the initial appointment. 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, in the form of cash or check, before I begin working.

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

How did you hear about our firm? _____

Client Personal Information

Name: Mr. Mrs. Ms. _____ 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: _____

Spouse (if applicable): Mr. Mrs. Ms. _____ 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: _____

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)

<u>Name:</u>	<u>Birthdate:</u>	<u>Residence (City and State):</u>	<u>Relation to both Spouses:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grandchildren

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

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

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

Safe Deposit Box Location: _____

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 & Account Number</u>	<u>Type:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investments: Please list Bank/Broker and Account #, Type (i.e. bonds, common stock, mutual fund, Lt. Partnership, preferred stock, etc.) and Value.

<u>Bank/Broker & Account Number:</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 Company, Policy #, Type (i.e. term, whole life, universal, variable etc.) & Value.

Insurance Company & Policy Number:

Type:

Value:

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

Businesses: Please list Name, Type (i.e. general partnership, limited partnership, C Corporation, S corporation, sole proprietorship, LLC, etc.) and Value.

Name of Company:

Type:

Value:

_____	_____	_____
_____	_____	_____

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

Type:

Value:

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

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, Address and Relationship of Individual or Organization:

Description of Gift:

Beneficiaries: For remainder after specific gifts

Name:

Amount or 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, will 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: _____

Second Alternate: _____

Spouse's Agent: _____

Spouse's Alternate: _____

Spouse's Second Alternate: _____

Durable Power of Attorney (will be the same as will/trust): YN

Agent: _____

Alternate: _____

Other Information to Discuss
