



Please send completed questionnaire to:
Aaron, Riechert, Carpol & Riffle, APC
 900 Veterans Blvd, Suite 600
 Redwood City, CA 94063
 General Fax: 650.367.8531

ESTATE PLANNING QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION				
NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
SPOUSE/DOMESTIC PARTNER (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
STREET ADDRESS		CITY		STATE ZIP CODE
HOME TELEPHONE	HOME FAX		CELLULAR PHONE	
WORK TELEPHONE	WORK FAX		EMAIL ADDRESS	
DATE OF MARRIAGE (IF APPLICABLE) / /				
I. PERSONAL AND FAMILY DATA				
A	DOES EITHER PARTY HAVE ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES, THAT SHOULD BE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT ARE THEY?			
B	DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE DEATH OCCURRED OR DISSOLUTION OF MARRIAGE WAS FINAL. PLEASE PROVIDE A COPY OF THE MARITAL OR LEGAL SEPARATION AGREEMENT.			
C	ARE BOTH PARTIES U.S. CITIZENS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHO IS NOT A U.S. CITIZEN AND OF WHAT COUNTRY IS THAT PERSON A CITIZEN?			
D	ARE YOU A REGISTERED DOMESTIC PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
E	LIST LIVING CHILDREN FROM THIS MARRIAGE			
	NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
		/ /		/ /
F	LIST LIVING CHILDREN NOT FROM MOST CURRENT MARRIAGE			
	NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
		/ /		/ /

I. PERSONAL AND FAMILY DATA (CONTINUED)

G NAMES OF DECEASED CHILDREN.

H HAVE ANY OF YOUR BIOLOGICAL CHILDREN OR GRANDCHILDREN BEEN ADOPTED BY OTHERS? YES NO

I ARE THERE ANY SURVIVING CHILDREN OF DECEASED CHILDREN? YES NO
IF SO, PLEASE STATE THEIR NAMES AND BIRTH DATES:

NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
	/ /		/ /

J ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN ADOPTED, STEPCHILDREN, OR FOSTER CHILDREN? YES NO
IF SO, PLEASE STATE THEIR NAMES AND BIRTH DATES:

NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
	/ /		/ /

K IF NO CHILDREN, PLEASE PROVIDE THE NAMES AND ADDRESSES OF OTHER SURVIVING RELATIVES (PARENTS, BROTHERS, SISTERS):

RELATIVES OF APPLICANT		RELATIVES OF SPOUSE/DOMESTIC PARTNER	
NAME	ADDRESS	NAME	ADDRESS

L PLEASE SELECT WHETHER YOU HAVE THE FOLLOWING: WILL TRUST
IF YOU HAVE A PRIOR WILL OR TRUST, WHERE IS IT LOCATED? (PLEASE PROVIDE A COPY OF EXISTING ESTATE PLANNING DOCUMENTS.)

II. ASSETS & OTHER FINANCIAL INFORMATION

A REAL ESTATE

ADDRESS	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$
	\$	\$
	\$	\$

HOW IS TITLE HELD TO EACH PROPERTY? Please provide a copy of the last recorded deed (not deed of trust) and current title insurance policy.

II. ASSETS & OTHER FINANCIAL INFORMATION (CONTINUED)

B	IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). PLEASE ENSURE THAT YOU HAVE A DESIGNATED A BENEFICIARY		
NAME OF INSTITUTION AND OWNER	ACCOUNT NUMBER	VALUE \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
C	OTHER RETIREMENT PLANS (INCLUDING PENSIONS AND DEFERRED COMPENSATION). PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.		
NAME OF PLAN AND OWNER	ACCOUNT NUMBER	VALUE \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
		\$	
D	LIFE INSURANCE AND ANNUITIES. PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.		
NAME OF COMPANY AND OWNER	ACCOUNT NUMBER	FACE AMOUNT \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
E	STOCKS AND BONDS. LIST BELOW OR PROVIDE COPIES OF RECENT STATEMENTS OR CERTIFICATES.		
NAME OF SECURITY OR BROKERAGE	TITLE OF ACCOUNT	NUMBER OF SHARES (IF APPLICABLE)	CURRENT VALUE \$
			\$
			\$
			\$
			\$
F	CASH		
NAME OF FINANCIAL INSTITUTION	TITLE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE \$
			\$
			\$
			\$
G	INCOME		
ANNUAL SALARY OF CLIENT \$	ANNUAL SALARY OF SPOUSE/DOMESTIC PARTNER \$		
DO YOU HAVE INCOME FROM OTHER SOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.			
SOURCE OF INCOME	ANNUAL AMOUNT \$		

II. ASSETS & OTHER FINANCIAL INFORMATION (CONTINUED)

H	OTHER ASSETS (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)	
ASSET		FAIR MARKET VALUE \$
		\$

DO YOU HOLD ANY OTHER ASSETS IN JOINT TENANCY WITH SOMEONE OTHER THAN YOUR SPOUSE OR JOINTLY WITH ANOTHER PARTY? YES NO

I	IS THERE A BUY/SELL AGREEMENT SIGNED FOR YOUR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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J	DO YOU HAVE A SAFETY DEPOSIT BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE IS IT LOCATED?
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NAME OF INSTITUTION	NAME OF OWNER(S)		
STREET ADDRESS	CITY	STATE	ZIP

K	DOES EITHER PARTY EXPECT TO INHERIT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO? _____ IF YES, PLEASE LIST THE ESTIMATED VALUE: \$ _____
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L	ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DO YOU HAVE ANY DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.
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M	HAVE YOU MADE ANY GIFTS OF MORE THAN \$12,000 IN ANY CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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N	DO YOU HOLD A POWER OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
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O	DID YOU OWN ANY OF THE ABOVE DESCRIBED ASSETS PRIOR TO MARRIAGE OR RECEIVE ANY OF THE ASSETS BY INHERITANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.
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P	DO YOU HAVE A PREMARITAL OR POST-MARITAL AGREEMENT OF ANY TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE US WITH A COPY.
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Q	DO YOU NOW HAVE A WRITTEN COMMUNITY PROPERTY AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE US WITH A COPY.
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III. CREATION OF AN ESTATE PLAN

A	DO YOU WISH TO CREATE A TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
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B	DO YOU WISH TO CREATE A WILL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
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C	IS THERE ANY CHILD, OR OTHER HEIR, YOU WISH TO DISQUALIFY FROM INHERITING FROM YOUR ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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D	DO YOU ANTICIPATE ANY CHALLENGES TO YOUR ESTATE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FROM WHOM?
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E	DO ANY OF YOUR BENEFICIARIES HAVE SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
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IV. TESTAMENTARY DESIRES

A	GIFTS
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DO YOU WISH TO MAKE ANY SPECIFIC GIFTS OF MONEY OR PROPERTY TO ANYONE? YES NO
DO YOU WISH TO MAKE THE GIFTS FREE OF ESTATE TAX? YES NO IF YES, PLEASE LIST THE BENEFICIARIES.

NAME OF BENEFICIARY AND RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)

IV. TESTAMENTARY DESIRES (CONTINUED)

HOW DO YOU WISH THE REST OF YOUR ESTATE, AFTER ANY SPECIFIC GIFTS TO BE DISTRIBUTED?

B TRUST

DO YOU WISH TO CREATE A TRUST FOR YOUR CHILDREN, GRANDCHILDREN, OR OTHERS? YES NO IF YES, FOR WHOM? _____
 IF YES, PLEASE LIST TRUSTEE AND ALTERNATE TRUSTEE.

AT WHAT AGE(S) SHOULD THE TRUSTEE DISTRIBUTE TO THE BENEFICIARIES?

NAME OF BENEFICIARIES	ADDRESS

IF ALL THE BENEFICIARIES OF THE TRUST FAIL TO SURVIVE FINAL DISTRIBUTION OF THE PRINCIPAL OF THE TRUST, WHO SHALL RECEIVE THE PRINCIPAL WHICH REMAINS?

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C WHOM DO YOU WISH TO SERVE AS EXECUTOR OF YOUR WILL OR SUCCESSOR TRUSTEE OF YOUR LIVING TRUST?

NAME OF EXECUTOR/SUCCESSOR TRUSTEE (LAST)	FIRST	MI	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE		EMAIL ADDRESS	

NAME OF ALTERNATE EXECUTOR/ SUCCESSOR TRUSTEE (LAST)	FIRST	MI	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE		EMAIL ADDRESS	

D IS THIS THE SAME PERSON AS WHOM YOU WOULD LIKE TO ACT AS YOUR TRUST FOR CHILDREN, GRANDCHILDREN, OR OTHERS? YES NO

E IS THE PERSON THAT YOU WOULD WANT TO SERVE AS EXECUTOR OR SUCCESSOR TRUSTEE THE SAME PERSON YOU WOULD LIKE TO NAME AS YOUR AGENT UNDER YOUR DURABLE POWER OF ATTORNEY? YES NO
 IF NOT, WHO WOULD YOU LIKE TO NAME?
 WOULD YOU LIKE TO NAME AN ALTERNATE AGENT?
 IF THE AGENTS CANNOT AGREE, WHOM WOULD YOU LIKE TO HAVE THE ULTIMATE DECISION?

F WHOM DO YOU WISH TO SERVE GUARDIAN OF PERSON AND/OR ESTATE OF YOUR MINOR CHILDREN?

NAME OF GUARDIAN	FIRST	MI	
STREET ADDRESS	CITY	STATE	ZIP

TELEPHONE		EMAIL ADDRESS		
G	DO YOU HAVE ANY PETS THAT YOU WOULD LIKE TO PROVIDE FOR UPON YOUR DEATH? PLEASE PROVIDE THE NAME OF EACH PET			
PET NAME #1		PET NAME #2		PET NAME #3
H	ACCOUNTANT INFORMATION			
NAME (LAST)		FIRST		MI
STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER
I	FINANCIAL ADVISOR INFORMATION			
NAME (LAST)		FIRST		MI
STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER
J	DO YOU HAVE ANY QUESTIONS OR ISSUES THAT YOU WOULD LIKE TO DISCUSS AT OUR MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE LIST BELOW.				