

EMSeid Estate Law

Client Estate Plan Questionnaire

We design and implement estate plans to meet the human and personal needs of our clients and their families, to eliminate the costs and delays of probate and to reduce or eliminate the tax burdens that can erode family wealth.

Our estate plan will be based upon the information you provide us. Kindly answer the following questions to the best of your knowledge. All information will be kept confidential

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EMSeid Estate Law

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CLIENT CONTACT INFORMATION

	CLIENT 1	CLIENT 2
Name		
Social Security No.		
Home Address		
City, State, Zip		
Home Telephone		
Email		
Cell Phone		
Occupation		
Employer		
Work Address		
City, State, Zip		
Work Telephone		
Birth Date		
Birthplace		
Period of residence in CA		
Citizenship		
If less than 10 years, note prior residences		

MARTIAL STATUS; FAMILY INFORMATION

1. Are currently you married? Yes No.
 [If No, go to next questions and answer as Client 1]. If Yes, complete the following:

Date of Marriage	Location of Marriage	Country, State & County that issued License

2. Prior Marriages? Yes No
 [If No, go to next question]. If yes, complete the following as appropriate:

	If Client 1	If Client 2
Former Spouse Name		
Former Spouse Address		
Death or Divorce?		
Date of Death/Divorce		
Location of Divorce/Probate		
Case No of Proceeding		

3. Do you have children from current marriage? Yes No
 [If No, go to next question]. If yes, complete the following:

Name	Address	Date of Birth

4. Do either of you have children from prior marriage? Yes No
 [If No, go to next question]. If yes, complete the following:

Name	Address	Date of Birth	Parents

5. Are any of your children adopted? Yes No
 [If No, go to next question]. If yes, complete the following::

Name	Date of Adoption	Date of Birth

6. Any deceased children? Client 1 Yes No Client 2 Yes No
 [If No, go to next question]. If yes, complete the following:

Name	Date of Death

7. Any Grandchildren? Yes No
 [If No, go to next question]. If yes, complete the following:

Name	Address	Date of Birth	Parents

8. Extended Family: (Include name, address & telephone number for each)

	CLIENT 1	Living?	CLIENT 2	Living?
Father:				
Mother:				
Sibling				
Sibling				
Sibling				
Sibling				

BACKGROUND INFORMATION

(Check Boxes that apply)	CLIENT 1		CLIENT 2	
	Yes	No	Yes	No
1. Do you have any stock options?				
2. Do you have any interest in partnerships?				
3. Do you currently receive income from a trust?				
4. Are you the beneficiary of any trust?				
5. Are you involved in any litigation				
6. Do you own any copyrights, patents or trademarks?				
7. Do you own your business?				
8. Do you have a will or now?				
9. Do you expect to inherit something from your parents or others?				
10. Do you expect to receive gifts from your parents or others?				
11. Do you expect to receive benefits from a qualified retirement plan?				
12. Do you hold any powers of appointments (e.g. ability to say who is to receive assets of a trust?)				
13. Have you made any large gifts, e.g. more than \$10,000 to a single person in one year?				
14. Do you have marital agreement?				

PRIMARY ESTATE PLANNING OBJECTIVES

On a scale of 1 (lowest) to 10 (highest) rate the importance of the following objectives:	CLIENT 1	CLIENT 2
1. Naming guardians for minor children?		
2. Avoiding probate		
3. Reducing estate taxes		
4. Providing flexibility for the surviving spouse		
5. Protecting assets for children if surviving spouse remarries, even if it means reducing surviving spouse's control of funds.		
6. Provide for pets should they survive me/us.		

GUARDIANS

Complete questions 9 & 10 if you have minor children now or possibly may have in future. If none, skip to 11.

9. **Guardian for Minors.** Who do you desire to act as the Guardian of the person for any minor children? [Skip if No Minor Children]

Primary:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

First Alternate:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

Second Alternate:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

10. **Trustee for Property of Minor.** Who do you desire to act as the Trustee of the assets held for any minor children?

Primary:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

First Alternate:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

Second Alternate:

Name	
Address	
City, State	
Telephone (home)	
Email	
Relationship (to Client 1 or Client 2)	
Age /Approx Birth Yr	

EXECUTORS/PERSONAL REPRESENTATIVES

11. **Executor/Personal Representative** Who do you desire to handle the probate process should probate become necessary? It is customary to name one’s spouse as the first choice. However, you need to name a first and second alternate in case your spouse is unable or unwilling to serve.

FIRST	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

1st Alternate	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

2 nd Alternate	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

12. **Trustee for Trust.** Who do you desire to be the trustee of your trust if you are establishing a trust? Spouses establishing a joint trust will be named the initial trustees and spouses must chose the same successor trustees. If separate trusts are established different trustees can be named. If establishing a joint trust only, complete Client 1 only. The same person can be (but need not be) the executor of your wills and trustee of your trust.

FIRST	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

1st Alternate	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

2 nd Alternate	CLIENT 1	CLIENT 2
Name		
Address		
City, State, Zip		
Phone (home)		
Email		
Relationship		

PETS.

Do you have pets (now or expect to have in the future) for which you would like to provide in your estate plan? Yes No

[If No, go to next question]. If yes, complete the following:

Pet Name	Type of Pet	First Caretaker	Second Caretaker	Specific Instructions fo Caretaker

FINANCIAL ADVISORS

	Accountant
Name/Company	
Address	
Phone/Email	

	Other Attorneys
Name/Company	
Address	
Phone/Email	

	Broker/ Financial Advisors
Name/Company	
Address	
Phone/Email	

	Insurance Underwriter
Name/Company	
Address	
Phone/Email	

DISTRIBUTION OF YOUR ESTATE

1. **Disinheritance.** Do you wish to specifically disinherit an individual or group of people? Yes No
 [If No, go to next question]. If yes, complete the following:

Name	Address	Relationship	Explanation

2. **Specific Gifts of Personal Property.** Do you wish to make specific gifts of personal property? Yes No
 [If No, go to next question]. If yes, complete the following:

Specific Personal Property Gift	Donee (s)	Upon Death of Client 1, Client 2, either or both?

3. **Specific Gifts of Real Property.** Do you wish to make specific gifts of real property? Yes No
 [If No, go to next question]. If yes, complete the following:

Specific Real Property Gift	Donee (s)	Upon Death of Client 1, Client 2, either or both?

4. **Guardian, Executor, or Trustee.** Do you wish to make a special gift for the guardian, executor, trustee or pet caretaker? Yes No
 [If No, go to next question]. If yes, complete the following:

Special Gift (e.g. money in specific amount; stipend for guardian may be appropriate)	Donee (s) Name And Position E.G. Guardian, Executor Or Trustee

5. **Charitable Gifts.** Do you wish to make a special gift for the guardian, executor or trustee? Yes No
 [If No, go to next question]. If yes, complete the following:

Gift	Charity (s)	Given Upon Death of Client 1, Client 2, either or both?

6. **In General.** To whom do you wish to leave your property and in what proportion?

Name	
Address, City, State, Zip	
Relationship	
Proportion/Describe	

Name	
Address, City, State, Zip	
Relationship	
Proportion/Describe	

Name	
Address, City, State, Zip	
Relationship	
Proportion/Describe	

Name	
Address, City, State, Zip	
Relationship	
Proportion/Describe	

7. **Trusts for Minors.** A trust will be established if any beneficiaries are minors. The following questions pertain to how you wish the trust to be administered.

Should a separate trust be set up for each beneficiary?	
At what age should the trust be distributed to the beneficiary outright? 18, 21, 25, 30?	
If a trust is for a class of minors (e.g. children) do you want the trust to be a "sprinkling trust" such that the trustee has discretion as to how the annual income is to be distributed amongst the multiple beneficiaries?	
Should the trust assets be used for specific purposes, e.g. college, vocational education, etc.	
Should any % of the principal of the trust assets be distributed to beneficiaries before the trust terminates?	_____% @ _____ Yrs of Age _____% @ _____ Yrs of Age _____% @ _____ Yrs of Age
Should the trust assets be divided pro rata to the beneficiaries when the trust terminates?	

FUNERAL ARRANGEMENTS:

	Client 1	Client 2
Burial or Cremation		
Funeral or Memorial		
Religious Ceremony? If so, specify religion or spiritual orientation		
Special Instructions		
My health agent can decide		

FINANCIAL DECISIONS:

I want my Durable Power of Attorney to become effective:

- Immediately
- Only when I am incapacitated. Incapacity to be determined by:
 - The Court upon petition of my agent.
 - One or more physicians
 - Specifically named physician(s) or persons(s): _____

Agent for Finance & Property Name, Address, Phone #, Relationship to client	
First Alternate Agent for Finance & Property Name, Address, Phone #, Relationship to client	
Second Alternate Agent for Finance & Property Name, Address, Phone #, Relationship to client	

HEALTH & PERSONAL CARE

I want my Advanced Health Care Directive to become effective:

- Immediately
- Only when I am incapacitated. Incapacity to be determined by:
 - The Court upon petition of my agent.
 - One or more physicians
 - Specifically named physician(s) or persons(s): _____

Agent for Healthcare Name, Address, Phone #, Relationship to client	
First Alternate Agent for Healthcare Name, Address, Phone #, Relationship to client	
Second Alternate Agent for Healthcare Name, Address, Phone #, Relationship to client	

LIFE PREFERENCES

A. What makes life worth living? Put X to all sentences you agree with. My life is worth living if I can (check all that apply):

	Client 1	Client 2
Talk to family & friends		
Wake up from a coma		
Feed, bathe or take care of myself		
Be free from pain		
Live without being hooked up to machines		
I am not sure.		

B. If I am dying, it is important to me to be:

	Client 1	Client 2
At home		
In the hospital		
At a hospice		
I am not sure		

C. Is religion or spirituality important to you?

	Client 1	Client 2
Yes, describe.		
No.		

D. If I can no longer safely remain in my home and must stay in an assisted living facility, the following amenities are important to me, if available and affordable.

	Client 1	Client 2
Private room		
Access to the outdoors		
Access to social & cultural activities		
Access to music		
Access to medical care		
Access to personal care		
Ability to cook for myself		
Other desired amenities		

E. LIFE SUPPORT PREFERENCES. Life support treatments are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusion, or medicine. If I am so sick I may die soon (check the following that best describes your preference)

A. Choice NOT to prolong Life: I do not want my life to be prolonged by life sustaining treatment if (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. By "an irreversible coma," I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness.	Client 1	Client 2

<p>B. Choice to Prolong Life:</p> <p>I want to live as long as possible; therefore, I want to receive all medical treatment that will prolong and sustain my life within the limits of generally accepted health care standards. I want such treatment provided to me regardless of my chances of recovery, my condition, or the cost of such treatment</p>		
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F. ORGAN DONATION.

	Client 1	Client 2
I WANT to donate my organs		
I WANT to donate ANY of my organs		
I WANT to donate ONLY the following organs		

F. AUTOPSY.

	Client 1	Client 2
I WANT an autopsy		
I DO NOT WANT any autopsy		
I may want an autopsy if there are questions about my death		
I want my health care agent to decide		

BALANCE SHEET

ASSETS (Attach copies of your most recent statement for each financial account. Attach additional pages if necessary)

	Client 1	Client 2
Residence (address & value)		
Other Real Property (address & value)		
Checking Accounts (Bank, Acct # & approx balance)		
Checking Accounts (Bank, Acct # & approx balance)		
Savings Accounts (Bank, Acct # & approx balance)		
Savings Accounts (Bank, Acct # & approx balance)		
Brokerage Account (Financial Institution, Acct #, approx balance)		
Life Insurance (Financial Institution, Acct #, Benefit Amount, Designated Beneficiary)		
Retirement Accounts (401K, IRA) (Financial Institution, Acct #, approx balance)		
Pension (Financial Institution, Acct #, approx balance/monthly payments)		
Mutual Funds (Financial Institution, Acct #, approx balance)		
Annuities (Financial Institution, Acct #, approx balance/ monthly payments)		
Businesses (Name, type of business, whether owned fully or partially, form of ownership [partnership, corporation, LLC] and location)		
Vehicle (Make, Model, Year, FMV)		
Boats, Motors or Recreational Craft		
Total		

LIABILITIES

	Client 1	Client 2
Mortgages on Residence (Name of Creditor, Address, Acct #, Amount)		
Mortgages on other Real Property (Name of Creditor, Address, Acct #, Amount)		
Equity Loans (Name of Creditor, Address, Acct #, Amount)		
Line of Credit (Name of Creditor, Address, Acct #, Amount)		
Credit Cards (Name of Creditor, Address, Acct #, Amount)		
Other liabilities (Name of Creditor, Address, Acct #, Amount)		