

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 and to avoid the expense and delay 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

15559 Union Ave, #225, Los Gatos, CA 95032

Telephone (408) 412-3568, Facsimile (408) 384-6608, webpage: www.EMSeidEstateLaw.com

Elaine M. Seid: Elaine@EMSeidEstateLaw.com

CLIENT CONTACT INFORMATION

| | |
|--|--|
| 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 | |
| If less than 10 years, note prior residences | |

MARTIAL STATUS; FAMILY INFORMATION

1. Are you currently married? Yes No.
 [If No, go to next questions]. 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:

| | |
|-----------------------------|--|
| 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 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
 [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)

| | Name, Address & Telephone # | Living? |
|---------|-----------------------------|---------|
| Father: | | |
| Mother: | | |
| Sibling | | |
| Sibling | | |
| Sibling | | |
| Sibling | | |
| Sibling | | |
| Sibling | | |

9. People that are close to you that you wish to have in your estate plan:

| Relationship to you if any | Name, Address & Telephone # |
|----------------------------|-----------------------------|
| | |
| | |
| | |
| | |
| | |

BACKGROUND INFORMATION

| | 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: | Priority Ranking |
|---|------------------|
| 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. | |
| Other objectives: | |

GUARDIANS

Complete questions 10 & 11 only if you have minor children now or possibly may have in future. If none, skip to 13.

10. **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 | |

11. **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

12. **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 | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone (home) | |
| Email | |
| Relationship | |

| | |
|------------------|--|
| 1st Alternate | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone (home) | |
| Email | |
| Relationship | |

| | |
|---------------------------|--|
| 2 nd Alternate | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone (home) | |
| Email | |
| Relationship | |

13. **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.

| | |
|------------------|--|
| FIRST | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone (home) | |
| Email | |
| Relationship | |

| | |
|------------------|--|
| 1st Alternate | |
| Name | |
| Address | |
| City, State, Zip | |
| Phone (home) | |
| Email | |
| Relationship | |

| | |
|---------------------------|--|
| 2 nd Alternate | |
| 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) |
|---------------------------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |

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) |
|-----------------------------|-----------|
| | |
| | |
| | |

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) |
|------|-------------|
| | |
| | |
| | |

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

| | |
|---------------------------|--|
| Name | |
| Address, City, State, Zip | |
| Relationship | |
| Proportion | |

| | |
|---------------------------|--|
| Name | |
| Address, City, State, Zip | |
| Relationship | |
| Proportion | |

| | |
|---------------------------|--|
| Name | |
| Address, City, State, Zip | |
| Relationship | |
| Proportion | |

| | |
|---------------------------|--|
| Name | |
| Address, City, State, Zip | |
| Relationship | |
| Proportion | |

7. **Life Estates.** Do you want to make any gifts to one or more beneficiary for life, with remainder to go to one or more other beneficiaries?

Explain:

8. **Other Special Distributions.** Do you want to make any other gifts with special terms?

Explain:

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:

| | |
|---|--|
| Burial or Cremation | |
| Funeral or Memorial | |
| Religious Ceremony? If so, specify religion or spiritual orientation | |
| Any 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):

| | |
|--|--|
| 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:

| | |
|-----------------|--|
| At home | |
| In the hospital | |
| At a hospice | |
| I am not sure | |

C. Is religion or spirituality important to you?

| | |
|----------------|--|
| 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.

| | |
|--|--|
| | |
| 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)

| | |
|---|--|
| <p>A. Choice NOT to prolong Life:</p> <p>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.</p> | |
| <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> | |

F. ORGAN DONATION.

| | |
|--|--|
| I WANT to donate my organs | |
| I WANT to donate ANY of my organs | |
| I WANT to donate ONLY the following organs | |

G. AUTOPSY.

| | |
|---|--|
| 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.)

| | Description | Value |
|---|-------------|-------|
| 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

| | Description | Amount |
|---|-------------|--------|
| Mortgages on Residence (Name of Creditor, Address, Acct #, Amount) | | |
| Mortgages on other Real Property (Name of Creditor, Address, Acct #, Amount) | | |
| Car Loans (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) | | |
| Total | | |