

2011: Create Your Individual Estate Planning Questionnaire

This article will give a step by step explanation of the information needed to prepare a revocable living trust and begin your estate plan. If you are a resident of San Diego, please feel free to use this individual estate planning questionnaire to begin the process. Discussing the below will assist in your deciding how you want your property distributed after you pass away as well as some considerations you may not have thought of. This is not a complete list but has some information you may find valuable for your estate planning and revocable living trust purposes.

This article will first explain what information is needed and why important and then provide a space for you to fill out with your individual information. Our firm would be pleased to assist you in filling this out since this is complicated and involves very important decisions. Please feel free to contact us to represent you in the preparation and formalization of your revocable living trust and estate plan. Our contact information is below.

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FIRST SECTION

The first section contains very important information. Legal Descriptions of names are very important and use your correct legal name and include any middle name or suffixes. In addition, accurate and complete addresses are important. As you will see, you will need to choose a name for your Trust. We suggest your family surname but this is your decision. It is also very important all children are listed whether they are alive or deceased. Again, the spelling of all names is very important. There is also a place for your grandchildren and parents. Again, please feel free to print this article out and use as a template for preparing to meet with your attorney to prepare your estate plan and revocable living trust. This is taken from our in office form.

ESTATE PLANNING QUESTIONNAIRE

(If married, fill in spaces for both spouses; if unmarried, fill in one only)

I. BIOGRAPHICAL INFORMATION

Date: _____

Trust Name: The Family/Living Trust_____

Client Full Legal Name: _____

(Name as you want it to appear in legal documents and should match most commonly used signature)

Date of Birth: _____ **SSN:** _____

USA Citizen: YES NO

Marriage Date: _____ **Place:** _____

Prior marriages if any: Of Client _____ Of Spouse _____

Home address: Street: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: [if different] Street: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Residence (____) _____ Business: (____) _____

Living Children:

<u>Full Name</u>	<u>Birth Date</u>	<u>Parent Code</u> (H for husband. W for wife, B for both)

Deceased Children:

<u>Full Name</u>	<u>Birth Date</u>	<u>Parent Code</u> (H for husband. W for wife, B for both)

Spouses of children:

Name of child

Name of spouse

Grandchildren:

Name of grandchild

Name of related parent

Living parents:

Husband's _____ Spouse's _____

Husband's _____ Spouse's _____

SECOND SECTION: This section is very important to all who special needs children, physically handicapped children, mentally handicapped children and children with emotional problems. In distributing your assets, you may have the option for a special needs trust or a spendthrift trust if your children would be taken advantage of or cannot make their own decisions. Make sure to discuss this in detail if this section applies to you.

II. FAMILY CONCERNS

Special Dependency Cases: _____

Physically Handicapped: _____

Mentally Handicapped: _____

Emotional Problems: _____

Comments: _____

THIRD SECTION: If you have a current will or trust or other estate plan, this needs to be reviewed to determine if it is current and updated. You may need to reinstate your Trust or have a new Trust prepared. A will is included in the Trust and the goal of the Trust is to avoid probate legal fees and costs as well as minimize time in the distribution of the assets and try and keep private the distributions since will must be probated and this becomes a public document. This also provides whether you would like to be kept alive through artificial life support.

III. GENERAL INFORMATION

Do you have a Will or Trust now?	YES	NO
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If yes, please provide a copy.

Do you have any written marital agreements?	YES	NO
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Are there any heirs you plan to disinherit?	YES	NO
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if yes, please identify

Should adopted children be treated as natural issue?	YES	NO
Should step-children be treated as natural issue?	YES	NO
Would you like to be kept alive through Artificial Life Support?	YES	NO (Husband)
	YES	NO (Wife)

FOURTH SECTION: Peace of mind is knowing when you are gone you can trust that your wishes are carried out as if you were here. Having a Trust gives you the power to determine who will carry out your instructions. This is one of the most critical decisions you can make. This section also includes your beneficiaries and how you want your assets distributed. You can also determine if you want your children who are beneficiaries to obtain their full inheritance when they are 18 years old [legal age] or at other ages with percentages at each age.

IV. TRUST MANAGEMENT DECISIONS

BACK-UP OR SUCCESSOR TRUSTEE(S): Who will step in for you at your death or disability, if both spouses are deceased or incapacitated? *Please provide us with a complete address so that we may schedule a meeting to review their duties and obligations as Successor Trustee.*

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

#2 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

APPOINTMENT OF EXECUTOR (It is preferable to keep Executors and Trustees consistent)

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

APPOINTED GUARDIANS FOR MY MINOR CHILDREN (if any)

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____ Relationship _____

#2 Choice Name _____ Age _____

Address _____ State _____ Zip _____
 Spouse's Name _____ Age _____
 Telephone Number (____) _____ Relationship _____

Beneficiaries after your death (or the death of both husband and wife):

<u>Full Name</u>	<u>Relationship</u>	<u>Percentage</u>

At what ages will your heirs inherit your estate?

- A. All at once upon my death.
- B. At the following ages and percentages (i.e. at age 25 inherit 30%)

Age	Percentage
_____	_____
_____	_____
_____	_____

If a named beneficiary predeceases you, should that beneficiary's share go to:

- | | | |
|--------------------------------------|-----|----|
| A. The deceased beneficiary's issue? | YES | NO |
| B. The other beneficiaries? | YES | NO |
| C. To: | YES | NO |

Do you wish to make any specific gifts of cash or property to any charity or specific person? YES NO

If yes, please describe _____

FIFTH SECTION: Who would make decisions for you in the event you cannot? What would happen if you were medically unable to make decisions due to physical injuries or some other disability or lacked the capacity? Health care powers of attorney are very important. There are also powers of attorney for property.

V. DURABLE POWER OF ATTORNEYS

In the event that your spouse is deceased or incapacitated, and you are medically unable to make important decisions for yourself (i.e. you're in a coma), who will be authorized to make them for you? Note these powers of attorney only "spring" into effect upon your *incapacity*. You do not have to include addresses if completed elsewhere on the form.

POWER OF ATTORNEY - HEALTH CARE

This person will be authorized to make important health care decisions for you.

Client's Choices

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

#2 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

Spouse's Choices

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

#2 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

Do you want to donate organs? _____ **Husband** _____ **Wife** _____

Wishes for your remains (cremation/burial) ? _____ **Husband** _____ **Wife** _____

POWER OF ATTORNEY - PROPERTY

This person will be authorized to make important decisions regarding your property.

Client's Choices

#1 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

#2 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

Spouse's Choices

#1 Choice Name _____ Age _____

Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

#2 Choice Name _____ Age _____
Address _____ State _____ Zip _____
Spouse's Name _____ Age _____
Telephone Number (____) _____

SIXTH SECTION: This list is your estate. Only you know what you have so take some time in filling this out. The list is specific but it is not all inclusive. Include your primary residence as well and any land or lots which are vacant. If you have a vacation home or timeshare, this also needs to be listed. Real property is very important since the title is recorded and changes to the title need to be recorded to be valid and to properly fund the trust. Other assets also have ownership documented in many cases, such as a title with the California Department of Motor Vehicles for a car or RV. If you have a sailing or motor boat, this would be registered as well. Some assets do not have a title or proof of ownership attached other than you know it is yours such as personal jewelry, antiques, collectibles and other personal property. Be as descriptive as possible when describing these in the trust.

VI. ASSET INFORMATION

Please Circle Any Assets You Have:

Home	Mobile Home	Rental Property	Personal Jewelry
Land/Lots	Vacation Home	Timeshare(s)	Antiques
General Partnerships	Limited Partnerships	Collectibles	Oil, Gas or Mineral Rights
Checking Account	Savings Account	Own Business	Debts Owed to You
Certificates of Deposit	Stocks/Bonds	Mutual Funds	Annuities
U.S. Savings Bonds	IRA/Keogh Plan	Retirement/Pension	401(k) at work
Trust Deeds	Leases	_____	_____

REAL PROPERTY

Personal Residence: Assessor's Parcel No. _____

(please provide deed with legal description)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Ownership: community property / husband's separate property / wife's separate property

Estimated Value _____ Outstanding Loan Balance _____

Other Real Property: Assessor's Parcel No. _____

(please provide deed with legal description)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Ownership: community property / husband's separate property / wife's separate property

Estimated Value _____ Outstanding Loan Balance _____

SAFE DEPOSIT BOX

Bank _____

Box No. _____

Address: _____

BANK/CREDIT UNION ACCOUNTS

Institution	Type of Account	Account No.	Ownership

STOCKS/BONDS/MUTUAL FUNDS

Shares	Name of Account	Account No.	Ownership

RETIREMENT ACCOUNTS/PROFIT-SHARING/ PENSIONS PLANS

Institution	Type of Account	Account No.	Ownership

LIFE INSURANCE POLICIES

Name of Company	Policy No.	Death Benefit	On Whom	Owner

BUSINESS INTERESTS

Do you own any interest in an unincorporated business? YES NO If yes, please describe: _____

Do you own any interest in any partnerships? YES NO If yes, please describe: _____

Do you own any interest in any closely held corporations? YES NO If yes, please describe: _____

ESTATE TAX SNAPSHOT

Please estimate the value of your estate as follows:

Checking/Savings/C.D.s.....\$ _____

Stocks/Bonds/Mutual Funds.....\$ _____

Face Value of Savings Bonds.....\$ _____

Life Insurance Death Benefits.....\$ _____

Annuities.....\$ _____

IRA/Retirement Account..... \$ _____
 Personal Property/Furnishings..... \$ _____
 Real Estate..... \$ _____
 Municipal Bonds..... \$ _____
 Autos/Boats/Recreational Vehicles..... \$ _____
 Jewelry..... \$ _____
 Trusts Deeds..... \$ _____
 Debts Owed to You by Others..... \$ _____
 Business Assets You Own..... \$ _____
 Antiques/Coin/Art/Stamp Collections..... \$ _____
 Other:..... \$ _____

SUBTOTAL..... \$ _____

DEBT..... \$ _____

NET ESTATE..... \$ _____

Our hope is that this begins you thinking about the estate planning process. Again, if you would like to meet with one of our attorneys in our San Diego office, please feel free to contact us for an appointment.