

HICKSON KIPNIS & BARNES, LLP

ATTORNEYS AT LAW

Telephone (858) 457-1100  
Facsimile (858) 724-1431

11975 EL CAMINO REAL, SUITE 200  
SAN DIEGO, CALIFORNIA 92130

dhickson@hicksonkipnis.com  
www.hicksonkipnis.com

**QUESTIONNAIRE FOR ESTATE PLAN  
OF**

\_\_\_\_\_  
**DATE:** \_\_\_\_\_

In order to save time and expense, please complete this questionnaire as completely as you can. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank. Please bring this questionnaire with you (or mail) together with copies of relevant deeds, insurance policies, divorce/dissolution judgments, marriage or property agreements, existing estate planning documents (if any), etc. For expediency, the term "Spouse" shall be used to refer to a registered domestic partner, friend or other significant individual, if applicable.

**1. NAMES:**

- (a) Your full name: \_\_\_\_\_
- (b) Spouse's full name (if any): \_\_\_\_\_
- (c) Other names used or former names: \_\_\_\_\_
- (d) Name(s) on driver's license(s)  
(if different than above): \_\_\_\_\_

**2. ADDRESSES, PHONE NUMBERS AND EMAIL:**

- |               |        | <u>Phone</u> |
|---------------|--------|--------------|
| (a) Home:     | _____  | _____        |
|               |        | (home)       |
| _____         |        |              |
| (b) Business: | _____  | _____        |
|               |        | (business)   |
| _____         |        |              |
| (c) Fax:      | _____  | _____        |
|               | (home) | (business)   |
| (d) Cell:     | _____  |              |

(e) Email: \_\_\_\_\_

(f) Occupation: \_\_\_\_\_

Phone

(g) Spouse's Business: \_\_\_\_\_

\_\_\_\_\_  
(business)

(h) Spouse's Fax: \_\_\_\_\_

(home)

\_\_\_\_\_  
(business)

(i) Spouse's cell: \_\_\_\_\_

(j) Spouse's email: \_\_\_\_\_

(k) Occupation: \_\_\_\_\_

3. **BIRTH INFORMATION:**

(a) Your date and place of birth:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(b) Spouse's (if any) date and place of birth:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

4. **CITIZENSHIP:**

Are you or your spouse (if any) a non-U.S. citizen? \_\_\_\_\_

If so:

Name: \_\_\_\_\_

Country: \_\_\_\_\_

5. **MARRIAGE** (if applicable):

(a) Date and place of marriage:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(b) Net worth at date of present marriage:

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

6. **RESIDENCES:**

Date you became resident of California: \_\_\_\_\_

Net worth at that time: \_\_\_\_\_

Have you been a resident of other states? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Beginning Date</u>	<u>State</u>
_____	_____
_____	_____
_____	_____

7. **CHILDREN:**

	<u>Name</u>	<u>Birthdate</u>
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____
(d)	_____	_____
(e)	_____	_____
(f)	_____	_____

8. **INFORMATION REGARDING PRIOR MARRIAGES (if any):**

If you or your spouse were married previously, show on a separate page the name of prior spouse(s); date and place of death of former spouse(s) (if any); date, county and state of divorce or dissolution; and supply copies of all documents (divorce decrees, settlement agreements) which specify what obligations, if any, you still have to prior spouse(s) and/or children of prior marriage.

9. **DECEASED CHILDREN (if any):**

Please give names, date of death and any surviving issue of any deceased child or children of you or your spouse (if any):

\_\_\_\_\_

10. **PARENTS:**

(a) Your parents: \_\_\_\_\_

\_\_\_\_\_

(b) Spouse's parents: \_\_\_\_\_

\_\_\_\_\_

(c) Please specify what support obligations (if any) you may have to your parents:

\_\_\_\_\_

11. **BROTHERS AND SISTERS (if any):**

Yours: \_\_\_\_\_

Spouse's: \_\_\_\_\_

12. **SAFE DEPOSIT BOX(ES):**

(a) Location of safe-deposit box(es): \_\_\_\_\_

(b) Who has access to safe-deposit box(es): \_\_\_\_\_

What names are on ownership of box: \_\_\_\_\_

13. **PRESENT WILL OR TRUST:**

Do you or your spouse have present Wills or Trusts? Yes ( ) No ( )

If "Yes", please provide copies to attorney.

(a) Date of execution: \_\_\_\_\_

(b) Residence at time of execution: \_\_\_\_\_

14. **MISCELLANEOUS:**

	<u>You</u>	<u>Spouse</u>
(a) Expect to inherit anything from parents or others?	Yes ( ) No ( )	Yes ( ) No ( )
(b) Expect to receive benefits from a retirement plan?	Yes ( ) No ( )	Yes ( ) No ( )
(c) Have power of appointment? (Attorney will explain)	Yes ( ) No ( )	Yes ( ) No ( )
(d) Expect to receive substantial lifetime gifts from parents or others?	Yes ( ) No ( )	Yes ( ) No ( )
(e) Have beneficial interests in trusts?	Yes ( ) No ( )	Yes ( ) No ( )
(f) Have interest in a buy-sell agreement?	Yes ( ) No ( )	Yes ( ) No ( )

15. **COMMUNITY PROPERTY:**

If married, is all of your property community property? (e.g., acquired in California while married, other than by gift or inheritance) Yes ( ) No ( )

16. **SEPARATE PROPERTY:**

Do you or your spouse own separate property? (e.g., gifts, inheritances, earnings before marriage) Yes ( ) No ( ) If yes:

Name: \_\_\_\_\_

List approximate fair market value: \$ \_\_\_\_\_

17. **PROPERTY AGREEMENT:**

Have you or your spouse entered into any pre-nuptial, post-nuptial, or other marriage or property agreement (before or after marriage)? Yes ( ) No ( ) Yes ( ) No ( )

If yes, please provide a copy to the attorney.

18. **GIFTS:**

- (a) Have you or your spouse made gifts to children or others?  
Yes ( ) No ( )                      Yes ( ) No ( )

If yes, please attach copies of any gift tax returns filed.

- (b) Are you or your spouse custodian of property or trustee for benefit of children?  
Yes ( ) No ( )                      Yes ( ) No ( )

19. **PROFESSIONAL AGENTS OR ADVISORS:**

- (a) Accountant of Tax Preparer: \_\_\_\_\_  
(b) Insurance Agent(s): \_\_\_\_\_  
(c) Banker (and Bank): \_\_\_\_\_  
(d) Other Agents, Advisors or Attorneys: \_\_\_\_\_

20. **PROPOSED EXECUTOR:**

Give name, city, state and county of residence of each proposed executor (the person or corporation who collects your assets, pays your debts and distributes your assets as you specify in your Will):

	<u>You</u>	<u>Spouse</u>
1 <sup>st</sup> choice:	_____	_____
	_____	_____
2 <sup>nd</sup> choice:	_____	_____
	_____	_____

21. **PROPOSED TRUSTEE:**

If, for tax or other reasons, you contemplate establishing a trust to protect your family following your death, please list name, city, state and county of residence of each proposed trustee (the persons who will administer and/or distribute the trust, make investments of funds, etc.):

	<u>You</u>	<u>Spouse</u>
1 <sup>st</sup> choice:	_____	_____
	_____	_____

2<sup>nd</sup> choice: \_\_\_\_\_  
\_\_\_\_\_

22. **PROPOSED GUARDIAN (WHO WILL BE RESPONSIBLE FOR RAISING YOUR MINOR CHILDREN):**

1<sup>st</sup> choice: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_  
\_\_\_\_\_

23. **FUNERAL INSTRUCTIONS:**

Please list any particular funeral or burial instructions (cremation, etc.):

<u>You</u>	<u>Spouse</u>
_____	_____
_____	_____

24. **DONATION OF ORGANS:**

Do you desire any of your organs to be donated to medical science at your death?

You: Yes ( ) No ( )

Spouse: Yes ( ) No ( )

If yes, have you contacted anyone about this? Yes ( ) No ( )

25. **LIVING WILL:**

Is it your desire to not be kept alive by artificial means if there is no “reasonable expectation” of your recovery from serious physical or mental disability?

You: Yes ( ) No ( )

Spouse: Yes ( ) No ( )

26. **DURABLE POWERS OF ATTORNEY:**

Have you executed a Durable Power of Attorney for Business Affairs?

You: Yes ( ) No ( )

Spouse: Yes ( ) No ( )

Have you executed a Durable Power of Attorney for Health Care?

You: Yes ( ) No ( )

Spouse: Yes ( ) No ( )

If yes, please provide copies to the attorney.

27. **PROPOSED AGENTS ON GENERAL POWERS OF ATTORNEY:**

	<u>You</u>	<u>Spouse</u>
1 <sup>st</sup> choice:	_____	_____
	_____	_____
2 <sup>nd</sup> choice:	_____	_____
	_____	_____

2. **PROPOSED AGENTS ON HEALTH CARE POWERS OF ATTORNEY:**

	<u>You</u>	<u>Spouse</u>
1 <sup>st</sup> choice:	_____	_____
	_____	_____
2 <sup>nd</sup> choice:	_____	_____
	_____	_____

29. **PROPOSED DISTRIBUTION OF YOUR ESTATE:**

Please indicate briefly how you wish your estate to be distributed at your death:

(a) List any specific gifts to individuals: \_\_\_\_\_

\_\_\_\_\_



(b) List any gifts to church and charities: \_\_\_\_\_

\_\_\_\_\_

(c) Distribution of balance of property (remainder) in estate: \_\_\_\_\_

\_\_\_\_\_

1. Outright to surviving spouse? Yes ( ) No ( )

2. Outright to children? Yes ( ) No ( )

3. Other: \_\_\_\_\_

(d) If a trust is contemplated, please briefly indicate beneficiaries and when they are to receive their interests:

\_\_\_\_\_

30. **FINANCIAL ADVICE:**

(a) Would you be financially able to deal with your spouse's assets following your spouse's death? Yes ( ) No ( )

(b) Would your spouse be financially able to deal with your assets?  
Yes ( ) No ( )

(c) If not, on whom would she/he rely for investment advice? (bank, friend, etc.)

\_\_\_\_\_

\_\_\_\_\_

31. **ASSETS:** Please list all assets on a separate page and/or provide a copy of a current financial statement. Please include current values, encumbrances and/or debts, basis (for income tax purposes), and equity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_