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**WHAT TO BRING TO YOUR ESTATE PLANNING CONFERENCE**

(See the **Questionnaire** for details)

1. Copies of any trust in which you are a beneficiary or trustee.
2. Copies of grant deeds (not trust deeds) for real properties showing how title is currently held.
3. Copies of present wills and codicils.
4. Copies of bank and stock brokerage statements.
5. Copies of stock and bond certificates not held in a brokerage accounts.
6. Copies of life insurance policies and latest statements.
7. Details of assets received by gift or inheritance or owned prior to present marriage.
8. Details and copies of gift tax returns filed.
9. Copies of any trusts established by you or your spouse.
10. Copies of any agreements regarding the ownership of your respective assets.
11. Copy of your most recent federal income tax return.

**ESTATE PLANNING QUESTIONNAIRE**  
**Part 1. YOUR PERSONAL AND FAMILY INFORMATION**

State your names exactly as you want them to appear in your estate planning documents.

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Your citizenship \_\_\_\_\_ Your Spouse's citizenship \_\_\_\_\_

State of residence at time of marriage \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Your Spouse's Social Security Number \_\_\_\_\_

Your children, their spouses, and their children

Be sure to specify if any child is from a prior marriage, or adopted, and include any deceased child and indicate the date of the child's death and his or her surviving spouse and children. Where the space on the form is insufficient, please use the reverse side.

**1.(a) Child:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Current age:** \_\_\_\_\_

(b) Address: \_\_\_\_\_

© Child's spouse: \_\_\_\_\_

(d) Child's children (and their dates of birth):

\_\_\_\_\_  
\_\_\_\_\_

**2.(a) Child:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Current age:** \_\_\_\_\_

(b) Address: \_\_\_\_\_

© Child's spouse: \_\_\_\_\_

(d) Child's children (and their dates of birth):

\_\_\_\_\_  
\_\_\_\_\_

3.(a) Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

(b) Address: \_\_\_\_\_

© Child's spouse: \_\_\_\_\_

(d) Child's children (and their dates of birth):

\_\_\_\_\_  
\_\_\_\_\_

4. Is there important personal information that might affect your estate plans? For example, does a member of your family lack capacity, intend to marry or get a divorce, or do they have a serious long-term medical or physical problem that may require special care in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART 2. PERSONAL AND FAMILY FINANCIAL ASSETS

Where the space on the form is insufficient, please use the reverse side.

### 1. Personal residence:

Address: \_\_\_\_\_

Description (e.g., single family, condo, or co-op, similar description):

\_\_\_\_\_

How you hold title: \_\_\_\_\_

(E.g., CP = Community Property, JT = Joint tenancy with right of survivorship; TC = Tenancy in common; H = Husband's name alone; W = Wife's name alone)

FMV: \_\_\_\_\_ Mortgage balance, if any: \_\_\_\_\_  
(FMV = Fair market value or your best estimate)

Cost: \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

**2. Other residences or land:**  
(Include out of state property)

Address: \_\_\_\_\_  
Description (e.g., single family, condo, or co-op, similar description): \_\_\_\_\_

How you hold title: \_\_\_\_\_  
(E.g., CP = Community Property, JT = Joint tenancy with right of survivorship; TC = Tenancy in common; H = Husband's name alone; W = Wife's name alone)

FMV: \_\_\_\_\_ Mortgage balance, if any: \_\_\_\_\_  
(FMV=Fair market value or your best estimate)

Cost: \_\_\_\_\_ Mortgage life insurance? \_\_\_\_\_

**3. Personal and household effects: If the categories below do not provide an adequate description for all your assets, please provide additional detail on the reverse side. Also state your best estimate of the value of each kind of property, who owns it, how title is held and indicate if insured.**

Automobiles: \_\_\_\_\_

General personal and household effects such as furniture, furnishings, books, and pictures of no special value: \_\_\_\_\_

\_\_\_\_\_

Valuable jewelry: \_\_\_\_\_

\_\_\_\_\_

Valuable works of art: \_\_\_\_\_

Valuable antiques: \_\_\_\_\_

\_\_\_\_\_

Valuable collections, e.g., coins, stamps, or gold: \_\_\_\_\_

\_\_\_\_\_

Other tangible personal property that does not seem to be covered by any of the other categories: \_\_\_\_\_

**4. Cash, cash deposits, and cash equivalents: State the name and address of each bank or institution and who owns each item.**

(a) Checking accounts, including money market accounts:

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

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

Jointly with: \_\_\_\_\_

(b) Ordinary savings accounts:

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

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

Jointly with: \_\_\_\_\_

© Certificates of deposit:

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

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

Jointly with: \_\_\_\_\_

(d) Short-term U.S. obligations (T-bills):

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

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

Jointly with: \_\_\_\_\_

**5. Pension & other tax-favored employee-benefit plans.**

(a) Pension plans.

You: \_\_\_\_\_ Vested: \_\_\_\_\_ Current value: \_\_\_\_\_

Spouse: \_\_\_\_\_ Vested: \_\_\_\_\_ Current value: \_\_\_\_\_

(b) Profit-sharing plans.

You: \_\_\_\_\_ Vested: \_\_\_\_\_ Current value: \_\_\_\_\_

Spouse: \_\_\_\_\_ Vested: \_\_\_\_\_ Current value: \_\_\_\_\_

© Individual Retirement Accounts (IRAs).

You: \_\_\_\_\_ Current value \_\_\_\_\_

Spouse: \_\_\_\_\_ Current value \_\_\_\_\_

(d) Keogh (401(k)).

You: \_\_\_\_\_ Current value \_\_\_\_\_

Spouse: \_\_\_\_\_ Current value \_\_\_\_\_

(e) Please any similar information for other tax-qualified benefit plan interests.

\_\_\_\_\_  
\_\_\_\_\_

**6. Life Insurance on your life.**

(a) Ordinary life insurance. List company, name, address, and policy number.

\_\_\_\_\_  
\_\_\_\_\_

Face amount of policies (proceeds): \_\_\_\_\_

If you do not own it, who does? \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Cash value: \_\_\_\_\_ Loans, if any, against it: \_\_\_\_\_

Amount of accidental death benefits, if any: \_\_\_\_\_

(b) Term/group term insurance. List company, name, address, and policy number.

\_\_\_\_\_  
\_\_\_\_\_

Face amount of policies (proceeds): \_\_\_\_\_

Owner other than you: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

\_\_\_\_\_

Accidental death benefits: \_\_\_\_\_

(e) Please any similar information for other tax-qualified benefit plan interests.

\_\_\_\_\_  
\_\_\_\_\_

**7. Life insurance on your spouse's life.** (a) List company, name, address, and policy number.

\_\_\_\_\_  
\_\_\_\_\_

Face amount of ordinary life insurance: \_\_\_\_\_

Owner other than spouse: \_\_\_\_\_

\_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Cash value: \_\_\_\_\_ Loans, if any: \_\_\_\_\_

Accidental death benefits: \_\_\_\_\_

(b) Term/Group life insurance. List company, name, address, policy number. \_\_\_\_\_  
\_\_\_\_\_

Face amount of term/group term insurance: \_\_\_\_\_

Owner other than spouse: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Cash value: \_\_\_\_\_ Loans, if any: \_\_\_\_\_

Accidental death benefits: \_\_\_\_\_

(c) Other insurance on spouse's life: \_\_\_\_\_

**8. Closely held business interests.** Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, LLC etc), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the federal taxation of the corporation. \_\_\_\_\_

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person? \_\_\_\_\_  
\_\_\_\_\_

**9. Investment assets.** With respect to each category, please state the owner (how title is held) and the approximate value.

(a) Publicly traded stocks and corporate bonds.

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

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

Jointly owned with: \_\_\_\_\_

(b) Municipal bonds.

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

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

Jointly owned with: \_\_\_\_\_

© Long-term U.S. Treasury Notes and Bonds.

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

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

Jointly owned with: \_\_\_\_\_

(d) Limited partnership interests.

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

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

Jointly owned with: \_\_\_\_\_

(e) Other investments. Please describe the general nature and value of other investment interests:

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

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

Jointly owned with: \_\_\_\_\_

**Other interests of current or future value**

1. Interests in trusts. Describe any trusts created by you, by any other person, such as a parent, in which you or a member of your immediate family has a right to receive income or principal, whether or not such payments are actually being made. If possible, bring a copy of the trust agreement. If the trust agreement is not available, provide the date the trust was created, state whether it can be amended, and whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and any annual income from it.

\_\_\_\_\_  
\_\_\_\_\_

2. Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

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3. Other assets or interests of value. Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

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**LIABILITIES**

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

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**Part 3. PERSONAL ESTATE PLANNING OBJECTIVES**

1. How would you like to dispose of your estate at your death?

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2. Indicate if you have any specific bequest of property or money which you wish to leave to a particular person or entity.

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3. Have you or your spouse made any gift exceeding \$3,000.00. If so, state when to whom it was made:

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### **GUARDIANS, EXECUTORS, AND TRUSTEES**

1. Guardians for minor children. If you have minor children, you may nominate in your will a guardian or guardians of their persons and their estate in the event of your death and/or your spouse's. It is possible to name one guardian of the person and another one guardian for their estate which may be more likely to prevent problems.

(a) Guardian of the person.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(b) Guardian of the estate, if different.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(c) Alternate guardian of the person.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(d) Alternate guardian of the estate.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

2. Executor. Your executor has the responsibility to carry out your will, i.e. wind up your affairs, collect your assets, pay expenses and then distribute your property to the beneficiaries you have named.

(a) Principal executor.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(b) Alternate executor.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

3. Trustees. Your trustees have the responsibility to carry out your trust and manage the trust property for the benefit of the beneficiaries of trusts you may create. Frequently, the same person(s) selected as executor(s) may be designated as trustee(s). In general, choose persons with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment experience. If you wish to select co-trustees, you may want to choose them for how well their individual strengths compliment each other.

(a) Principal trustee(s).

Names: \_\_\_\_\_

\_\_\_\_\_

Addresses: \_\_\_\_\_

\_\_\_\_\_

(b) Alternate trustees (to act if one or more of the principal trustee(s) cannot or will not act).

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Addresses: \_\_\_\_\_

\_\_\_\_\_

4. Attorney in fact. Your attorney in fact is the person you designate to make medical or and other non health-care decisions for you.

(a) Principal medical attorney in fact.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(b) Alternate medical attorney in fact.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(c) Principal non medical attorney in fact.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

(d) Alternate non medical attorney in fact.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER MATTERS**

1. Other factors. Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for your estate planning attorney to know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Powers of attorney. Have you given a power of attorney to your spouse, a child, or any other person authorizing them to do either specific things on your behalf or to act generally on your behalf? If so, please indicate to whom it was given, the nature of the power (specific or general), the date, and the location of the document granting the

power. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Living will. Have you signed any document indicating your wishes concerning the "heroic" or extraordinary measures to save your life in the event of a catastrophic illness or injury? If not, would you like to do so? \_\_\_\_\_

5. Health care power. Have you signed any document specifically authorizing another person such as your spouse to make decisions with respect to your health care or property in the event that you are unable to do so?

\_\_\_\_\_

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