

JOHNSTON | THOMAS

**CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE**

Instructions. By filling out this form as completely as you can, you will help assure that the information is complete and accurate when you meet with the attorney. Thank you.

A. GENERAL INFORMATION

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____

Client 1

Client 2

Full name: _____

How do you want your name to appear in the documents? _____

Name(s) used in past: _____

Work telephone: _____

Cell phone: _____

E-mail address: _____

Occupation: _____

Social Security No.: _____

Birth date: _____

U.S. Citizen? _____

Wedding anniversary: YES NO YES NO

Date: _____

Prior marriages? YES NO YES NO

1. Former spouse name _____

Ended by: _____

Death Divorce Annulment Death Divorce Annulment

Year death/divorce: _____

2. Former spouse name _____

Ended by: _____

Death Divorce Annulment Death Divorce Annulment

Year death/divorce: _____

	<u>Client 1</u>		<u>Client 2</u>	
Named as trustee or executor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whose trust or will?	_____		_____	
Named as agent under a power of attorney?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whose?	_____		_____	
Do you have health concerns?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please explain:	_____		_____	
Are you scheduled for an operation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When?	_____		_____	
Are you going on vacation soon?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When?	_____		_____	

Additional Questions:

1. Who may we thank for referring you to this office? _____

2. Do you have any specific bequests you wish to make?

Person/Organization

Amount or Asset

When To Be Given

_____	_____	_____
_____	_____	_____

3. Have you made any gifts of \$10,000 or more in any one year to any one person? YES NO

If so, please explain: _____

4. Do you wish to specifically disinherit an individual or group of people? YES NO

If so, who? _____

5. Do you have some specific questions or concerns your would like to discuss? If so, please note them here: _____

B. CHILDREN AND OTHER RELATIVES

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. Please write in the "other information" space any other helpful information you would like the attorney to know such as if the child is adopted or has special needs because of developmental, physical or mental disability.

Children of Existing Marriage:

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Other Helpful Information: _____

Children of Prior Marriage(s)

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Name(s) and age(s) of children: _____

Father: _____ Mother: _____

Other Important Family Members and Other People

Are there other important people in the lives of you and/or your spouse, such as a person dependent upon you for support, or a person whom you raised as a child but is not legally your child? (*Note: an adopted child is legally your child and should be listed above.*) If so, please list.

1. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

2. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

3. Full name: _____ Spouse: _____

Address (if not living at home): _____

Home phone: _____ Office: _____ Cell: _____

Date of birth: _____ Gender: Male Female

Relationship to you: _____

Are you supporting them financially? Yes No If yes, monthly amount: _____

C. IMPORTANT DOCUMENTS

If you have executed any of the following documents, please provide your attorney with a copy if possible. If you cannot readily locate them, please be prepared to discuss their contents.

	<u>Client1</u>	<u>Client2</u>	<u>Copy Available?</u>
Personal Documents:			
Divorce Decree	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Premarital Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Community Property Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Marital Property Agreement	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Existing Estate Planning Documents:			
Will	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trust	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Power of Attorney For Asset Management	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Power of Attorney for Health Care	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Living Will or Directive to Physician	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Documents:			
Funeral and Burial Arrangements	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cemetery Plot	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Organ Donation Directive	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

D. SAFETY DEPOSIT BOX

Financial Institution: _____

Branch: _____

Address: _____

Telephone No.: (_____) _____ Box No.: _____

Who are signatories? _____

E. KEY ADVISORS

Lawyer:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Purpose of representation: _____

Accountant:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Stockbrokers/Investment Advisor:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

Life Insurance Agent:

Name: _____

Firm: _____

Address: _____

Telephone number: (____) _____ E-mail address: _____

F. ASSET DOCUMENTATION

To proceed properly with your estate plan, your attorney will need specific information regarding your personal assets. Please do not list assets held by a corporation or limited liability. You can either fill out the answers in the appropriate spaces provided below, or simply provide photocopies of documents, such as bank statements, brokerage account statements, 1099 forms you receive, etc., containing all the requested information. If a financial statement has been prepared for you recently, please provide a copy.

Checking Accounts. For type of ownership, please indicate whether it is owned in joint tenancy, tenancy in common, community property, or as separate property.

1. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

2. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

3. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

Savings Accounts: For type of ownership, please indicate whether it is owned in joint tenancy, tenancy in common, community property, or as separate property.

1. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

2. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

3. Bank: _____ Account No.: _____

Ownership: _____ Balance: _____

Certificate of Deposits: For type of ownership, please indicate whether it is owned in joint tenancy, tenancy in common, community property, or as separate property.

1. Financial Institution: _____ Account No.: _____

Ownership: _____ Balance: _____

Matures: _____

2 Financial Institution: _____ Account No.: _____

Ownership: _____ Balance: _____

Matures: _____

Real Property – In California. Please provide the following information about all real property (including timeshares, rental property or farmland) you own in California. For type of ownership, please indicate whether it is owned in joint tenancy, tenancy in common, community property, or as separate property. For type of property, please indicate whether it is your residence, a rental property, vacant land, farm land, etc. **Please provide a copy of the deed, if available.**

1. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

2. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

3. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

Real Property – Outside California

Please provide the following information about all real property (including timeshares, rental property or farmland) you own outside California. For type of ownership, please indicate whether it is owned in joint tenancy, tenancy in common, community property, or as separate property. For type of property, please indicate whether it is your residence, a rental property, vacant land, farm land, etc. **Please provide a copy of the deed if available.**

1. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

2. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

3. Description: _____

Address: _____

City: _____ County: _____ Zip: _____

Name(s) on title: _____

Ownership: _____ APN: _____

Property type: _____ Mortgage Insurance? YES NO

Value: _____ Encumbrances: _____ Net: _____

Employee Retirement Benefits

Pensions or Corporate Retirement Plans. (Not individual plans, such as IRA's or 401k's – see next category below). For all pension or corporate retirement plans, please provide the requested information. For type of plan, indicate whether it is a pension plan, Keogh plan, or deferred compensation plan. Or simply provide a copy of a recent statement.

Client 1:

1. Name of Employer: _____

Name of Plan: _____ Plan No.: _____

Type of Plan: _____ Eligibility Age: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Monthly Income at Retirement (if known): _____ Total Value: _____

2. Name of Employer: _____

Name of Plan: _____ Plan No.: _____

Type of Plan: _____ Eligibility Age: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Monthly Income at Retirement (if known): _____ Total Value: _____

Client 2:

1. Name of Employer: _____

Name of Plan: _____ Plan No.: _____

Type of Plan: _____ Eligibility Age: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Monthly Income at Retirement (if known): _____ Total Value: _____

2. Name of Employer: _____

Name of Plan: _____ Plan No.: _____

Type of Plan: _____ Eligibility Age: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Monthly Income at Retirement (if known): _____ Total Value: _____

Individually Managed Retirement Accounts. (IRAs, 401(k), 403(b), etc.). For all individually held retirement accounts, please provide the requested information. Or simply provide a copy of a recent statement.

Client 1:

1. Name of Custodial Institution: _____

Type of Plan: _____ Plan No.: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Current Value: _____

2. Name of Custodial Institution: _____

Type of Plan: _____ Plan No.: _____

Name of Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Beneficiary(ies): _____

Contingent Beneficiary(ies): _____

Current Value: _____

Client 2:

1. Name of Custodial Institution: _____

Type of Plan: _____ Plan No.: _____

Name of Plan Administrator: _____

Address: _____
City: _____ State: _____ Zip: _____
Primary Beneficiary(ies): _____
Contingent Beneficiary(ies): _____
Current Value: _____

2. Name of Custodial Institution: _____
Type of Plan: _____ Plan No.: _____
Name of Plan Administrator: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Beneficiary(ies): _____
Contingent Beneficiary(ies): _____
Current Value: _____

Investment Accounts (for IRA or 401k accounts, see categories above)

Marketable Securities. Please identify your brokerage accounts. Or simply provide a copy of each stock certificate or bond.

1. Name of Brokerage: _____
Account Representative's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Account Number: _____
Ownership: _____ Market Value: _____

1. Name of Brokerage: _____
Account Representative's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Account Number: _____
Ownership: _____ Market Value: _____

Securities Held in Certificate Form. For stocks and bonds held by you in certificate form outside a brokerage account. Or simply provide a copy of each stock certificate or bond.

1. Issuing company: _____
Address: _____

City: _____ State: _____ Zip: _____

Full name of owner(s) exactly as it appears on stock certificate:

Certificate No.: _____ No. of Shares: _____ Common Preferred

Ownership: _____ Market Value: _____

2. Issuing company: _____

Address: _____

City: _____ State: _____ Zip: _____

Full name of owner(s) exactly as it appears on stock certificate:

Certificate No.: _____ No. of Shares: _____ Common Preferred

Ownership: _____ Market Value: _____

Money Owed to You. Please list anyone who owes you money. Or simply provide a copy of the note.

Name(s) of creditor(s): _____

Name(s) of debtor(s): _____

Face amount: _____ Due date: _____

Interest rate: _____ Payments: _____

Collateral (if secured note): _____

Location of original note: _____

Long Term Care Insurance. As an alternative to providing the information, simply provide a copy of the declaration page of the policy.

1. Carrier's Name: _____

Carrier's Address: _____

Policy No.: _____

Name of Insured: _____

Monthly Benefit: _____ Waiting Period: _____

2. Carrier's Name: _____

Carrier's Address: _____

Policy No.: _____

Name of Insured: _____

Monthly Benefit: _____ Waiting Period: _____

Life Insurance. As an alternative to providing the information, simply provide a copy of the declaration page of the policy.

1. Carrier's Name: _____
Carrier's Address: _____
Policy No.: _____ Face Value: _____
Name of Insured: _____
Owner of Policy: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Type: Term Universal Life Whole Life _____
Cash Value: _____ Policy Loans: _____ Net Value: _____

2. Carrier's Name: _____
Carrier's Address: _____
Policy No.: _____ Face Value: _____
Name of Insured: _____
Owner of Policy: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Type: Term Universal Life Whole Life _____
Cash Value: _____ Policy Loans: _____ Net Value: _____

Personal Property. List all personal property of significant value, including, for example, antiques, artwork, other collectibles, jewelry. Use additional sheet if necessary.

Description	Owned By:		
	Both	Client 1	Client 2
Furniture, antiques:			
Artwork:			
Jewelry, collectibles, memorabilia:			
Farm or ranch equipment, tools:			
Automobiles, recreation vehicle, travel trailer, motorcycle, boat, airplane:			

Gifts and Inheritances. Please list gifts and inheritances that you expect to receive in the future.

Client 1:

1. Description: _____
From: _____ Type: Gift Inheritance
Approximate Year of Receipt: _____ Approximate Amount: _____
2. Description: _____
From: _____ Type: Gift Inheritance
Approximate Year of Receipt: _____ Approximate Amount: _____

Client 2:

1. Description: _____
From: _____ Type: Gift Inheritance
Approximate Year of Receipt: _____ Approximate Amount: _____
2. Description: _____
From: _____ Type: Gift Inheritance
Approximate Year of Receipt: _____ Approximate Amount: _____

Businesses, Partnerships and Joint Ventures.

For all businesses and partnerships in which you own an interest, please supply the requested information, including the exact title of ownership. For the type of ownership, indicate whether a sole proprietor, general partnership, limited partnership, joint venture, limited liability company, or corporation. Alternatively, provide a copy of the Schedule K1 filed with your most recent Federal income tax return, which will contain all of the requested information.

1. Name of Business: _____
DBAs: _____
Type of business: _____ State of Registry: _____

Owners:			# Shares
	<u>Name</u>	<u>Relationship to You</u>	<u>or %</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approximate value of your ownership share: _____

Is there a shareholder or partnership agreement? YES NO

If so, please provide a copy of the agreement.

2. Name of Business: _____

DBAs: _____

Type of business: _____ State of Registry: _____

Owners:

<u>Name</u>	<u>Relationship to You</u>	<u># Shares</u> <u>or %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximate value of your ownership share: _____

Is there a shareholder or partnership agreement? YES NO

If so, please provide a copy of the agreement.