

ESTATE PLANNING QUESTIONNAIRE

ROYSE LAW FIRM, PC

ESTATE, TRUST & WEALTH STRATEGIES GROUP

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Menlo Park, CA 94025

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CONFIDENTIAL AND PRIVILEGED

Clients: _____

I. PERSONAL DATA

	Spouse 1		Spouse 2	
Full Legal Name				
AKAs				
Social Security Number				
Date of Birth				
Target Retirement Date				
Home Address				
Telephone #1				
Telephone #2				
Email Address				
Fax Number				
Employer				
Occupation				
State of Residency				
Citizenship				
Prior Marriage	Yes	No	Yes	No

If yes, provide names of prior spouses and describe how marriage terminated (divorced or widowed):

Children

(a) Full Legal Name: _____

Gender: ___ Male ___ Female Birth Date: _____

Child of both spouses: ___ Yes ___ No If no, name of parent: _____

Address: _____

Telephone Number: _____

Marital Status: _____ Name of Spouse (if any): _____

Children (your grandchildren): ___ Yes ___ No

Other Information: _____

(b) Full Legal Name: _____
Gender: ___ Male ___ Female Birth Date: _____
Child of both spouses: ___ Yes ___ No If no, name of parent: _____
Address: _____
Telephone Number: _____
Marital Status: _____ Name of Spouse (if any): _____
Children (your grandchildren): ___ Yes ___ No
Other Information: _____

(c) Full Legal Name: _____
Gender: ___ Male ___ Female Birth Date: _____
Child of both spouses: ___ Yes ___ No If no, name of parent: _____
Address: _____
Telephone Number: _____
Marital Status: _____ Name of Spouse (if any): _____
Children (your grandchildren): ___ Yes ___ No
Other Information: _____

Do you provide support to any of your parents? ___ Yes ___ No If yes, please explain below:

(a) Full Legal Name: _____
Birth Date: _____ Amount of Support: \$ _____
Address: _____

(b) Full Legal Name: _____
Birth Date: _____ Amount of Support: \$ _____
Address: _____

Are you responsible for supporting anyone else other than those listed above?

Yes No If yes, please list their annual support amount:

II. ASSET MANAGEMENT & RISK MANAGEMENT

Who is responsible for paying the bills? Spouse 1 Spouse 2 Both Third Party
 Who is responsible for filing taxes? Spouse 1 Spouse 2 Both Third Party
 Who is responsible for making investments? Spouse 1 Spouse 2 Both Third Party

What would you do if the responsible party became incapacitated?

III. PERSONAL GOALS AND OBJECTIVES

Please identify those general goals and objectives that are important to you, and rate their level of importance: high, medium, or low.

Spouse 1	Spouse 2	
		Simplify day-to-day management of my financial affairs
		Minimize estate taxes
		Provide for current and/or future trusts for children which will distribute over time rather than immediately
		Provide for current and/or future trusts for grandchildren which will distribute over time rather than immediately
		Limit inheritance that your children will receive from you (please indicate amount: \$_____)
		Maximize inheritance that your children will receive from you (please indicate amount: \$_____)
		Provide for education of children
		Provide for education of grandchildren
		Give to charity regularly or plan to upon death
		Other (please specify on the lines below)

Please explain any of the above responses in the following space. If more space is required, please attach a separate sheet.

IV. INFORMATION REGARDING PRIOR ESTATE PLANNING AND MISCELLANEOUS INFORMATION

The following questions pertain to any prior or current estate planning documents, as well as miscellaneous information necessary for the estate planning process. If you do not have any prior estate planning documents, please continue to the next section.

ESTATE PLANNING DOCUMENTS:

	Spouse 1		Spouse 2	
Do you have a Will?	___ Yes	___ No	___ Yes	___ No
Do you have a Revocable Trust?	___ Yes	___ No	___ Yes	___ No
Do you have a Power of Attorney for Financial Matters?	___ Yes	___ No	___ Yes	___ No
Do you have a Power of Attorney for Health Care (Advance Directive)?	___ Yes	___ No	___ Yes	___ No

DOCUMENTS TO PROVIDE TO ATTORNEY:

Please provide the following documents, if applicable:

- Prior Will(s)
- Prior Trust(s)
- Prior Powers of Attorney (for finances and health care)
- Prior Gift Tax Returns (Form 709)
- Deeds to any Real Property
- Life Insurance Policy Statement
- Bank, Brokerage, and Investment Management Statements

PRIOR TAX PLANNING AND MISCELLANEOUS INFORMATION

During your marriage, have you ever lived outside of the state of California? ___ Yes ___ No

If yes, please indicate where and when: _____

Have you ever made gifts in excess of the “annual exclusion”? ___ Yes ___ No

Have you ever filed a Federal Gift Tax Return (Form 709)? ___ Yes ___ No

Are you expecting an inheritance from your parent(s) or other individual(s)? ___ Yes ___ No

Please Clarify: _____

Do you have a Safe Deposit Box? ___ Yes ___ No

V. KEY ADVISORS

Banker:

Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____

CPA:

Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____

Financial Advisor:

Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____

Life Insurance Agent:

Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____

Other Attorney(s):

Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____
Name: _____ Firm: _____
Address: _____
Telephone: _____ Length of Relationship: _____

VI. FINANCIAL INFORMATION

(Please complete as best as you can, estimates of value are okay. Please provide statements where appropriate. If you have a balance sheet, please feel free to provide that in place of this Part.)

REAL ESTATE

Personal Residence:

(a) Owner of Property: _____
Address: _____
Mortgage? Yes No Approximate loan balance, if any: _____
Character of Property (Community Property vs. Separate Property): _____
Have you provided us with a copy of the deed? ___ Yes ___ No
Approximate value of property: _____

Additional Real Estate:

(a) Owner of Property: _____
Address: _____
Mortgage? ___Yes ___No Approximate loan balance, if any: _____
Form of Ownership, if co-owned: _____
Type of Property (e.g., rental, vacation property, etc.): _____
If Rental, amount of annual rent: _____
Character of Property (Community Property vs. Separate Property): _____
Have you provided us with a copy of the deed? ___Yes ___No
Is the property owned through an LLC, corporation, or partnership? ___Yes ___No
Approximate value of property: _____

(b) Owner of Property: _____
Address: _____
Mortgage? ___Yes ___No Approximate loan balance, if any: _____
Form of Ownership, if co-owned: _____
Type of Property (e.g., rental, vacation property, etc.): _____
If Rental, amount of annual rent: _____
Character of Property (Community Property vs. Separate Property): _____
Have you provided us with a copy of the deed? ___Yes ___No
Is the property owned through an LLC, corporation, or partnership? ___Yes ___No
Approximate value of property: _____

CASH AND INVESTMENT PORTFOLIOS

This includes all bank savings, checking, CD, brokerage and investment management accounts (including publicly traded equities, bonds, REITs, Hedge Funds, and other, similar account types). Not Including IRAs, 401(k)s, 403(b)s, Etc.)

(a) Institution: _____
Address of Institution: _____
Type of Account (Savings, checking, brokerage, etc.): _____
Title on Account: _____
Character of Property (Community Property vs. Separate Property): _____
Account Number: _____ Approximate Value: _____

(b) Institution: _____
Address of Institution: _____
Type of Account (Savings, checking, brokerage, etc.): _____
Title on Account: _____
Character of Property (Community Property vs. Separate Property): _____
Account Number: _____ Approximate Value: _____

- (c) Institution: _____
Address of Institution: _____
Type of Account (Savings, checking, brokerage, etc.): _____
Title on Account: _____
Character of Property (Community Property vs. Separate Property): _____
Account Number: _____ Approximate Value: _____
- (d) Institution: _____
Address of Institution: _____
Type of Account (Savings, checking, brokerage, etc.): _____
Title on Account: _____
Character of Property (Community Property vs. Separate Property): _____
Account Number: _____ Approximate Value: _____

RETIREMENT PLANS, IRAs, 401(k)s, 403(b)s, AND OTHER DEFERRED COMPENSATION

- (a) Institution: _____
Address of Institution: _____
Owner: _____
Type of Account (IRA, Roth IRA, 401K, 403B, etc.): _____
Beneficiary Designation: _____
Account Number: _____ Approximate Value: _____
- (b) Institution: _____
Address of Institution: _____
Owner: _____
Type of Account (IRA, Roth IRA, 401K, 403B, etc.): _____
Beneficiary Designation: _____
Account Number: _____ Approximate Value: _____
- (c) Institution: _____
Address of Institution: _____
Owner: _____
Type of Account (IRA, Roth IRA, 401K, 403B, etc.): _____
Beneficiary Designation: _____
Account Number: _____ Approximate Value: _____
- (d) Institution: _____
Address of Institution: _____
Owner: _____
Type of Account (IRA, Roth IRA, 401K, 403B, etc.): _____
Beneficiary Designation: _____
Account Number: _____ Approximate Value: _____

FOREIGN PROPERTY

Do you own any assets outside of the U.S.? ___ Yes ___ No

If yes, please provide a short description: _____

LIFE INSURANCE AND ANNUITIES

(a) Carrier: _____
Address of Carrier: _____
Type of Insurance/Annuity (Annuity, Term/Whole Insurance, etc.): _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Secondary Beneficiary: _____
Face Value: _____ Approximate Cash Value: _____
Policy Number: _____

(b) Carrier: _____
Address of Carrier: _____
Type of Insurance/Annuity (Annuity, Term/Whole Insurance, etc.): _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Secondary Beneficiary: _____
Face Value: _____ Approximate Cash Value: _____
Policy Number: _____

(c) Carrier: _____
Address of Carrier: _____
Type of Insurance/Annuity (Annuity, Term/Whole Insurance, etc.): _____
Insured: _____ Owner: _____
Primary Beneficiary: _____
Secondary Beneficiary: _____
Face Value: _____ Approximate Cash Value: _____
Policy Number: _____

NOTES RECEIVABLE

(a) Original Balance: _____ Current Balance: _____
Description: _____
Owner: _____
Remaining Term (Years): _____ Amortization Term (Years): _____
Interest Rate: _____

(b) Original Balance: _____ Current Balance: _____
Description: _____
Owner: _____
Remaining Term (Years): _____ Amortization Term (Years): _____
Interest Rate: _____

CLOSELY HELD BUSINESSES

(a) Name: _____
Description: _____
Address: _____
Type of Company (Partnership, Corporation, LLC, S Corp, etc.): _____
Owners(Community Property vs. Separate Property): _____
Value of Ownership: _____ Basis: _____
Net Annual Distribution: _____ % Ownership: _____

(b) Name: _____
Description: _____
Address: _____
Type of Company (Partnership, Corporation, LLC, S Corp, etc.): _____
Owners (Community Property vs. Separate Property): _____
Value of Ownership: _____ Basis: _____
Net Annual Distribution: _____ % Ownership: _____

SIGNIFICANT PERSONAL PROPERTY

(a) Description: _____
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): _____
Owner(s) (Community Property vs. Separate Property): _____
Value: _____ Basis: _____

(b) Description: _____
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): _____
Owner(s) (Community Property vs. Separate Property): _____
Value: _____ Basis: _____

(c) Description: _____
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): _____
Owner(s) (Community Property vs. Separate Property): _____
Value: _____ Basis: _____

(d) Description: _____
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): _____
Owner(s) (Community Property vs. Separate Property): _____
Value: _____ Basis: _____

STOCK OPTIONS

Do you have any employer, or former employer, stock options? ___ Yes ___ No If yes, please complete the following:

- (a) Stock Name: _____ Symbol: _____
Number of Shares/Options: _____ Current Stock Price: _____
Strike Price: _____ Grant Date Value: _____
Grant Date: _____ Vesting Date: _____
Current Value: _____ Type (ISO, NQSO, etc.): _____
- (b) Stock Name: _____ Symbol: _____
Number of Shares/Options: _____ Current Stock Price: _____
Strike Price: _____ Grant Date Value: _____
Grant Date: _____ Vesting Date: _____
Current Value: _____ Type (ISO, NQSO, etc.): _____
- (c) Stock Name: _____ Symbol: _____
Number of Shares/Options: _____ Current Stock Price: _____
Strike Price: _____ Grant Date Value: _____
Grant Date: _____ Vesting Date: _____
Current Value: _____ Type (ISO, NQSO, etc.): _____

LIABILITIES AND DEBTS

- (a) Original Balance: _____ Current Balance: _____
Description: _____
Debtor: _____
Remaining Term (Years): _____ Amortization Term (Years): _____
Interest Rate: _____ Type of Note: _____
Monthly Payment: _____ Secured or Unsecured: _____
- (b) Original Balance: _____ Current Balance: _____
Description: _____
Debtor: _____
Remaining Term (Years): _____ Amortization Term (Years): _____
Interest Rate: _____ Type of Note: _____
Monthly Payment: _____ Secured or Unsecured: _____
- (c) Original Balance: _____ Current Balance: _____
Description: _____
Debtor: _____
Remaining Term (Years): _____ Amortization Term (Years): _____
Interest Rate: _____ Type of Note: _____
Monthly Payment: _____ Secured or Unsecured: _____

VII. NON-FINANCIAL ISSUES TO CONSIDER IN PREPARATION FOR CONFERENCE WITH ESTATE PLANNING ATTORNEY

(Feel free to defer these decisions until after consultation with attorney)

FIDUCIARIES/AGENTS

(a) Successor Trustee(s):

The Trustee's job is to administer and manage the assets of the trust(s) created under the Living trust or Will and make distributions to the beneficiaries of the trust(s) in accordance with the terms of the trust(s). Please list, in order of preference, those you would like to serve as trustee if you and your spouse cannot. Please include each of their addresses and telephone numbers.

Typically the surviving spouse will act as trustee following the death of the first spouse. Please tell us if you prefer otherwise.

- (1) Name: _____ Relationship: _____
Address: _____
- (2) Name: _____ Relationship: _____
Address: _____
- (3) Name: _____ Relationship: _____
Address: _____

(b) Executors:

Even with a living trust it will be necessary to nominate an Executor who be responsible administering the will under out supervision if it becomes necessary. In many cases this will be the same person as the successor trustee. Please list Executor and alternates in order of preference, including each of their addresses and telephone numbers.

Spouse first: ___Yes ___No (if yes, spouse will act in priority over line (1) below)

Same as Trustees: ___Yes ___No (if yes, skip)

- (1) Name: _____ Relationship: _____
Address: _____
- (2) Name: _____ Relationship: _____
Address: _____
- (3) Name: _____ Relationship: _____
Address: _____

(c) Guardians of any Minor Children:

Who should serve as guardian of your minor children? (If there are no children or all children are above 18, skip.) Please list guardians and alternates in order of preference, including each of their addresses and telephone numbers.

Same as Executors: ___Yes ___No (if yes, skip)

- (1) Name: _____ Relationship: _____
Address: _____
- (2) Name: _____ Relationship: _____
Address: _____
- (3) Name: _____ Relationship: _____
Address: _____

(d) Durable Power of Attorney, Asset Management:

Please list name of Agent and alternates in order of preference including each of their addresses and telephone numbers.

Same as Executors: ___Yes ___No (if yes, skip)

If no, Spouse First: ___Yes ___No

- (1) Name: _____ Relationship: _____
Address: _____
- (2) Name: _____ Relationship: _____
Address: _____
- (3) Name: _____ Relationship: _____
Address: _____

(e) Advance Health Care Directive:

Please list name of Agent and alternates in order of preference including each of their addresses and telephone numbers.

Same as Executors: ___Yes ___No (if yes, skip)

If no, Spouse First: ___Yes ___No

- (1) Name: _____ Relationship: _____
Address: _____
- (2) Name: _____ Relationship: _____
Address: _____
- (3) Name: _____ Relationship: _____
Address: _____

DISTRIBUTION OF YOUR ESTATE

How should your estate be distributed upon the surviving spouse's death?

(a) Estate to children equally? ___Yes ___No (If yes, skip to (b) below)

If not to children, or if not children, to whom do you wish to leave your property, and in what proportions? Please list full legal names and addresses

(1) Name: _____ Relationship: _____

Address: _____

Proportion: _____

(2) Name: _____ Relationship: _____

Address: _____

Proportion: _____

(3) Name: _____ Relationship: _____

Address: _____

Proportion: _____

(4) Name: _____ Relationship: _____

Address: _____

Proportion: _____

(b) Children's Ages and Shares for Distribution:

Outright on the surviving spouse's death? ___Yes ___No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s).

Example: 1/3 at age 25, 1/2 at age 30, and the remaining at age 35:

(c) If a beneficiary predeceases you, would you like their issue (your grandchildren) to receive their distribution? ___Yes ___No

If yes, at same ages listed above? ___Yes ___No If no, please clarify: _____

(d) If all of your primary beneficiaries (children, grandchildren and/or other named beneficiaries) predecease you, who should inherit the estate (e.g., all outright to your heirs, to charities, other family members, etc.)?

- (1) Name: _____ Relationship: _____
Address: _____
Proportion: _____
- (2) Name: _____ Relationship: _____
Address: _____
Proportion: _____
- (3) Name: _____ Relationship: _____
Address: _____
Proportion: _____
- (4) Name: _____ Relationship: _____
Address: _____
Proportion: _____

(e) Are there any specific bequests that you would like to make (Cash, personal property, etc.)
____Yes ____No (if no, please skip)

- (1) Name: _____ Relationship: _____
Address: _____
Item/Amount: _____
- (2) Name: _____ Relationship: _____
Address: _____
Item/Amount: _____
- (3) Name: _____ Relationship: _____
Address: _____
Item/Amount: _____
- (4) Name: _____ Relationship: _____
Address: _____
Item/Amount: _____

MISCELLANEOUS:

Are there any special circumstances you would like distributions to be made? (Example, Health, education, maintenance and support; housing needs; or business needs, etc.)

____Yes ____No If yes, please clarify: _____

Do any of your beneficiaries have special needs you would like us to address? ____Yes ____No

If yes, please clarify: _____

Is there anyone you would like to specifically disinherit? ___ Yes ___ No

If yes, please clarify: _____

Do you have any philanthropic objectives? ___ Yes ___ No

If yes, please clarify: _____

Do you have any Funeral or Burial Arrangements? ___ Yes ___ No If yes, please clarify:

Do you have a Cemetery Plot and Deed to the Plot? ___ Yes ___ No If yes, please clarify:

Are you, or would you like to be, an Organ Donor?

Spouse 1: ___ Yes ___ No If yes, please clarify:

Spouse 2: ___ Yes ___ No If yes, please clarify:

Have you had a health or medical crisis in your family that has impacted or influenced your planning? ___ Yes ___ No If Yes, please explain: _____

ADDITIONAL COMMENTS:
