

# ESTATE PLANNING QUESTIONNAIRE

## ROYSE LAW FIRM, PC

### ESTATE, TRUST & WEALTH STRATEGIES GROUP

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## CONFIDENTIAL AND PRIVILEGED

### **I. PERSONAL DATA for \_\_\_\_\_ as of date: \_\_\_\_\_**

**Legal Name (As Listed on Driver's License):** \_\_\_\_\_

**Also Known As ("AKA"):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **Cellular Number:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Estimated Retirement Date:** \_\_\_\_\_

**Do you have any prior marriages?** Yes No If yes, please explain below:

(a) Name of Former Spouse: \_\_\_\_\_

Terminated by: Death Divorce; Date of Termination: \_\_\_\_\_

(b) Name of Former Spouse: \_\_\_\_\_

Terminated by: Death Divorce; Date of Termination: \_\_\_\_\_

**Do you have any living children?** Yes No

(a) Full Legal Name: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Gender: Male Female Birth Date: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Name of Spouse (if any): \_\_\_\_\_

Children: Yes No

Other Information: \_\_\_\_\_

(b) Full Legal Name: \_\_\_\_\_

Name of Child's Other Parent: \_\_\_\_\_

Gender: Male Female Birth Date: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Name of Spouse (if any): \_\_\_\_\_

Children: Yes No

Other Information: \_\_\_\_\_

(c) Full Legal Name: \_\_\_\_\_  
Name of Child's Other Parent: \_\_\_\_\_  
Gender:     Male     Female     Birth Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Name of Spouse (if any): \_\_\_\_\_  
Children:     Yes     No  
Other Information: \_\_\_\_\_  
\_\_\_\_\_

**Do you have any deceased children?**     Yes     No

If yes, please provide full legal name and date of death.

If survived by living children, please provide full legal names and birth dates.

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

## **II. GOALS**

Please rate goals based on their level of importance to you: (High, Medium, or Low)

- (a) \_\_\_\_\_ Financial Independence – Meet retirement goal by accumulating/maintaining sufficient assets to meet spending needs
- (b) \_\_\_\_\_ Simplify day-to-day management of my financial affairs
- (c) \_\_\_\_\_ Minimize estate taxes
- (d) \_\_\_\_\_ Provide for current and/or future trusts for children/grandchildren which will distribute over time rather than immediately
- (e) \_\_\_\_\_ Limit inheritance that your children will receive from you (please indicate amount: \$\_\_\_\_\_)
- (f) \_\_\_\_\_ Provide for education of children/grandchildren
- (g) \_\_\_\_\_ Give to charity regularly or plan to upon death
- (h) \_\_\_\_\_ Avoid probate upon death
- (i) \_\_\_\_\_ Avoid guardianship in event of incapacity
- (j) \_\_\_\_\_ Privacy and confidentiality in the event of incapacity and/or death
- (k) \_\_\_\_\_ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **III. 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: \_\_\_\_\_

### **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:**

Do you have a Will?      Yes      No

Do you have a Revocable Trust?      Yes      No

Do you have a Power of Attorney for Financial Matters?      Yes      No

Do you have a Power of Attorney for Health Care (Advance Directive)?      Yes      No

**ADDITIONAL DOCUMENTS:**

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

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

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Are you an Organ Donor?      Yes      No      If yes, please clarify:

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**PRIOR TAX PLANNING AND MISCELLANEOUS INFORMATION**

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: \_\_\_\_\_

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Do you have a Safety Deposit Box?      Yes      No

**V. DOCUMENTS TO PROVIDE TO ATTORNEY**

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Please provide the following documents, if applicable:

- Prior Will
- 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 Statements

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

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The following is information for you to consider prior to your meeting with the attorney. If there is a question that is not applicable, please continue to the next.

**FIDUCIARIES/AGENTS**

(a)      Executors

In order of preference, please list the full names, relationships and address of your Executors.

(1)      Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(b) Trustees

In order of preference, please list the full names, relationships and address of your Trustees.

Same as Above:    Yes       No    If not,

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(c) Guardians of Any Minor Children

In order of preference, please list the full names, relationships, and address of guardians of any minor children.

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

(d) Durable Power of Attorney, Asset Management

In order of preference, please list the full names, relationships and address of your agents for your general durable power of attorney (asset management if you are incapacitated).

Same as Trustee:      Yes      No      If not,

- (1)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_
- (2)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_
- (3)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_

(e) Advanced Health Care Directive

In order of preference, please list the full names, relationships and address of your agents for your advanced health care directive (health care management if you are incapacitated).

Same as Trustee:      Yes      No      If not,

- (1)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_
- (2)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_
- (3)    Name: \_\_\_\_\_  
         Relationship: \_\_\_\_\_  
         Address: \_\_\_\_\_

## **DISTRIBUTION OF YOUR ESTATE**

### **How should your estate be distributed upon your death?**

- (a) Estate to children equally?    Yes      No

If not to children, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses (attach additional sheets if needed):

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

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

Outright on your 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

- (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.)? (attach additional sheets if needed)

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Proportion: \_\_\_\_\_

(e) Are there any specific bequests that you would like to make (Cash, personal property, etc.) Yes No (attach additional sheets if needed)

(1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Item/Amount: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Item/Amount: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Item/Amount: \_\_\_\_\_

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



## **VII. FINANCIAL INFORMATION**

(Attach additional sheets if needed)

### **REAL ESTATE**

#### **Personal Residence:**

- (a) Owner of Property as Listed on Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mortgage? Yes No Lender, if any: \_\_\_\_\_  
Form of Ownership, if co-owned: \_\_\_\_\_

#### **Additional Real Estate in California:**

- (a) Owner of Property as Listed on Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mortgage? Yes No Lender, if any: \_\_\_\_\_  
Form of Ownership, if co-owned: \_\_\_\_\_  
Character of Property (e.g., rental, vacation property, etc.): \_\_\_\_\_  
If Rental, amount of annual rent: \_\_\_\_\_
- (b) Owner of Property as Listed on Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mortgage? Yes No Lender, if any: \_\_\_\_\_  
Form of Ownership, if co-owned: \_\_\_\_\_  
Character of Property (e.g., rental, vacation property, etc.): \_\_\_\_\_  
If Rental, amount of annual rent: \_\_\_\_\_
- (c) Owner of Property as Listed on Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mortgage? Yes No Lender, if any: \_\_\_\_\_  
Form of Ownership, if co-owned: \_\_\_\_\_  
Character of Property (e.g., rental, vacation property, etc.): \_\_\_\_\_  
If Rental, amount of annual rent: \_\_\_\_\_

### **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).

- (a) Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Type of Account (Savings, checking, brokerage, etc.): \_\_\_\_\_  
Title on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Value: \_\_\_\_\_

- (b) Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Type of Account (Savings, checking, brokerage, etc.): \_\_\_\_\_  
Title on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Value: \_\_\_\_\_
- (c) Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Type of Account (Savings, checking, brokerage, etc.): \_\_\_\_\_  
Title on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Value: \_\_\_\_\_

**RETIREMENT PLANS AND OTHER DEFERRED COMPENSATION**

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

**LIFE INSURANCE AND ANNUITIES**

- (a) Carrier: \_\_\_\_\_  
Address of Carrier: \_\_\_\_\_  
Type of Insurance/Annuity (Annuity, Term/Whole Insurance, etc.): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_
- (b) Carrier: \_\_\_\_\_  
Address of Carrier: \_\_\_\_\_  
Type of Insurance/Annuity (Annuity, Term/Whole Insurance, etc.): \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

**CLOSELY HELD BUSINESSES**

- (a) Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Company (Partnership, Corporation, LLC, etc.): \_\_\_\_\_  
Owners: \_\_\_\_\_  
Value of Ownership: \_\_\_\_\_ Basis: \_\_\_\_\_  
Net Annual Distribution: \_\_\_\_\_
- (b) Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Company (Partnership, Corporation, LLC, etc.): \_\_\_\_\_  
Owners: \_\_\_\_\_  
Value of Ownership: \_\_\_\_\_ Basis: \_\_\_\_\_  
Net Annual Distribution: \_\_\_\_\_

**NOTES RECEIVABLE**

- (a) Original Balance: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Description: \_\_\_\_\_  
Creditor: \_\_\_\_\_  
Remaining Term (Years): \_\_\_\_\_ Amortization Term (Years): \_\_\_\_\_  
Interest Rate: \_\_\_\_\_
- (b) Original Balance: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Description: \_\_\_\_\_  
Creditor: \_\_\_\_\_  
Remaining Term (Years): \_\_\_\_\_ Amortization Term (Years): \_\_\_\_\_  
Interest Rate: \_\_\_\_\_

**SIGNIFICANT PERSONAL PROPERTY**

- (a) Description: \_\_\_\_\_  
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Value: \_\_\_\_\_ Basis: \_\_\_\_\_
- (b) Description: \_\_\_\_\_  
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Value: \_\_\_\_\_ Basis: \_\_\_\_\_
- (c) Description: \_\_\_\_\_  
Type of Asset (Vehicle, Art, Boat, Jewelry, etc.): \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Value: \_\_\_\_\_ Basis: \_\_\_\_\_

**STOCK OPTIONS**

Do you have any 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.): \_\_\_\_\_

### **FOREIGN PROPERTY**

Do you own any property outside of the country? Yes No

If yes, please clarify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **LIABILITIES AND DEBTS**

- (a) Original Balance: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Description: \_\_\_\_\_  
Debtor: \_\_\_\_\_  
Remaining Term (Years): \_\_\_\_\_ Amortization Term (Years): \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Type of Note: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_
- (b) Original Balance: \_\_\_\_\_ Current Balance: \_\_\_\_\_  
Description: \_\_\_\_\_  
Debtor: \_\_\_\_\_  
Remaining Term (Years): \_\_\_\_\_ Amortization Term (Years): \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Type of Note: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_