Estate Planning Questionnaire

If you have any questions about the form, please call or text (510)295-9641
Write in margins if necessary

Full Name:_____
Phone Number:_____
Email Address:_____
Date of Birth:_____
Home Address:_____
_____

Are you legally married? If so, to whom?
_____

Do you have any children? List names and dates of birth.
_____
_____
_____
_____
_____

Assets (list all applicable):

- Real Property

_____
_____

- Checking Accounts

_____
_____

- Savings Accounts

_____
_____

- Investment Accounts

_____
_____

- Retirement Accounts

_____
_____

- Life Insurance

_____
_____

- Vehicles

_____
_____

- Personal Property of great value (jewelry, artwork, etc.)

_____
_____

Administration

Name a personal representative (person in charge of administering estate)

1st choice:_____

2nd choice:_____

3rd choice:_____

Name a Trustee (person in charge of administering trust; typically same as personal representative)

1st choice:_____

2nd choice:_____

3rd choice:_____

Distribution of assets:

List all specific gifts you want to make (e.g. $10,000 to X; my house to Y):

_____

_____

_____

_____

_____

The remaining property after specific gifts is called the remainder. The remainder is distributed by percentage. List how you want the remainder distributed (e.g. 60% to X; 40% to Y):

_____

_____

_____

_____

_____

List any specific conditions you want to place on any distributions:

_____

_____

_____

_____

_____

Power of Attorney

Name an Agent (typically same as personal representative/trustee):

_____

Apply immediately or upon incapacity?

_____

Advance Healthcare Directive

Name an Agent (typically same as personal representative/trustee):

_____

See attached form.