

LAW OFFICES OF

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Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely as possible. Since this questionnaire is designed to elicit information from any estate plan, some of the questions may be inapplicable to you. Please mail the completed questionnaire back to us prior to your estate planning meeting. We would appreciate it if you would print, rather than write, all information. If you need more space, use another sheet of paper. Should you be uncertain about a question or an answer, leave the question unanswered and we will discuss it with you during your estate planning meeting.

1. Your Name _____ Spouse's Name _____

Other or former names: _____

2. Address, telephone numbers, fax numbers, & email:

Home: _____ (_____) _____
(Address/Street) (Area Code/Telephone)

(City, State) (Zip) (County)

Business _____ (_____) _____
(Address/Street) (Area Code/Telephone)

(City, State) (Zip) (County)

Fax #:

Home: (_____) _____ Work: (_____) _____

Email:

Home: _____ Work: _____

3. Your Birthdate _____ Spouse's Birthdate _____
(Mo/Day/Year) (Mo/Day/Year)

4. Date came to California _____ Spouse _____

4.1 U.S. Citizen? ___ yes ___ no Spouse? ___ yes ___ no

5. Date of Marriage _____

6. Place (City, State, County) of Marriage _____

7. Children of this marriage:

<u>Name</u>	<u>Birthdate</u>	<u>Spouse, if any</u>	<u>Your Grandchildren</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you or your spouse been previously married?

You: Yes () No () Spouse: Yes () No ()

If "yes", and divorced, bring divorce papers.

9. Children of prior marriage (show on separate sheet):

Your children -- Spouse's children (list names and birthdates)

10. Deceased Children: Yes () No ()

11. Living Parents:

Yours

<u>Name of Parent</u>	<u>Approximate Age</u>	<u>Health (i.e., "Excellent")</u>
_____	_____	_____
_____	_____	_____

Your Spouse's

<u>Name of Parent</u>	<u>Approximate Age</u>	<u>Health (i.e., "Excellent")</u>
_____	_____	_____
_____	_____	_____

12. Brothers and Sisters:

Yours

Spouse's

_____	_____
_____	_____
_____	_____

13. Social Security Number:

Yours _____ Spouse's _____

14. Location of safe deposit box: _____

15. Who has access to your safe deposit box _____

16. Do you and your spouse have wills or trusts or both now? (You) Yes () No ()
(Spouse) Yes () No ()

(If answer is yes, mail copies of Wills and/or Trusts to S&M, LLP.)

17. Do you or your spouse?

17.1 Expect to inherit something from parents or others? Yes () No ()

17.2 Expect to receive benefits from a retirement plan? If "yes", please bring a copy of most recent participant benefit statement. Yes () No ()

17.3 Have powers of appointment under the wills or trusts of other people? If "yes", please bring - if available - a copy of the will or trust under which you have been granted a power of appointment. (S&M will explain.) Yes () No ()

17.4 Expect to receive gifts from parents or others? Yes () No ()

17.5 Have beneficial interest in other trusts? If "yes", please bring copy of (i) trust instrument, and (ii) most recent trust tax return (IRS Form 1041). Yes () No ()

17.6 Have interest in buy-sell agreement? If "yes", please bring copy of (i) the Agreement, and (ii) the most recent corporate or partnership tax return. Yes () No ()

18. Have you resided outside California during your marriage? Yes () No ()

19. Do you live in another state any part of the year? Yes () No ()

20. Do you own any real estate in another state? Yes () No ()

21. Is all your property Community Property? Yes () No ()

22. Do you own Separate Property? Yes () No ()

23. Does you Spouse own Separate Property? Yes () No ()

24. Life Insurance:

24.1 How much total coverage in all policies on you?
\$ _____

24.2 How much total coverage in all policies on Spouse?
\$ _____

24.3 Bring a schedule of life insurance policies showing:

1. Coverage; 2. Owner; 3. Beneficiaries; 4. Type of Policy (i.e., term or whole life).

25. Have you made gifts to your children or others? If "yes", give date of each gift, amount of each gift and name of donee of each gift. Yes () No ()

26. How is title held on real estate which you own in your names?
(Bring copy of grant deed for each piece of real property)

26.1 Joint Tenancy: Yes () No ()

26.2 Community Property: Yes () No ()

26.3 Other _____

27. How is title held on real estate which is owned by a partnership or closely held corporation in which you have an interest? (Bring copy of grant deed for each piece of real property)

27.1 Joint Tenancy: Yes () No ()

27.2 Community Property: Yes () No ()

27.3 Your Name: Yes () No ()

27.4 Your Spouse's Name: Yes () No ()

28. How is title held on your investments? (Bring copy of Partnership Agreements and share certificates)

28.1 Joint tenancy: Yes () No ()

28.2 Community Property: Yes () No ()

28.3 Your Name: Yes () No ()

28.4 Your Spouse's Name: Yes () No ()

29. Any Marriage Agreements:

29.1 Prior to marriage? Yes () No ()

29.2 After marriage? Yes () No ()

If "yes", please bring a copy of Agreement.

30. Proposed Executor:

For You: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

For Spouse: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

31. Proposed Trustees:

For You: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

For Spouse: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

32. Proposed Guardian of Minor Children (if any):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

33. If either spouse is a physician or other licensed individual, list the names of three other licensed individuals who will be custodians of the charts/files, controlled substances, and prescription pads.

34. Name, address and phone number of your C.P.A.:

35. Name, address and phone number of your life insurance agent:

36. Please bring copies of most recent:

36.1 Personal tax return

36.2 Personal financial statement, if available

36.3 Your corporation's (if any) tax return

36.4 Your corporation's (if any) financial statements, if available

Please write here any additional information you feel we may need to know for your estate plan
