

**C O N F I D E N T I A L**

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**Estate Planning Questionnaire**  
*for a married couple*

**General Information**

**Husband:**

Full name \_\_\_\_\_

Other names used \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_ Country of citizenship  USA  Other \_\_\_\_\_

Business phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Address or main residence \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

**Wife:**

Date of marriage \_\_\_\_\_

Full name \_\_\_\_\_

Other names used \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_ Country of citizenship  USA  Other \_\_\_\_\_

Business phone \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Prior Marriages**

**Husband:** Name of former spouse 1 \_\_\_\_\_

Date of marriage \_\_\_\_\_ Marriage ended in  divorce  death End date \_\_\_\_\_

Name of former spouse 2 \_\_\_\_\_

Date of marriage \_\_\_\_\_ Marriage ended in  divorce  death End date \_\_\_\_\_

**Wife:** Name of former spouse 1 \_\_\_\_\_

Date of marriage \_\_\_\_\_ Marriage ended in  divorce  death End date \_\_\_\_\_

Name of former spouse 2 \_\_\_\_\_

Date of marriage \_\_\_\_\_ Marriage ended in  divorce  death End date \_\_\_\_\_

**The Law Office of Gillian M. Stein • Estate Planning** email [gillstein@steintrusts.com](mailto:gillstein@steintrusts.com)  
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## Children and Relatives

If any child has special needs because of developmental, physical or mental disability, please provide pertinent information on an attachment. This should include the nature of the illness, the nature of the disability, the names of the doctors, guardians and the anticipated needs of the child after your death.

Children of your present marriage should be listed first; children of prior marriage(s) of either spouse should be listed separately. In any case, please provide the following information:

**Child A** is the child of  Husband and Wife  Husband only  Wife only

**Child A:** Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Does Child A have special needs? If so, indicate here  and attach explanation

Spouse of Child A \_\_\_\_\_

Children of Child A:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

**Child B** is the child of  Husband and Wife  Husband only  Wife only

**Child B:** Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Does Child B have special needs? If so, indicate here  and attach explanation

Spouse of Child B \_\_\_\_\_

Children of Child B:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

**Child C** is the child of  Husband and Wife  Husband only  Wife only

**Child C:** Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Does Child C have special needs? If so, indicate here  and attach explanation

Spouse of Child C \_\_\_\_\_

Children of Child C:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

**Child D** is the child of  Husband and Wife  Husband only  Wife only

**Child D:** Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Does Child D have special needs? If so, indicate here  and attach explanation

Spouse of Child D \_\_\_\_\_

Children of Child D:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

**Child E** is the child of  Husband and Wife  Husband only  Wife only

**Child E:** Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Does Child E have special needs? If so, indicate here  and attach explanation

Spouse of Child E \_\_\_\_\_

Children of Child E:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

### **Deceased Children**

**Child F** is the child of  Husband and Wife  Husband only  Wife only

**Child F:** Name \_\_\_\_\_ Date of death \_\_\_\_\_

Spouse of Child F \_\_\_\_\_

Children of Child F:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

**Child G** is the child of  Husband and Wife  Husband only  Wife only

**Child G:** Name \_\_\_\_\_ Date of death \_\_\_\_\_

Spouse of Child G \_\_\_\_\_

Children of Child G:

1 \_\_\_\_\_ Date of birth \_\_\_\_\_ 2 \_\_\_\_\_ Date of birth \_\_\_\_\_

3 \_\_\_\_\_ Date of birth \_\_\_\_\_ 4 \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of other parent (if applicable) \_\_\_\_\_

# Information Regarding Important Documents

## Husband:

Do you now have a will?  Yes  No

Do you now have a trust?  Yes  No

Do you now have a Financial Power of Attorney?  Yes  No

Do you now have an Advance Health Care Directive (sometimes called a Living  Yes  No

If the answer to any of the above questions is "Yes", please provide us with a copy of the document.

## Wife:

Do you now have a will?  Yes  No

Do you now have a trust?  Yes  No

Do you now have a Financial Power of Attorney?  Yes  No

Do you now have an Advance Health Care Directive (sometimes called a Living  Yes  No

If the answer to any of the above questions is "Yes", please provide us with a copy of the document.

# Distribution of Estate

How do you wish to dispose of your assets upon your death?

## Husband:

All to your spouse on your death?  Yes  No

If your spouse predeceases you, to your children in equal shares?  Yes  No

To your children in equal shares on your death?  Yes  No

If any children predecease you, do you wish to leave that child's share to his or her  Yes  No  
children? If none of the above apply, to whom do you wish to leave your property?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

## Wife:

All to your spouse on your death?  Yes  No

If your spouse predeceases you, to your children in equal shares?  Yes  No

To your children in equal shares on your death?  Yes  No

If any children predecease you, do you wish to leave that child's share to his or her  Yes  No  
children? If none of the above apply, to whom do you wish to leave your property?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of birth \_\_\_\_\_ % of assets \_\_\_\_\_

## Timing of Distribution

If assets to any beneficiary are not to be provided outright at your death or at death of your spouse, these assets will be placed into a trust and distributed in stages. Please provide name, relationship, age at time of the distribution and the percentage to be distributed at each age:

The following example may be of help to you:

Name: Jane Smith

Relationship: Daughter

Ages at distribution: 21, 25, 30

Percentage of assets to be distributed at each age: 33.3

### **Husband's beneficiaries:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

### **Wife's beneficiaries:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Ages at distribution \_\_\_\_\_ Percentage of assets to be distributed at each age \_\_\_\_\_

## Specific Bequests

List all gifts of specific real or personal property or cash that you wish to make, if any. Also indicate who (person or organization) should receive the bequest if the first person does not survive you. You can also choose to have the gift become part of the residue of your estate if the first person does not survive you. The following examples may be of help to you:

1. Diamond and ruby cocktail shaker to John Doe, my friend, 1234 Easy Street, Avocado, CA. If John Doe is not living, then to his oldest child who is living at the time of my death.
2. Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, CA.
3. Antique sheet music collection and harpsichord to Best School of Music Scholarship Fund, 51 Crescendo Lane, Solotown, PA. If this scholarship fund is not in existence at my death, this gift shall lapse and be distributed as part of the residue of my estate.
4. The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse and be distributed as part of the residue of my estate.

### Husband:

Bequest \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If this person or organization does not survive me, then this gift shall  be included in the residue of my estate

shall be given to \_\_\_\_\_

Bequest \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If this person or organization does not survive me, then this gift shall  be included in the residue of my estate

shall be given to \_\_\_\_\_

### Wife:

Bequest \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If this person or organization does not survive me, then this gift shall  be included in the residue of my estate

shall be given to \_\_\_\_\_

Bequest \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If this person or organization does not survive me, then this gift shall  be included in the residue of my estate

shall be given to \_\_\_\_\_

# Naming Your Representatives

**Trustees:** *You are the first trustee of your Trust. During your lifetime you will manage and control all of your property without interference from anyone. Upon your death the successor trustee will automatically become responsible for management and control of your estate in accordance with the terms of the Trust.*

**Husband:**

Your spouse first?  Yes  No If not, name your choice in order of preference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-trustee serve with this person?  Yes  No

If "Yes", name of co-trustee \_\_\_\_\_ Can either trustee serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-trustee serve with this person?  Yes  No

If "Yes", name of co-trustee \_\_\_\_\_ Can either trustee serve alone?  Yes  No

**Wife:**

Your spouse first?  Yes  No If not, name your choice in order of preference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-trustee serve with this person?  Yes  No

If "Yes", name of co-trustee \_\_\_\_\_ Can either trustee serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-trustee serve with this person?  Yes  No

If "Yes", name of co-trustee \_\_\_\_\_ Can either trustee serve alone?  Yes  No

**Executors:** *Your executor will identify your property and liabilities and will open a probate case in the court if necessary. He or she will protect your property until all debts and taxes have been paid, and transfer the remaining property to the people who are named in your Will.*

**Husband:**

Your spouse first?  Yes  No If not, name your choice in order of preference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-executor serve with this person?  Yes  No

If "Yes", name of co-executor \_\_\_\_\_ Can either executor serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-executor serve with this person?  Yes  No

If "Yes", name of co-executor \_\_\_\_\_ Can either executor serve alone?  Yes  No

**Wife:**

Your spouse first? Yes No If not, name your choice in order of preference

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-executor serve with this person? Yes No

If "Yes", name of co-executor \_\_\_\_\_ Can either executor serve alone? Yes No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will a co-executor serve with this person? Yes No

If "Yes", name of co-executor \_\_\_\_\_ Can either executor serve alone? Yes No

**Guardians of Minor Children:** *There are two guardianships that must be considered: the guardian of the person is the person with whom your children will live. The guardian of the estate manages the child's money.*

**Husband:**

**Guardian of the person of minor children**

Other parent first? Yes No Note: If the child's other parent is alive, he or she will be the guardian of the person whom the courts prefer.

List primary or successor guardian of the person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian \_\_\_\_\_ Can either guardian serve alone? Yes No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian \_\_\_\_\_ Can either guardian serve alone? Yes No

**Guardian of the estate of minor children**

Other parent first? Yes No Note: You may name the other parent or any other person for this role.

List primary or successor guardian of the estate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian \_\_\_\_\_ Can either guardian serve alone? Yes No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian? Yes No

If "Yes", name of co-guardian \_\_\_\_\_ Can either guardian serve alone? Yes No



**Wife:**

**Guardian of the person of minor children**

Other parent first?  Yes  No Note: If the child’s other parent is alive, he or she will be the guardian of the person whom the courts prefer.

List primary or successor guardian of the person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian?  Yes  No

If “Yes”, name of co-guardian \_\_\_\_\_ Can either guardian serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian?  Yes  No

If “Yes”, name of co-guardian \_\_\_\_\_ Can either guardian serve alone?  Yes  No

**Guardian of the estate of minor children**

Other parent first?  Yes  No Note: You may name the other parent or any other person for this role.

List primary or successor guardian of the estate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian?  Yes  No

If “Yes”, name of co-guardian \_\_\_\_\_ Can either guardian serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Will there be a co-guardian?  Yes  No

If “Yes”, name of co-guardian \_\_\_\_\_ Can either guardian serve alone?  Yes  No

**Agent to be named in your Durable Power of Attorney—Financial:**

*The person you name as your agent will manage your assets if you cannot or do not wish to do so.*

In order of preference, list the name and relationship of your agent for this purpose.

**Husband:**

Spouse first?  Yes  No If “No”, list the primary or successor agent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If “Yes”, name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If “Yes”, name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

**Wife:**

Spouse first?  Yes  No If "No", list the primary or successor agent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

**Agent to be named in your Advance Health Care Directive:**

*The person you name as your agent will make health care decisions for you based upon the instructions in your Advance Health Care Directive.*

In order of preference, list the name and relationship of your agent for this purpose.

**Husband:**

Spouse first?  Yes  No If "No", list the primary or successor agent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

**Wife:**

Spouse first?  Yes  No If "No", list the primary or successor agent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Will a co-agent serve with this person?  Yes  No

If "Yes", name of co-agent \_\_\_\_\_ Can either agent serve alone?  Yes  No

**Special note:** This Estate Planning Questionnaire has been filled out completely by the client or clients

named below, with the assistance of \_\_\_\_\_ (Financial Planner, CPA, business consultant or other financial professional, hereinafter referred to as "Financial Professional."). The clients have reviewed this form carefully before submitting it, and warrant the information herein to be accurate.

The Attorney, Gillian Stein, takes professional and legal responsibility for the accuracy and validity of all estate planning documents prepared in accordance with the information contained in this Estate Planning Questionnaire. The Clients instruct said Attorneys to prepare such estate planning documents using the highest standards of the law.

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
Client 1

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
Client 2

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
Financial Professional

# Schedule of Assets

Market value

*or*

Account number Account balance

Mortgage/Loan

Date acquired

	Account number	Account balance	Mortgage/Loan	Date acquired
Real estate or mobile home _____				
_____				
_____				
Bank accounts _____				
_____				
_____				
_____				
Stocks, bonds, mutual funds, securities _____				
_____				
_____				
_____				
Retirement funds: IRA, 401k, pension _____				
_____				
_____				
Partnerships, corporations, sole proprietorships, other investments				
_____				
_____				
_____				
_____				
Vehicles, personal property, other _____				
_____				
_____				
<b>Total:</b>				