

MICHAEL R. BROWN, A LAW CORPORATION

MASTER OF BUSINESS ADMINISTRATION
CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED TAX SPECIALIST
(State Bar of California Board of Legal Specialization)

TAXATION
CORPORATE & BUSINESS LAW
ESTATE PLANNING

23041 Mill Creek Drive
Laguna Hills, CA 92653-1257

Telephone
(949) 452-0412 Ext.226
Facsimile
(949) 380-1128

ESTATE PLANNING QUESTIONNAIRE

TO: Mr. and Mrs. Schinhofen:

This Questionnaire requests information which can help me to assist you with your estate planning. Since some clients are single, some are married, etc., not all questions apply to everyone. If you cannot complete all questions, please complete as many as possible and I will obtain any essential missing data at a later time.

A. FAMILY & PERSONAL DATA

1. Name (Any Variations)

Husband:

Wife:

2. Residence

Street Address

City, State, Zip Code

Phone ()

3. Business

Name:

Street Address:

City, State, Zip Code:

Phone:

4. Birth (Place and Date)

Husband:

Wife:

Are you both U.S. citizens?

5. Marriage (Place and Date)

6. Children (This marriage - Including deceased or adopted)

<u>Full Name</u>	<u>Birth Date</u>	<u>Married</u>	<u>Children</u>
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7. Children of Prior Marriages (Indicate Husband or Wife)

<u>Child's Name</u>	<u>Birth Date</u>	<u>Married</u>	<u>Children</u>
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8. Prior Marriages:

A. Husband's Previous Marriage(s): Terminated By:

	<u>Divorce</u>	<u>Death</u>	<u>Date</u>
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1. _____ (Name of Former Spouse)	_____	_____	_____
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2. _____ (Name of Former Spouse)	_____	_____	_____
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B. Wife's Previous Marriage(s): Terminated By:

	<u>Divorce</u>	<u>Death</u>	<u>Date</u>
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1. _____ (Name of Former Spouse)	_____	_____	_____
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2. _____ (Name of Former Spouse)	_____	_____	_____
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9. Parents (Full Names and Addresses)

Husband:

Wife:

10. Brothers and Sisters (Full Names Only)

Husband:

Wife:

11. Dependents (Other than children)/Relationship

12. Social Security Numbers

Husband:

Wife:

13. Location of Safe Deposit Box

14. Prior Wills

Husband:

Wife:

15. Investment Advisor/Broker

16. Accountant (Name and address)

17. Pension/Profit Sharing Plan Participation
(Are you a participant in such a Plan? If so, list name of company sponsoring plan and plan type)

18. Life Insurance
(Do you have life insurance on you or your spouse's life? (Yes or No, or amounts))

B. TRUST PROVISIONS

1. **(Important)** General Provisions for Dividing Assets Between Heirs (Age and percent of trust to be distributed to children, or other heirs after death of surviving spouse, i.e., equal shares and 1/3 at age 25, 1/3 at age 30 and balance at age 35): Do you want to keep some of your children's assets in trust for them for their entire lifetimes in order to avoid estate taxes at their death? They would still have use of the assets.

2. **(Optional)** Specific Bequests of Money or Property (Specific items of property that you want to go to specific persons):

3. **(Optional) Common Disaster Distribution** (Distribution in the unlikely event of the death of all members of immediate family (spouse, children, grandchildren) to individuals or charity):
4. Successor Trustees
 - (a) Trustee after death of first spouse (i.e., surviving spouse)
 - (b) Trustee(s) after death of both spouses (one or more)
5. Miscellaneous requests of any nature

C. **WILL PROVISIONS**

1. Guardians. If you have minor children, a guardian should be named in the will. Appoint the one you wish to take care of your children until they are of legal age in case you and your spouse die before the children reach age 18. If you do not feel the guardian is capable of handling the finances of the children, then a separate guardian of the minor's estate should be named who would be responsible for administering the assets of the children until they attain age 18. This guardian would not have any personal responsibility for the day-to-day care of the minor child, but would have control over the minor's finances.
 - (a) Guardian of the Person (The person with whom the minor children will reside)
 - (1) Primary:
 - (2) Alternate:
 - (b) Guardian of the Estate (To control the money and finances of your minor children)
 - (1) Primary:
 - (2) Alternate:
 - (c) If guardians are husband and wife, what happens if the guardians become divorced?

2. Executor

- (a) First Executor (Usually surviving spouse)
- (b) Secondary Executor (If both spouses die simultaneously)

- (c) Alternates (Individuals - Optional)

- (d) Corporate Alternate (Bank or Trust Company - Optional)

3. Funeral Instructions, etc.

Do you have any preference as to funeral and/or burial arrangements? If so, please fill out the following:

Religious Service, if any:

Disposition of Body (i.e. specify burial or cremation, disposition of ashes at sea, any preference for undertaking arrangements, particularly if you have already made any such arrangements, and with whom):

Location of Interment:

D. ADVANCE HEALTH CARE DIRECTIVE

1. Agent (To make health care decisions for you - generally spouse)
2. Alternate Agent(s) (If spouse is unavailable)
 - (a)
 - (b)
3. Conservator-of-Person (In case someone must care for your physical person, i.e., quality of long term convalescent care)
 - (a) Spouse?
 - (b) Alternate Conservators

FILLING OUT INFORMATION SHEETS:

It is most helpful if you can fill out this questionnaire and bring it with you when you come in. However, **please do not delay your appointment for lack of answers to the questions**, since I can assist you with troublesome items at the conference.