



Please send completed questionnaire to:  
**Aaron, Riechert, Carpol & Riffle, APC**  
333 Twin Dolphin Drive, Suite 350  
Redwood City, CA 94065  
Main Number: 650.368.4662  
General Fax: 650.367.8531

## ESTATE PLANNING QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION				
NAME (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
SPOUSE/DOMESTIC PARTNER (LAST)	FIRST	MI	SOCIAL SECURITY NUMBER	BIRTH DATE / /
STREET ADDRESS		CITY		STATE ZIP CODE
PRIMARY TELEPHONE	ALTERNATE PHONE		EMAIL ADDRESS	
SPOUSE'S PRIMARY TELEPHONE	SPOUSE'S ALTERNATE PHONE		SPOUSE'S EMAIL ADDRESS	
DATE OF MARRIAGE (IF APPLICABLE) / /				
I. PERSONAL AND FAMILY DATA				
<b>A</b>	DOES EITHER PARTY HAVE ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES, THAT SHOULD BE INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT ARE THEY?			
<b>B</b>	DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE DEATH OCCURRED OR DISSOLUTION OF MARRIAGE WAS FINAL. PLEASE PROVIDE A COPY OF THE MARITAL OR LEGAL SEPARATION AGREEMENT.			
<b>C</b>	ARE BOTH PARTIES U.S. CITIZENS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHO IS NOT A U.S. CITIZEN AND OF WHAT COUNTRY IS THAT PERSON A CITIZEN? ARE THEY A GREEN CARD HOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>D</b>	ARE YOU A REGISTERED DOMESTIC PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>E</b>	LIST CHILDREN FROM THIS MARRIAGE			
FULL LEGAL NAME	BIRTH DATE / /	ADDRESS		<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
	/ /			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
	/ /			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
	/ /			<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED

<b>F</b>	<b>LIST CHILDREN FROM PREVIOUS MARRIAGE, IF ANY</b>			
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF OTHER PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF OTHER PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF OTHER PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS				

**I. PERSONAL AND FAMILY DATA (CONTINUED)**

<b>G</b>	HAVE ANY OF YOUR BIOLOGICAL CHILDREN OR GRANDCHILDREN BEEN ADOPTED BY OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>H</b>	ARE THERE ANY SURVIVING GRAND CHILDREN OF DECEASED CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE STATE THEIR NAMES AND BIRTH DATES:		
FULL LEGAL NAME	BIRTH DATE / /	FULL LEGAL NAME	BIRTH DATE / /
	/ /		/ /

<b>I</b>	ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN ADOPTED, STEPCHILDREN, OR FOSTER CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE STATE THEIR NAMES AND BIRTH DATES:		
FULL LEGAL NAME	BIRTH DATE / /	FULL LEGAL NAME	BIRTH DATE / /
	/ /		/ /

<b>J</b>	IF NO CHILDREN, PLEASE PROVIDE THE NAMES AND ADDRESSES OF OTHER SURVIVING RELATIVES (PARENTS, BROTHERS, SISTERS):			
RELATIVES OF APPLICANT		RELATIVES OF SPOUSE/DOMESTIC PARTNER		
FULL LEGAL NAME	ADDRESS	FULL LEGAL NAME	ADDRESS	

<b>K</b>	PLEASE SELECT WHETHER YOU HAVE THE FOLLOWING: <input type="checkbox"/> WILL <input type="checkbox"/> TRUST <input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> ADVANCED HEALTH CARE DIRECTIVE (PLEASE PROVIDE A COPY OF EXISTING ESTATE PLANNING DOCUMENTS.)  IF YOU HAVE A PRIOR WILL OR TRUST, WHERE IS IT LOCATED? : <input type="checkbox"/> WITH YOU <input type="checkbox"/> PRIOR ATTORNEY <input type="checkbox"/> SAFE DEPOSIT BOX <input type="checkbox"/> OTHER  WHAT IS THE NAME OF THE ATTORNEY WHO DRAFTED YOUR PRIOR WILL OR TRUST?
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## II. ASSETS & OTHER FINANCIAL INFORMATION

<b>A</b>	<b>REAL ESTATE</b>		
ADDRESS	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$	
	\$	\$	
	\$	\$	
HOW IS TITLE HELD TO EACH PROPERTY? If available, please bring a copy of the last recorded deed (not deed of trust) and current title insurance policy.			

## II. ASSETS & OTHER FINANCIAL INFORMATION (CONTINUED)

<b>B</b>	<b>IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). PLEASE ENSURE THAT YOU HAVE A DESIGNATED A BENEFICIARY</b>		
NAME OF INSTITUTION AND OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
<b>C</b>	<b>OTHER RETIREMENT PLANS (INCLUDING PENSIONS AND DEFERRED COMPENSATION). PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.</b>		
NAME OF PLAN AND OWNER	ACCOUNT NUMBER	VALUE \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
		\$	
<b>D</b>	<b>LIFE INSURANCE AND ANNUITIES. PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.</b>		
NAME OF COMPANY AND OWNER	ACCOUNT NUMBER	FACE AMOUNT \$	DESIGNATED BENEFICIARY
		\$	
		\$	
		\$	
<b>E</b>	<b>STOCKS AND BONDS. LIST BELOW OR PROVIDE COPIES OF RECENT STATEMENTS OR CERTIFICATES.</b>		
NAME OF BROKERAGE ACCOUNTS OR BROKERAGE	TITLE OF ACCOUNT	NUMBER OF SHARES (IF APPLICABLE)	APPROXIMATE VALUE \$
			\$
			\$
			\$

<b>F</b>	<b>CASH</b>			
	NAME OF FINANCIAL INSTITUTION	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE BALANCE \$
				\$
				\$
<b>G</b>	<b>INCOME</b>			
	ANNUAL SALARY OF CLIENT \$	ANNUAL SALARY OF SPOUSE/DOMESTIC PARTNER \$		
DO YOU HAVE INCOME FROM OTHER SOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.				
	SOURCE OF INCOME	ANNUAL AMOUNT \$		
<b>II. ASSETS &amp; OTHER FINANCIAL INFORMATION (CONTINUED)</b>				
<b>H</b>	<b>OTHER ASSETS (E.G. PARTNERSHIPS, OTHER BUSINESS INTEREST, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)</b>			
	ASSET	FAIR MARKET VALUE \$		
		\$		
DO YOU HOLD ANY OTHER ASSETS IN JOINT TENANCY WITH SOMEONE OTHER THAN YOUR SPOUSE OR JOINTLY WITH ANOTHER PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>I</b>	IS THERE A BUY/SELL AGREEMENT SIGNED FOR YOUR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>J</b>	DO YOU HAVE A SAFETY DEPOSIT BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE IS IT LOCATED?			
	NAME OF INSTITUTION	NAME OF OWNER(S)		
	STREET ADDRESS	CITY	STATE	ZIP
<b>K</b>	DOES EITHER PARTY EXPECT TO INHERIT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO? _____ IF YES, PLEASE LIST THE ESTIMATED VALUE: \$ _____			
<b>L</b>	ASIDE FROM ANYTHING LISTED ABOVE, DO YOU ANY OF YOUR BENEFICIARIES OWE YOU MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.			
<b>M</b>	ASIDE FROM ANY MORTGAGES OR DEEDS OF TRUST FROM REAL ESTATE, DO YOU HAVE ANY DEBT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.			
<b>N</b>	HAVE YOU MADE ANY GIFTS OF MORE THAN \$15,000 IN ANY CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>O</b>	DO YOU HOLD A POWER OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
<b>P</b>	DID YOU OWN ANY OF THE ABOVE DESCRIBED ASSETS PRIOR TO MARRIAGE OR RECEIVE ANY OF THE ASSETS BY INHERITANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST.			

<b>Q</b>	DO YOU HAVE A PREMARITAL OR POST-MARITAL AGREEMENT OF ANY TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE US WITH A COPY.
<b>R</b>	DO YOU NOW HAVE A WRITTEN COMMUNITY PROPERTY AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE US WITH A COPY.

**III. CREATION OF AN ESTATE PLAN**

<b>A</b>	DO YOU WISH TO CREATE A TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
<b>B</b>	DO YOU WISH TO CREATE A WILL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
<b>C</b>	IS THERE ANY CHILD, OR OTHER HEIR, YOU WISH TO DISQUALIFY FROM INHERITING FROM YOUR ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>D</b>	DO YOU ANTICIPATE ANY CHALLENGES TO YOUR ESTATE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FROM WHOM?
<b>E</b>	DO ANY OF YOUR BENEFICIARIES HAVE SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW

**IV. TESTAMENTARY DESIRES**

<b>A</b>	<b>GIFTS</b>		
DO YOU WISH TO MAKE ANY SPECIFIC GIFTS OF MONEY OR PROPERTY TO ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU WISH TO MAKE THE GIFTS FREE OF ESTATE TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE BENEFICIARIES.			
	NAME OF BENEFICIARY AND RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)

*IV. TESTAMENTARY DESIRES (CONTINUED)*

HOW DO YOU WISH THE REST OF YOUR ESTATE, AFTER ANY SPECIFIC GIFTS TO BE DISTRIBUTED?	

<b>B</b>	<b>TRUST</b>
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DO YOU WISH TO CREATE A TRUST FOR YOUR CHILDREN, GRANDCHILDREN, OR OTHERS?  YES  NO IF YES, FOR WHOM? \_\_\_\_\_  
IF YES, PLEASE LIST TRUSTEE AND ALTERNATE TRUSTEE.

AT WHAT AGE(S) SHOULD THE TRUSTEE DISTRIBUTE TO THE BENEFICIARIES?	
NAME AND ADDRESS OF BENEFICIARIES	AGE(S) OF DISTRIBUTION (indicate whether trustee shall make more than one distribution; if, so, list age at each stage of distribution). Example: Age 21 – 50% distribution; Age 30 – 50% distribution

IF ALL THE BENEFICIARIES OF THE TRUST FAIL TO SURVIVE FINAL DISTRIBUTION OF THE PRINCIPAL OF THE TRUST, WHO SHALL RECEIVE THE PRINCIPAL WHICH REMAINS?						
<b>C</b> WHOM DO YOU WISH TO SERVE AS EXECUTOR OF YOUR WILL AND SUCCESSOR TRUSTEE OF YOUR LIVING TRUST? (THEY CAN BE DIFFERENT IF YOU PREFER)						
NAME OF EXECUTOR/SUCCESSOR TRUSTEE (LAST)		FIRST		MI		
STREET ADDRESS			CITY		STATE	ZIP
RELATIONSHIP TO YOU		TELEPHONE			EMAIL ADDRESS	
NAME OF ALTERNATE EXECUTOR/ SUCCESSOR TRUSTEE (LAST)		FIRST		MI		
STREET ADDRESS			CITY		STATE	ZIP
RELATIONSHIP TO YOU		TELEPHONE			EMAIL ADDRESS	
DOES SPOUSE PREFER A DIFFERENT EXECUTOR, SUCCESSOR TRUSTEE, OR AGENT? IF SO, NAME OF ALTERNATE: (LAST)		FIRST		MI		
STREET ADDRESS			CITY		STATE	ZIP
RELATIONSHIP TO YOU		TELEPHONE			EMAIL ADDRESS	
<b>D</b> IS THIS THE SAME PERSON AS WHOM YOU WOULD LIKE TO ACT AS YOUR TRUST FOR CHILDREN, GRANDCHILDREN, OR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>E</b> DO YOU WANT THE SUCCESSOR TRUSTEE(S) TO PROVIDE ANNUAL ACCOUNTINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW						
<b>F</b> DO YOU WANT THE SUCCESSOR TRUSTEE(S) TO OBTAIN A BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW						
<b>G</b> WHOM DO YOU WISH TO SERVE GUARDIAN OF PERSON AND/OR ESTATE OF YOUR MINOR CHILDREN?						
NAME OF GUARDIAN		FIRST		MI		
STREET ADDRESS			CITY		STATE	ZIP
TELEPHONE		EMAIL ADDRESS				
<b>H</b> DO YOU HAVE ANY PETS THAT YOU WOULD LIKE TO PROVIDE FOR UPON YOUR DEATH? PLEASE PROVIDE THE NAME OF EACH PET						
PET NAME #1		PET NAME #2			PET NAME #3	
<b>I</b> ACCOUNTANT INFORMATION						
NAME (LAST)		FIRST		MI		
STREET ADDRESS						
CITY	STATE	ZIP CODE	TELEPHONE		FAX NUMBER	
<b>J</b> FINANCIAL ADVISOR INFORMATION						

NAME (LAST)			FIRST	MI
STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER
<b>K</b>	WHOM WOULD YOU LIKE TO MANAGE YOUR DIGITAL ASSETS?			
NAME (LAST)		FIRST	MI	
STREET ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE	FAX NUMBER
<b>L</b>	DO YOU HAVE ANY QUESTIONS OR ISSUES THAT YOU WOULD LIKE TO DISCUSS AT OUR MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW.			