



Please send completed questionnaire to:
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 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				
LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER	BIRTH DATE
SPOUSE/DOMESTIC PARTNER LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER	BIRTH DATE
STREET ADDRESS		CITY		STATE ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE ZIP
HOME PHONE#	CELL PHONE#		EMAIL ADDRESS	
SPOUSE'S HOME PHONE#	SPOUSE'S CELL PHONE#		SPOUSE'S EMAIL ADDRESS	
DATE OF MARRIAGE (IF APPLICABLE)				
I. PERSONAL AND FAMILY DATA				
CONTINUE ON A SEPARATE SHEET AS NECESSARY				
A	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 YES, PLEASE SPECIFY BELOW.			
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.			
C	ARE BOTH PARTIES U.S. CITIZENS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE SPECIFY BELOW 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			
D	ARE YOU A REGISTERED DOMESTIC PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE CERTIFICATE.			
E	IF CHILDREN, LIST ALL NAMES OF CHILDREN AND NAMES OF BIOLOGICAL PARENTS.			
FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS				
FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS				

FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS					
FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS					
FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS					
FULL LEGAL NAME		BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
ADDRESS					
F	HAVE ANY OF YOUR BIOLOGICAL CHILDREN OR GRANDCHILDREN BEEN ADOPTED BY OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU INTEND TO INCLUDE THEM AS BENEFICIARIES IN YOUR ESTATE PLAN? PLEASE SPECIFY BELOW.				
G	ARE THERE ANY SURVIVING GRAND CHILDREN OR ISSUE OF DECEASED CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY NAMES AND BIRTH DATES BELOW.				
FULL LEGAL NAME		BIRTH DATE	FULL LEGAL NAME		BIRTH DATE
FULL LEGAL NAME		BIRTH DATE	FULL LEGAL NAME		BIRTH DATE
H	ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN ADOPTED, STEPCHILDREN, OR FOSTER CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY NAMES AND BIRTH DATES BELOW.				
FULL LEGAL NAME		BIRTH DATE	FULL LEGAL NAME		BIRTH DATE
FULL LEGAL NAME		BIRTH DATE	FULL LEGAL NAME		BIRTH DATE
I	IF NO CHILDREN, PLEASE PROVIDE THE NAMES AND ADDRESSES OF ANY OTHER SURVIVING RELATIVES (PARENTS, BROTHERS, SISTERS).				
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
FULL LEGAL NAME		ADDRESS		RELATIVE OF	RELATIONSHIP
J	HAVE YOU OR SOMEONE YOU ARE RELATED TO USED A GENEALOGICAL DATABASE SERVICE (SUCH AS 23ANDME OR ANCESTRY)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ARE THERE ANY RESULTS THAT YOU WISH TO DISCUSS IN TERMS OF ESTATE PLANNING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.				
K	PLEASE INDICATE 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 (IF YES, PLEASE PROVIDE A COPY OF EXISTING ESTATE PLANNING DOCUMENTS.) IF YOU HAVE A PRIOR WILL OR TRUST, WHERE IS THE ORIGINAL 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? PLEASE SPECIFY BELOW.

II. ASSETS & OTHER FINANCIAL INFORMATION

CONTINUE ON A SEPARATE SHEET AS NECESSARY

A REAL ESTATE – IF AVAILABLE, PLEASE PROVIDE A COPY OF THE LAST RECORDED DEED (NOT DEED OF TRUST OR MORTGAGE) AND CURRENT TITLE INSURANCE POLICY.

STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$
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HOW IS TITLE HELD?

STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$
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HOW IS TITLE HELD?

STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$
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HOW IS TITLE HELD?

STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE \$	AMOUNT OWED \$
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HOW IS TITLE HELD?

B IRAS (INDIVIDUAL RETIREMENT ACCOUNTS). PLEASE ENSURE THAT YOU HAVE A DESIGNATED A BENEFICIARY.

NAME OF INSTITUTION / ACCOUNT OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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NAME OF INSTITUTION / ACCOUNT OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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NAME OF INSTITUTION / ACCOUNT OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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C OTHER RETIREMENT PLANS (INCLUDING PENSIONS AND DEFERRED COMPENSATION). PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.

NAME OF PLAN / PLAN OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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NAME OF PLAN / PLAN OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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NAME OF PLAN / PLAN OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE \$
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DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY
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D LIFE INSURANCE AND ANNUITIES. PLEASE ENSURE THAT YOU HAVE DESIGNATED A BENEFICIARY.

NAME OF COMPANY / POLICY OWNER	ACCOUNT NUMBER	FACE AMOUNT \$
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DESIGNATED BENEFICIARY		CONTINGENT BENEFICIARY		
NAME OF COMPANY / POLICY OWNER	ACCOUNT NUMBER	FACE AMOUNT \$		
DESIGNATED BENEFICIARY		CONTINGENT BENEFICIARY		
NAME OF COMPANY / POLICY OWNER	ACCOUNT NUMBER	FACE AMOUNT \$		
DESIGNATED BENEFICIARY		CONTINGENT BENEFICIARY		
E	STOCKS AND BONDS. LIST BELOW OR PROVIDE COPIES OF RECENT STATEMENTS OR CERTIFICATES.			
NAME OF BROKERAGE ACCOUNTS OR BROKERAGE	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE VALUE \$	NUMBER OF SHARES (IF APPLICABLE)
NAME OF BROKERAGE ACCOUNTS OR BROKERAGE	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE VALUE \$	NUMBER OF SHARES (IF APPLICABLE)
NAME OF BROKERAGE ACCOUNTS OR BROKERAGE	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE VALUE \$	NUMBER OF SHARES (IF APPLICABLE)
NAME OF BROKERAGE ACCOUNTS OR BROKERAGE	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE VALUE \$	NUMBER OF SHARES (IF APPLICABLE)
F	CASH			
NAME OF FINANCIAL INSTITUTION / ACCOUNT OWNER	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE BALANCE \$	
NAME OF FINANCIAL INSTITUTION / ACCOUNT OWNER	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE BALANCE \$	
NAME OF FINANCIAL INSTITUTION / ACCOUNT OWNER	TITLE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE BALANCE \$	
G	INCOME			
ANNUAL SALARY OF APPLICANT \$		ANNUAL SALARY OF SPOUSE/DOMESTIC PARTNER \$		
DO YOU HAVE INCOME FROM OTHER SOURCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.				
SOURCE OF INCOME			ANNUAL AMOUNT \$	
SOURCE OF INCOME			ANNUAL AMOUNT \$	
SOURCE OF INCOME			ANNUAL AMOUNT \$	
H	OTHER ASSETS (E.G. PARTNERSHIPS, BUSINESS INTERESTS, OR HIGHLY VALUED AUTOMOBILES, ANTIQUES, ART, JEWELRY, ETC.)			
ASSET / HELD BY			FAIR MARKET VALUE \$	
ASSET / HELD BY			FAIR MARKET VALUE \$	
ASSET / HELD BY			FAIR MARKET VALUE \$	
ASSET / HELD BY			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 IF YES, PLEASE SPECIFY BELOW.				

I	IS THERE A BUY/SELL AGREEMENT SIGNED FOR YOUR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE PROVIDE A COPY.
J	DO YOU HAVE A SAFETY DEPOSIT BOX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE IS IT LOCATED? PLEASE SPECIFY BELOW. IF MORE THAN ONE, PLEASE PROVIDE LOCATION OF EACH.			
NAME OF INSTITUTION			NAME OF OWNER(S)	
STREET ADDRESS		CITY	STATE	ZIP
LIST CONTENTS				
NAME OF INSTITUTION			NAME OF OWNER(S)	
STREET ADDRESS		CITY	STATE	ZIP
LIST CONTENTS				
K	DOES EITHER PARTY EXPECT TO INHERIT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY WHO AND THE ESTIMATED VALUE OF THE EXPECTED INHERITANCE BELOW.			
L	DO ANY OF YOUR BENEFICIARIES OWE YOU MONEY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY WHO AND THE ESTIMATED VALUE BELOW.			
M	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 SPECIFY BELOW.			
N	HAVE YOU MADE ANY GIFTS OF MORE THAN \$15,000 IN ANY CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER FILED A GIFT TAX RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
O	DO YOU HOLD A POWER OF APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
P	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 SPECIFY BELOW.			
Q	DO YOU HAVE A PREMARITAL OR POST-MARITAL AGREEMENT OF ANY TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE PROVIDE A COPY.
R	DO YOU NOW HAVE A WRITTEN COMMUNITY PROPERTY AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE PROVIDE A COPY.
III. CREATION OF AN ESTATE PLAN				

A	DO YOU WISH TO CREATE A TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
B	DO YOU WISH TO CREATE A WILL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
C	IS THERE ANY CHILD, OR OTHER HEIR, YOU WISH TO DISQUALIFY FROM INHERITING FROM YOUR ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.

D	DO YOU ANTICIPATE ANY CHALLENGES TO YOUR ESTATE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY FROM WHOM BELOW.
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E	DO ANY OF YOUR BENEFICIARIES HAVE SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW IF YES, PLEASE SPECIFY BELOW.
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IV. TESTAMENTARY DESIRES
CONTINUE ON A SEPARATE SHEET AS NECESSARY

A	GIFTS
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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 SPECIFY BELOW.		

NAME OF BENEFICIARY / RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)

HOW DO YOU WANT THE REST OF YOUR ESTATE, AFTER ANY SPECIFIC GIFTS LISTED ABOVE, TO BE DISTRIBUTED? PLEASE SPECIFY BELOW.

B	DO YOU WISH TO CREATE A TRUST FOR YOUR CHILDREN, GRANDCHILDREN, OR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.
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FULL LEGAL NAME OF INDIVIDUAL	FULL LEGAL NAME OF DESIGNATED TRUSTEE	FULL LEGAL NAME OF ALTERNATE TRUSTEE

AT WHAT AGE(S) SHOULD THE TRUSTEE DISTRIBUTE TO THE BENEFICIARIES?

NAMES AND ADDRESSES OF BENEFICIARIES. USE A SEPARATE SHEET IF NECESSARY.	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
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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? PLEASE SPECIFY BELOW.

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C	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) PLEASE SPECIFY BELOW.
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EXECUTOR AND/OR SUCCESSOR TRUSTEE – LAST NAME	FIRST NAME	MI
STREET ADDRESS	CITY	STATE ZIP
RELATIONSHIP	PRIMARY PHONE#	EMAIL

ALTERNATE EXECUTOR AND/OR SUCCESSOR TRUSTEE – LAST NAME	FIRST NAME	MI
STREET ADDRESS	CITY	STATE ZIP
RELATIONSHIP	PRIMARY PHONE#	EMAIL

DOES SPOUSE/PARTNER PREFER A DIFFERENT EXECUTOR, SUCCESSOR TRUSTEE, OR AGENT? YES NO
IF YES, PLEASE SPECIFY BELOW.

EXECUTOR AND/OR SUCCESSOR TRUSTEE – LAST NAME	FIRST NAME	MI
STREET ADDRESS	CITY	STATE ZIP
RELATIONSHIP	PRIMARY PHONE#	EMAIL

ALTERNATE EXECUTOR AND/OR SUCCESSOR TRUSTEE – LAST NAME	FIRST NAME	MI
STREET ADDRESS	CITY	STATE ZIP
RELATIONSHIP	PRIMARY PHONE#	EMAIL

D	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
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E	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
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F	WHOM DO YOU WISH TO SERVE AS GUARDIAN OF PERSON AND/OR ESTATE OF YOUR MINOR CHILDREN? PLEASE SPECIFY BELOW.
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LAST NAME	FIRST NAME	MI
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STREET ADDRESS		CITY		STATE	ZIP
HOME PHONE#		CELL PHONE#		EMAIL ADDRESS	
LAST NAME		FIRST NAME			MI
STREET ADDRESS		CITY		STATE	ZIP
HOME PHONE#		CELL PHONE#		EMAIL ADDRESS	
G	DO YOU HAVE ANY PETS THAT YOU WOULD LIKE TO PROVIDE FOR UPON YOUR DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY BELOW.				
PET #1 NAME				TYPE OF ANIMAL	
PET #1 PROVISION					
PET #2 NAME				TYPE OF ANIMAL	
PET #2 PROVISION					
PET #3 NAME				TYPE OF ANIMAL	
PET #3 PROVISION					
H	ACCOUNTANT INFORMATION				
LAST NAME		FIRST NAME			MI
STREET ADDRESS		CITY		STATE	ZIP
BUSINESS PHONE#		EMAIL		BUSINESS FAX#	
I	FINANCIAL ADVISOR INFORMATION				
LAST NAME		FIRST NAME			MI
STREET ADDRESS		CITY		STATE	ZIP
BUSINESS PHONE#		EMAIL		BUSINESS FAX#	
J	WHOM WOULD YOU LIKE TO MANAGE YOUR DIGITAL ASSETS? (i.e. "log-in credentials, online accounts/files, cryptocurrency, domain names")				
LAST NAME		FIRST NAME			MI
STREET ADDRESS		CITY		STATE	ZIP
BUSINESS PHONE#		EMAIL		BUSINESS FAX#	
K	DO YOU HAVE ANY OTHER QUESTIONS OR ISSUES NOT COVERED HERE THAT YOU WOULD LIKE TO DISCUSS AT OUR MEETING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW.				