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

LAST NAME	FIRST NAME			MI
SOCIAL SECURITY NUMBER	BIRTH DATE	PREFERRED PRONOUNS		
LAST NAME	FIRST NAME			MI
SOCIAL SECURITY NUMBER	BIRTH DATE	PREFERRED PRONOUNS		
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)	PLACE 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?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY BELOW.
B	**DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)?** ☐ YES ☐ 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?** ☐ YES ☐ 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?** ☐ YES ☐ NO
D	**DOES EITHER PARTY HAVE VETERAN STATUS?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY
E	**ARE YOU A REGISTERED DOMESTIC PARTNER?** ☐ YES ☐ NO IF YES, PLEASE PROVIDE CERTIFICATE.

F **IF CHILDREN, LIST ALL NAMES OF CHILDREN AND NAMES OF BIOLOGICAL PARENTS.**

FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				

FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				
FULL LEGAL NAME	BIRTH DATE	NAME OF PARENT	NAME OF SECOND PARENT	☐ LIVING ☐ DECEASED
ADDRESS				

G **HAVE ANY OF YOUR BIOLOGICAL CHILDREN OR GRANDCHILDREN BEEN ADOPTED BY OTHERS?** ☐ YES ☐ NO
IF YES, DO YOU INTEND TO INCLUDE THEM AS BENEFICIARIES IN YOUR ESTATE PLAN? PLEASE SPECIFY BELOW.

H **ARE THERE ANY SURVIVING GRANDCHILDREN OR ISSUE OF DECEASED CHILDREN?** ☐ YES ☐ 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 **ARE ANY OF YOUR CHILDREN OR GRANDCHILDREN ADOPTED, STEPCHILDREN, OR FOSTER CHILDREN?** ☐ YES ☐ 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

J **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

K	**HAVE YOU OR SOMEONE YOU ARE RELATED TO USED A GENEALOGICAL DATABASE SERVICE (SUCH AS 23ANDME OR ANCESTRY)?** ☐ YES ☐ NO **IF YES, ARE THERE ANY RESULTS THAT YOU WISH TO DISCUSS IN TERMS OF ESTATE PLANNING?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY BELOW.
L	**PLEASE INDICATE WHETHER YOU HAVE THE FOLLOWING:** ☐ WILL ☐ TRUST ☐ POWER OF ATTORNEY ☐ 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?** ☐ WITH YOU ☐ PRIOR ATTORNEY ☐ SAFE DEPOSIT BOX ☐ 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 $
HOW IS TITLE HELD?			
STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE $	AMOUNT OWED $
HOW IS TITLE HELD?			
STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE $	AMOUNT OWED $
HOW IS TITLE HELD?			
STREET ADDRESS	APN / PARCEL#	APPROXIMATE FAIR MARKET VALUE $	AMOUNT OWED $
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 $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	
NAME OF INSTITUTION / ACCOUNT OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	
NAME OF INSTITUTION / ACCOUNT OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	

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 $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	
NAME OF PLAN / PLAN OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	

NAME OF PLAN / PLAN OWNER	ACCOUNT NUMBER	APPROXIMATE VALUE $
DESIGNATED BENEFICIARY	CONTINGENT BENEFICIARY	

D **LIFE INSURANCE AND ANNUITIES. PLEASE ENSURE THAT YOU HAVE DESIGNATED A 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	
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**

OCCUPATION OF CLIENT #1	OCCUPATION OF CLIENT #2
EMPLOYER OF CLIEN #2	EMPLOYER OF CLIENT #2
ANNUAL SALARY OF CLIENT #1 $	ANNUAL SALARY OF CLIENT #2 $

DO YOU HAVE INCOME FROM OTHER SOURCES? ☐ YES ☐ NO
IF YES, PLEASE SPECIFY BELOW.

SOURCE OF INCOME	ANNUAL AMOUNT $
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.) PLEASE PROVIDE ANY ENTITY DOCUMENTS FOR PARTNERSHIPS OR BUSINESS INTERESTS

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? ☐ YES ☐ NO
IF YES, PLEASE SPECIFY BELOW.

I	**IS THERE A BUY/SELL AGREEMENT SIGNED FOR YOUR BUSINESS?** ☐ YES ☐ NO IF YES, PLEASE PROVIDE A COPY.

J	**DO YOU HAVE A SAFETY DEPOSIT BOX?** ☐ YES ☐ 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
BOX NUMBER	WHO HAS ACCESS	LOCATION OF KEY	
LIST CONTENTS			

NAME OF INSTITUTION			NAME OF OWNER(S)
STREET ADDRESS	CITY	STATE	ZIP
BOX NUMBER	WHO HAS ACCESS	LOCATION OF KEY	
LIST CONTENTS			

K	**DOES EITHER PARTY EXPECT TO INHERIT PROPERTY?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY WHO AND THE ESTIMATED VALUE OF THE EXPECTED INHERITANCE BELOW.

L	**DO ANY OF YOUR BENEFICIARIES OWE YOU MONEY?** ☐ YES ☐ 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?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY BELOW.

N	**HAVE YOU MADE ANY GIFTS OF MORE THAN $15,000 IN ANY CALENDAR YEAR?** ☐ YES ☐ NO HAVE YOU EVER FILED A GIFT TAX RETURN? ☐ YES ☐ NO
O	**DO YOU HOLD A POWER OF APPOINTMENT?** ☐ YES ☐ NO ☐ DON'T KNOW
P	**DID YOU OWN ANY OF THE ABOVE-DESCRIBED ASSETS PRIOR TO MARRIAGE OR RECEIVE ANY OF THE ASSETS BY INHERITANCE?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY BELOW.
Q	**DO YOU HAVE A PREMARITAL OR POST-MARITAL AGREEMENT OF ANY TYPE?** ☐ YES ☐ NO IF YES, PLEASE PROVIDE A COPY.
R	**DO YOU NOW HAVE A WRITTEN COMMUNITY PROPERTY AGREEMENT?** ☐ YES ☐ NO IF YES, PLEASE PROVIDE A COPY.

III. CREATION OF AN ESTATE PLAN

A	**DO YOU WISH TO CREATE A TRUST?** ☐ YES ☐ NO ☐ DON'T KNOW
B	**DO YOU WISH TO CREATE A WILL?** ☐ YES ☐ NO ☐ DON'T KNOW
C	**IS THERE ANY CHILD, OR OTHER HEIR, YOU WISH TO DISQUALIFY FROM INHERITING FROM YOUR ESTATE?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY BELOW.
D	**DO YOU ANTICIPATE ANY CHALLENGES TO YOUR ESTATE PLAN?** ☐ YES ☐ NO IF YES, PLEASE SPECIFY FROM WHOM BELOW.
E	**DO ANY OF YOUR BENEFICIARIES HAVE SPECIAL NEEDS?** ☐ YES ☐ NO ☐ DON'T KNOW IF YES, PLEASE SPECIFY BELOW.

IV. TESTAMENTARY DESIRES

CONTINUE ON A SEPARATE SHEET AS NECESSARY

A **GIFTS**

DO YOU WISH TO MAKE ANY SPECIFIC GIFTS OF MONEY OR PROPERTY TO ANYONE? ☐ YES ☐ NO
DO YOU WISH TO MAKE THE GIFTS FREE OF ESTATE TAX? ☐ YES ☐ NO
IF YES, PLEASE SPECIFY BELOW.

NAME OF BENEFICIARY / RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)
NAME OF BENEFICIARY / RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)
NAME OF BENEFICIARY / RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)
NAME OF BENEFICIARY / RELATIONSHIP	ADDRESS	GIFT (ITEM OR AMOUNT)
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?** ☐ YES ☐ NO
IF YES, PLEASE SPECIFY BELOW.

FULL LEGAL NAME OF INDIVIDUAL	FULL LEGAL NAME OF DESIGNATED TRUSTEE	FULL LEGAL NAME OF ALTERNATE TRUSTEE
FULL LEGAL NAME OF INDIVIDUAL	FULL LEGAL NAME OF DESIGNATED TRUSTEE	FULL LEGAL NAME OF ALTERNATE TRUSTEE
FULL LEGAL NAME OF INDIVIDUAL	FULL LEGAL NAME OF DESIGNATED TRUSTEE	FULL LEGAL NAME OF ALTERNATE TRUSTEE
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

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.

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.

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?** ☐ YES ☐ NO ☐ DON'T KNOW

E **DO YOU WANT THE SUCCESSOR TRUSTEE(S) TO OBTAIN A BOND?** ☐ YES ☐ NO ☐ DON'T KNOW

F **WHOM DO YOU WISH TO SERVE AS GUARDIAN OF PERSON AND/OR ESTATE OF YOUR MINOR CHILDREN?**
PLEASE SPECIFY BELOW.

LAST NAME	FIRST NAME	MI

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?** ☐ YES ☐ 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? ☐ YES ☐ NO IF YES, PLEASE LIST BELOW.