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ESTATE PLANNING QUESTIONNAIRE **FOR A MARRIED COUPLE**

Please complete the attached questionnaire. Please bring this completed questionnaire, along with the following items, to your estate planning meeting:

- Most recent Federal Income Tax Return
- Current estate planning documents including any wills or trusts, if any
- Deeds for each piece of real estate owned
- Recent property tax bills for each piece of real estate owned
- Names, contact information and social security numbers of any individuals that you intend to name as a beneficiary that are not listed in this questionnaire
- Names and contact information of any individuals that you intend to elect to act as a trustee or executor, etc.
- Copies of prenuptial or postnuptial agreements, if any

Please also request change of beneficiary forms for:

- All life insurance policies and annuities
- Each IRA, 401(k), Keogh, or any other retirement plan

DATE: _____

Referral

Referred by: _____

Husband's Information

Name (as appears on Driver's License): _____
First Name Middle Name or Initial Last Name

Assumed or Former Names: _____
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: _____ Social Security #: _____

Drivers License Number: _____ Expiration: _____

U.S. Citizen: ___ Yes ___ No If No, what country: _____

California Resident: ___ Yes ___ No If No, what state: _____

Wife's Information

Name (as appears on Driver's License): _____
First Name Middle Name or Initial Last Name

Assumed or Former Names: _____
(e.g. Maiden Name, Nicknames, Also Known As)

Date of Birth: _____ Social Security #: _____

Drivers License Number: _____ Expiration: _____

U.S. Citizen: ___ Yes ___ No If No, what country: _____

California Resident: ___ Yes ___ No If No, what state: _____

Home Contact Information

Address: _____
Number Street

City State Zip County

Telephone: (Home) (____) _____ -- _____

(Husband's Mobile) (____) _____ -- _____

(Wife's Mobile) (____) _____ -- _____

(Husband's Email) _____

(Wife's Email) _____

Husband's Occupation

Employer: _____ Phone: _____

Position: _____

Address: _____ Fax: _____
Number Street

City State Zip Email: _____

Is this your own business? ___ Yes ___ No

May we contact/fax you at work? ___ Yes ___ No

Wife's Occupation

Employer: _____ Phone: _____

Position: _____

Address: _____ Fax: _____
Number Street

_____ Email: _____
City State Zip

Is this your own business? ___ Yes ___ No

May we contact/fax you at work? ___ Yes ___ No

Information About Current Marriage

Date of Marriage: _____ City & State of Marriage: _____

Do you have a prenuptial or postnuptial agreement? ___ Yes ___ No

If Yes, please provide a copy of the agreement(s).

Husband's Former Marriages

Have you been married previously? ___ Yes ___ No If so, how many times? _____

Enter the following information regarding each former spouse:

Name of first former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: ___ Divorce ___ Annulment ___ Death Date: _____

Name of second former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: ___ Divorce ___ Annulment ___ Death Date: _____

Are you making or receiving payments pursuant to a divorce or property settlement order?

___ Yes ___ No If Yes, please provide copy of divorce settlement or order.

Please attach additional sheets if necessary.

Wife's Former Marriages

Have you been married previously? ___ Yes ___ No If so, how many times? _____

Enter the following information regarding each former spouse:

Name of first former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: ___ Divorce ___ Annulment ___ Death Date: _____

Name of second former spouse: _____

Date of Marriage: _____ City & State of Marriage: _____

Marriage ended by: ___ Divorce ___ Annulment ___ Death Date: _____

Are you making or receiving payments pursuant to a divorce or property settlement order?

___ Yes ___ No If Yes, please provide copy of divorce settlement or order.

Please attach additional sheets if necessary.

Information Regarding Children

Number of living children: _____

Number of deceased children: _____

First Child

Mr., Mrs., Ms.,
Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Social Security #: _____

Sex: Male _____ Female _____

Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___ Yes ___ No

If No:

Name of child's other parent _____

Current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: _____
Number Street
City State Zip

Telephone: _____

Married? ___ No ___ Yes If Yes, name of spouse: _____

Does this child have any living children? ___ Yes ___ No

Any special circumstances? _____
(Education, Health, Financial, recipient of government support or benefit etc.)

Second Child

Mr., Mrs., Ms.,
Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Social Security #: _____

Sex: Male _____ Female _____

Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___ Yes ___ No

If No:

Name of child's other parent _____

Current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Second Child, Cont'd.

Child's Contact Information (if different than client's):

Address:

Number Street
City State Zip

Telephone: _____

Married? ___ No ___ Yes If Yes, name of spouse: _____

Does this child have any living children? ___ Yes ___ No

Any special circumstances? _____
(Education, Health, Financial, recipient of government support or benefit, etc.)

Third Child

Mr., Mrs., Ms.,
Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Social Security #: _____

Sex: Male _____ Female _____
Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___ Yes ___ No

If No:
Name of child's other parent _____
Current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address:

Number Street
City State Zip

Telephone: _____

Married? ___ No ___ Yes If Yes, name of spouse: _____

Does this child have any living children? ___ Yes ___ No

Any special circumstances? _____
(Education, Health, Financial, recipient of government support or benefit, etc.)

Fourth Child

Mr., Mrs., Ms.,

Name: Miss, Dr., Jr. _____
First Name Middle Name or Initial Last Name

Child's Date of Birth: _____ Child's Date of Death: _____

Social Security #: _____

Sex: Male _____ Female _____

Is this child: Natural _____ Adopted _____

Is this child of the current marriage? ___ Yes ___ No

If No:

Name of child's other parent _____

Current relationship to client _____
(Example: Former Husband, Former Wife, Former Companion)

Child's Contact Information (if different than client's):

Address: _____
Number Street

_____ City State Zip

Telephone: _____

Married? ___ No ___ Yes If Yes, name of spouse: _____

Does this child have any living children? ___ Yes ___ No

Any special circumstances? _____
(Education, Health, Financial, recipient of government support or benefit, etc.)

Please attach additional sheets if necessary.

Husband's Family Information

Husband's Parents

Father's Name: _____ Age: _____ Health: _____

If deceased, Date of Death: _____ County of Death: _____

Address: _____
Number Street

_____ City State Zip

Telephone: _____

Mother's Name: _____ Age: _____ Health: _____

If deceased, Date of Death: _____ County of Death: _____

Husband's Parents, Cont'd.

Address: (If different) _____
Number Street

City State Zip

Telephone: (If different) _____

Will parents need any financial assistance from you in the future? ___ Yes ___ No

Husband's Brothers and Sisters

Sibling One

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Two

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Three

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address: _____
Number Street

_____ City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Please attach additional sheets if necessary.

Wife's Family Information

Wife's Parents

Father's Name: _____ Age: _____ Health: _____

If deceased, Date of Death: _____ County of Death: _____

Address: _____
Number Street

_____ City State Zip

Telephone: _____

Mother's Name: _____ Age: _____ Health: _____

If deceased, Date of Death: _____ County of Death: _____

Address: (If different) _____
Number Street

_____ City State Zip

Telephone: (If different) _____

Will parents need any financial assistance from you in the future? ___ Yes ___ No

Wife's Brothers and Sisters

Sibling One

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address:

Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Two

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address:

Number Street

City State Zip

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Sibling Three

Name: _____ Age: _____

___ Brother ___ Sister ___ Full Blood ___ Half Blood

Married: ___ Yes ___ No If Yes, Spouse's name: _____

Number of children: _____

Address:

Number Street

City State Zip

Sibling Three, Cont'd.

Telephone: _____

Any special circumstances? _____
(Health or other concerns)

Please attach additional sheets if necessary.

Information About Assets

Estimated value of all assets owned: \$ _____

Real Estate, Property One

Name(s) on title: _____

Address: _____
Number Street

City State Zip County

Value: \$ _____ Mortgage: \$ _____

Real Estate, Property Two

Name(s) on title: _____

Address: _____
Number Street

City State Zip County

Value: \$ _____ Mortgage: \$ _____

Please attach additional sheets if necessary.

*****For all real estate, please attach a copy of your deeds and property tax bills.**

Checking/Savings

Name of institution: _____ Balance: \$ _____

Name(s) on the account: _____

Checking/Savings

Name of institution: _____ Balance: \$ _____

Name(s) on the account: _____

Money Markets/CDs

Name of institution: _____ Balance: \$ _____

Name(s) on the account: _____

Money Markets/CDs

Name of institution: _____ Balance: \$ _____

Name(s) on the account: _____

Brokerage Account

Name of institution: _____ Value: \$ _____

Name(s) on the account: _____

Brokerage Account

Name of institution: _____ Value: \$ _____

Name(s) on the account: _____

Mutual Funds

Name of institution: _____ Value: \$ _____

Name(s) on the account: _____

Mutual Funds

Name of institution: _____ Value: \$ _____

Name(s) on the account: _____

Stock/Bond Certificates

Description: _____ Value: \$ _____

Name(s) on the certificate: _____

Stock/Bond Certificates

Description: _____ Value: \$ _____

Name(s) on the certificate: _____

Stock Options

Description: _____ Value: \$ _____

Name on options: _____

Stock Options

Description: _____ Value: \$ _____
Name on options: _____

IRA

Name of institution: _____ Value: \$ _____
Name on the account: _____ Account Number: _____
Who is the beneficiary: _____

IRA

Name of institution: _____ Value: \$ _____
Name on the account: _____ Account Number: _____
Who is the beneficiary: _____

401(k)/Other Retirement Plan

Name of institution: _____ Value: \$ _____
Name on the account: _____ Account Number: _____
Who is the beneficiary: _____

401(k)/Other Retirement Plan

Name of institution: _____ Value \$ _____
Name on the account: _____ Account Number: _____
Who is the beneficiary: _____

Business Ownership

Name of business: _____ Value: \$ _____
Type of ownership: ___ Corporation ___ LLC ___ Sole Proprietorship
 ___ Partnership (___ General or ___ Limited)
Number of shares/units or % of ownership: _____
Name(s) on certificate(s), if applicable: _____
Is there a buy-sell agreement? ___ Yes ___ No If Yes, please attach a copy.

Life Insurance

Name of institution: _____ Value: \$ _____
Type of Insurance: ___ Term ___ Whole Life ___ Other _____

Life Insurance, Cont'd.

Who is insured: _____ Account Number: _____

Name of owner: _____

Who is the beneficiary: _____

Life Insurance

Name of institution: _____ Value: \$ _____

Type of Insurance: Term Whole Life Other _____

Who is insured: _____ Account Number: _____

Name of owner: _____

Who is the beneficiary: _____

Auto

General Description: _____ Value: \$ _____

Name(s) on title: _____

Auto

General Description: _____ Value: \$ _____

Name(s) on title: _____

Money Owed To You

Name of Lender: _____ Name of Debtor: _____

Amount Owed: \$ _____ Do you have written documentation? Yes No

If Yes, please provide a copy of documentation.

Money Owed To You

Name of Lender: _____ Name of Debtor: _____

Amount Owed: \$ _____ Do you have written documentation? Yes No

If Yes, please provide a copy of documentation.

Anticipated Inheritance, Gift, or Lawsuit Judgment

Estimated Expected Value: \$ _____

Description: _____

Current Beneficiary of an Irrevocable Trust

Are you currently receiving benefits from an irrevocable trust in which you are named as a beneficiary? ___ Yes ___ No If Yes, please provide additional information below:

Name of Trust: _____

Estimated Value: \$ _____

Description: _____

Please provide a copy of the Trust document naming you as a current beneficiary.

Household Furnishings, Art, Jewelry, Collectables

Estimated Value of Household Contents Value: \$ _____

Other Asset

General Description: _____ Value: \$ _____

Name(s) on asset: _____

Other Asset

General Description: _____ Value: \$ _____

Name(s) on asset: _____

Please attach additional sheets if necessary.

Information About Estate Plans And Gifts

Have you had any other estate planning done? ___ Yes ___ No

If yes, please bring any prior estate planning documents to our first meeting.

Have you or your spouse ever:

___ Made gifts in excess of \$10,000 in any one year to anyone?

___ Made other gifts? (Describe Below)

Contact Information For Other Professionals

Accountant: _____ (Name) _____ (Phone)
Insurance Agent: _____ (Name) _____ (Phone)
Financial Advisor: _____ (Name) _____ (Phone)
Other: _____ (Name) _____ (Phone)

Primary Care Physician Info

If you have a primary care physician, please complete the below.

Name of Husband's primary care physician: _____

Address: _____
Number Street

City State Zip

Telephone: (_____) _____ -- _____

Name of Wife's primary care physician: _____

Address: _____
Number Street

City State Zip

Telephone: (_____) _____ -- _____

Other Information

Please list any other information that may be helpful in designing your estate plan.
