

SuttleLaw, P.C.

CLIENT ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_

1. HUSBAND:

<i>Name</i>	<i>Familiar Name</i>	<i>Birth Date</i>	<i>U.S. Citizen?</i>
_____	_____	____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. WIFE:

<i>Name</i>	<i>Familiar Name</i>	<i>Birth Date</i>	<i>U.S. Citizen?</i>
_____	_____	____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. DATE OF MARRIAGE: \_\_\_\_\_

4. SOCIAL SECURITY NUMBERS: (H) \_\_\_\_-\_\_\_\_-\_\_\_\_ (W) \_\_\_\_-\_\_\_\_-\_\_\_\_

5. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: SF  M  CC  A  SM  SC  Other \_\_\_\_\_

6. EMPLOYMENT:

<i>Profession</i>	<i>Employer</i>
(H): _____	_____
(W): _____	_____

7. CONTACT INFORMATION: Home #: \_\_\_\_\_

Business #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax # (work): \_\_\_\_\_ Fax # (home): \_\_\_\_\_

Email: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**8. CHILDREN OF THIS MARRIAGE:**

<i>Name</i>	<i>Familiar name</i>	<i>Birth Date</i>
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__

**9. PRIOR MARRIAGES:**

*Husband?* Yes  No

*Children of prior marriage?* Yes  No

<i>Name</i>	<i>Familiar name</i>	<i>Birth Date</i>
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__

*Wife?* Yes  No

*Children of prior marriage?* Yes  No

<i>Name</i>	<i>Familiar name</i>	<i>Birth Date</i>
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__
_____	_____	__-__-__

**10. CURRENT AGREEMENTS:**

a. *Wills* Yes  No

If yes, please provide a copy to our office.

b. *Trusts* Yes  No

If yes, please provide a copy to our office.

c. *Marriage/Property Agreements* Yes  No

If yes, please provide a copy to our office.

d. *Durable Powers of Attorney (property management)* Yes  No

If yes, please provide a copy to our office.

e. *Durable Powers of Attorney (health care)* Yes  No

If yes, please provide a copy to our office.

f. *Advance Health Care Directive (or living will)* Yes  No

If yes, please provide a copy to our office.

g. *Are you the beneficiary of any existing trusts?* Yes  No

11. INCOME:	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>
a. <i>Salary:</i>	\$ _____	\$ _____	\$ _____
b. <i>Annuities:</i>	\$ _____	\$ _____	\$ _____
c. <i>Social Security:</i>	\$ _____	\$ _____	\$ _____

**12. PROSPECTS OF INHERITANCE:**

a. *Husband:* Yes  No  Explain: \_\_\_\_\_

b. *Wife:* Yes  No  Explain: \_\_\_\_\_

**13. LIFE INSURANCE:**

a. *Husband:* \_\_\_\_\_

b. *Wife:* \_\_\_\_\_

c. *2nd-To-Die Policy:* \_\_\_\_\_

**14. UNUSUAL/COMPLEX ASSETS:**

Does your estate include closely held businesses, fine art, etc.?

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**15. ESTIMATED VALUE OF ESTATE: \$**\_\_\_\_\_

**16. SEPARATE PROPERTY:**

Did either spouse bring substantial property to the marriage or receive substantial property during marriage by gift or inheritance? Yes  No

If Yes, explain: \_\_\_\_\_

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**17. SPECIAL NEEDS OF CHILDREN OR GRANDCHILDREN? Yes  No**

If Yes, explain: \_\_\_\_\_

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**18. DISTRIBUTION OF ESTATE:**

In general terms, how should your estate be distributed?

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**19. BENEFICIARIES & PUBLIC BENEFITS:**

Is any beneficiary receiving public benefits (SSI, SSDI, MediCal, etc.)? If yes, please list who and what benefits they receive.

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**20. EXECUTORS/TRUSTEES:**

*Name:*

*Relationship:*

_____	_____
_____	_____
_____	_____

**21. GUARDIANS FOR MINOR CHILDREN: Yes  No**

*Name:*

*Relationship:*

_____	_____
_____	_____
_____	_____

**22. ADVANCED HEALTH CARE DIRECTIVE INFORMATION**

**Husband:** Date of birth: \_\_\_\_\_

Primary agent: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1st alt. agent: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2nd alt. agent: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Wife:** Date of birth: \_\_\_\_\_  
Primary agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
1st alt. agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
2nd alt. agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Please attach a current list of assets and liabilities or complete the form on the last page. (Please attach any additional page, as needed.)*

## LIST OF ASSETS & LIABILITIES

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Asset	Value	CP	SP-H	SP-W
<i>Real Property</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stock</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Brokerage</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accounts</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bank</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accounts</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Retirement</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Plans</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Business</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interests</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interests</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In Trusts</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Property</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Debts &amp;</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Obligations</i>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>