



Pacific Crest Financial Advisors, LLC

ESTATE PLANNING QUESTIONNAIRE

INSTRUCTIONS: Please print and complete this questionnaire. Feel free to attach additional pages if you do not have enough space or wish to attach explanatory pages. If you have questions regarding any item, please place a "?" in the blank.

Meeting Date: _____ Attorney Name: _____

PERSONAL:

Spouse 1

Spouse 2

- | | | |
|-------------------|-------|-------|
| 1. Name: | _____ | _____ |
| 2. Other Names: | _____ | _____ |
| 3. Addresses: | | |
| A. Home: | _____ | _____ |
| | _____ | _____ |
| B. Mailing: | _____ | _____ |
| | _____ | _____ |
| C. Other | _____ | _____ |
| | _____ | _____ |
| 4. Telephone: | | |
| A. Home: | _____ | _____ |
| B. Cell: | _____ | _____ |
| C: Work | _____ | _____ |
| 5. Birth Date: | _____ | _____ |
| 6. Marriage Date: | _____ | _____ |
| 7. Citizenship: | _____ | _____ |

PRIOR MARRIAGES:

Spouse 1

Spouse 2

- 1. Former Spouse: _____
- 2. Marriage Date: _____
- 3. Termination Date:
 - A. Death: _____
 - B. Divorce: _____
- 4. Obligations To or From:
 - A. Monthly: _____
 - B. Annual: _____
- 5. Child Support: _____

CHILDREN:

Spouse 1

Spouse 2

- 1. Child One:
 - A. Name: _____
 - B. Birthdate: _____
 - C. Children: _____
- 2. Child Two:
 - A. Name: _____
 - B. Birthdate: _____
 - C. Children: _____
- 3. Child Three:
 - A. Name: _____
 - B. Birthdate: _____
 - C. Children: _____
- 4. Deceased:
 - A. Name: _____
 - B. Date: _____
 - C. Children: _____

DEPENDENTS:

Are there any persons (other than minor children) who are partially or wholly dependent upon either spouse for support now or possibly in the future (such as elderly parents)?

- 1. Dependent:
 - A. Name: _____
 - B. Relation: _____
 - C. Birthdate: _____

- 2. Dependent:
 - A. Name: _____
 - B. Relation: _____
 - C. Birthdate: _____

INTERSPOUSAL AGREEMENTS:

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever executed a Community Property Agreement? | _____ | _____ |
| 2. Have you ever executed a Pre-nuptial Agreement? | _____ | _____ |
| 3. Have you ever executed any other agreements between spouses regarding your property? | _____ | _____ |
| 4. Do you have the Agreement readily available? | _____ | _____ |

TRUSTS:

- | | Yes | No |
|--|-------|-------|
| 1. Does any member of your family receive income from any trust? | _____ | _____ |
| A. If yes, who created the Trust? | _____ | |
| 2. Has either spouse ever created a trust, except as part of a will? | _____ | _____ |
| A. If yes, please give details: | _____ | |
| | _____ | |
| 3. Do you have the Trust readily available? | _____ | _____ |

INSURANCE:

Yes

No

1. Are there any Life Insurance policies in existence (either spouse)? _____
- A. Policy One:
1. Type of insurance (term or cash value)? _____
2. Amount and Cash Surrender Value? _____
3. Designated beneficiary(ies)? _____
- B. Policy Two:
1. Type of insurance (term or cash value)? _____
2. Amount and Cash Surrender Value? _____
3. Designated beneficiary(ies)? _____

JOINT TENANCY ASSETS:

Yes

No

1. Do you own any real or personal property as joint tenants with each other or third parties? _____
- A. If yes, please give details:
1. Item One: _____
2. Item Two: _____
3. Item Three: _____
4. Item Four: _____

RETIREMENT BENEFITS:

Yes

No

1. Is either spouse a participant in a retirement plan? _____
- A. Plan One:
1. Type of plan? _____
2. Current Value? _____
3. Beneficiary Designation? _____
- B. Plan Two:
1. Type of plan? _____
2. Current Value? _____
3. Beneficiary Designation? _____

GIFTS AND/OR INHERITANCES:

Yes

No

1. Is either spouse likely to receive any gifts or inheritances? _____

A. Gift:

1. From whom? _____

2. Amount expected? _____

3. Other notes: _____

B. Inheritance:

1. From whom? _____

2. Amount expected? _____

3. Other notes: _____

2. Does either spouse intend to make regular gifts to any person? _____

A. Gift One:

1. To whom? _____

2. Amount expected? _____

3. Other notes: _____

B. Gift Two:

1. To whom? _____

2. Amount expected? _____

3. Other notes: _____

PLANNING OBJECTIVES AND PRIORITIES:

Please describe any significant planning objectives or priorities you may have.

ASSET SCHEDULE:

Please indicate if any asset is separate property of either spouse and approximate value.

- 1. Bank Accounts (checking/savings/CD's): _____
- 2. Taxable Accounts (stocks and bonds): _____
- 3. Tax-Deferred Accounts (401K, IRA, Roth): _____
- 4. Life Insurance (cash value amounts): _____
- 5. Real Property (residence, vacation, rental): _____
- 6. Personal Property (autos, furniture, collectibles): _____
- 7. Liabilities (mortgage, lines of credit, credit cards, autos): _____

TENTATIVE WILL PROVISIONS:

Spouse 1

Spouse 2

- 1. Personal Representative:
 - A. First Choice: _____
 - B. Second Choice: _____
 - C. Third Choice: _____
- 2. Trustee (if necessary):
 - A. First Choice: _____
 - B. Second Choice: _____
 - C. Third Choice: _____
- 3. Guardian of Minors (if necessary):
 - A. First Choice: _____
 - B. Second Choice: _____
 - C. Third Choice: _____
- 4. Distribution of Trust Assets (if necessary):
 - A. Age 1: _____ Portion 1: _____
 - B. Age 2: _____ Portion 2: _____
 - C. Age 3: _____ Portion 3: _____

5. Specific bequests to individuals/charities in Will (example: \$10,000 to American Red Cross):

A. Name:	_____	Amount:	_____
B. Name:	_____	Amount:	_____
C. Name:	_____	Amount:	_____
D. Name:	_____	Amount:	_____

6. Funeral/Burial Arrangements:

- Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if you have specific wishes, that they be made known to the persons who would be in charge of your estate at the time of your death. However, if you prefer, it can be included in the Will.

7. Other specific provisions or information to be included in the Will, such as operation or provision for family business, lifetime tenancy in residence, etc.

DURABLE POWER OF ATTORNEY:

The Durable Power of Attorney is a document which is either effective upon signing (immediate) or can become effective upon the proven incompetency of an individual to handle their own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.

	Spouse 1	Spouse 2
1. Do you have a Power of Attorney?	_____	_____
2. Is it effective on signing or incapacity?	_____	_____
3. Do you have the document readily available?	_____	_____

DIRECTIVE TO PHYSICIANS (LIVING WILL):

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of their wishes as to specific "life prolonging" medical treatments in the case of an injury, disease or terminal condition.

Spouse 1

Spouse 2

- | | | |
|---|-------|-------|
| 1. Do you have a Living Will? | _____ | _____ |
| 2. Is the document on file with your physician? | _____ | _____ |
| 3. Do you have the document readily available? | _____ | _____ |

SPECIAL NEEDS TRUST:

An example of this type of situation are beneficiaries of your estate who may have certain disabilities or who may be a minor at the time of distribution, etc.

Spouse 1

Spouse 2

- | | | |
|--|-------|-------|
| 1. Do you have a Special Needs Trust? | _____ | _____ |
| 2. Are there any individuals who are currently Under the age of 18 to whom you would like to leave money or property? | _____ | _____ |
| 3. Are there any individuals who are currently eligible for government assistance due to disability to whom you would like to leave money or property? | _____ | _____ |

SEPARATE PROPERTY WORKSHEET

Spouse 1: Please list out (in detail) each item of separate property held by spouse 1 (please include legal descriptions of real property):

Spouse 2: Please list out (in detail) each item of separate property held by spouse 2 (please include legal descriptions of real property):
