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ESTATE PLANNING QUESTIONNAIRE

Instructions:

- Please be careful to spell all names correctly
- If you are unsure of the answer to a question, leave it blank. Add extra pages if you need more space.
- Please provide us with any existing estate planning documents prior to your appointment.
- Please complete and return the entire questionnaire to us prior to your appointment.

PERSONAL INFORMATION

Name: _____

Formerly known as/Maiden Name: _____

Date of Birth: ___/___/___ US Citizen? Yes No Retired? Yes No

Cell Phone (___)___-___ Personal Email: _____

Is your health: Good? Fair? Poor? Are you a military veteran? Yes No

Are you receiving home care or assisted living care? Yes No

Were you previously married? Yes No (If you had a divorce agreement, please provide)

Occupation _____

Spouse Name: _____

Formerly known as/Maiden Name: _____

Date of Birth: ___/___/___ US Citizen? Yes No Retired? Yes No

Cell Phone (___)___-___ Personal Email: _____

Is your health: Good? Fair? Poor? Are you a military veteran? Yes No

Are you receiving home care or assisted living care? Yes No

Were you previously married? Yes No (If you had a divorce agreement, please provide)

Occupation _____

Home Address: _____
City _____ State _____ Zip _____
County of _____
Home phone (____) ____ - _____

MARRIED COUPLES

Date of Marriage: ___/___/___
Do you and your spouse consider all your asset's community property? Yes No
If no, which assets are considered separate property? _____

Did you or your spouse receive any valuable gifts or inheritance after marriage? Yes No
Did you or your spouse come into your marriage with any substantial assets? Yes No
Did you have a pre-marital or post marital agreement? (please provide) Yes No

CHILDREN AND FAMILY

Full Name	Sex	DOB	Child of
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
Address _____			
Phone (____) ____ - _____		Email Address _____	
Marital Status _____		Number of kids _____	
Are you concerned with this child's ability to manage money?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child of
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
Address _____			
Phone (____) ____ - _____		Email Address _____	
Marital Status _____		Number of kids _____	
Are you concerned with this child's ability to manage money?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child of
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both

Address _____

Phone (____)____-____ Email Address _____

Marital Status _____ Number of kids _____

Are you concerned with this child's ability to manage money? Yes No

Does this child have a revocable trust? Yes No

Full Name Sex DOB Child of

4. _____ M F ___/___/___ S1 S2 Both

Address _____

Phone (____)____-____ Email Address _____

Marital Status _____ Number of kids _____

Are you concerned with this child's ability to manage money? Yes No

Does this child have a revocable trust? Yes No

Full Name Sex DOB Child of

5. _____ M F ___/___/___ S1 S2 Both

Address _____

Phone (____)____-____ Email Address _____

Marital Status _____ Number of kids _____

Are you concerned with this child's ability to manage money? Yes No

Does this child have a revocable trust? Yes No

CHILDREN AND FAMILY (CONT.)

Do you have any deceased children? Yes No

Name and date of death: _____

Do they have any surviving children? Yes No

Do you have any grandchildren? Yes No

How many? _____

Do you wish to exclude anyone from receiving a portion of your estate? Yes No

If so, who? _____

Did you (or your spouse) have a trust with a preciously deceased spouse? Yes No

What are your goals in creating or upgrading your estate plan? (please check all that apply)

Avoiding Probate

Avoiding Estate Taxes

Making sure I am taken care of if disabled

Preserving my loved ones' public benefits

- Making sure my loved ones' inheritance is Protected from spouses, creditors, divorce
- Preserving the family business

- Making sure younger loved ones are provided for in the long-term
- Other: _____

CPA INFORMATION

Name: _____ Company: _____
Address: _____
Phone: (____) ____-____ Email: _____

FINANCIAL PLANNER INFORMATION

Name: _____ Company: _____
Address: _____
Phone: (____) ____-____ Email: _____

FINANCIAL INFORMATION

Bank, Savings & Loans and Credit Unions

Name of Institution	Owner	Account Type (Checking, Savings, CD)
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
6. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
7. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____

MUTUAL FUNDS AND BRODERAGE ACCOUNTS

Name of Institution	Owner
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
5. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both

STOCKS OR BONDS

These are certificates you actually hold

Name of Stock or Company	Owner	Number of Shares	Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	_____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	_____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	_____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?

If yes, which ones? _____

PROMISSORY NOTES & DEEDS OR TRUST OWED TO YOU

Please include any personal loans you have made, and any instances of someone paying you on a note.

Reminder: If secured, please bring the original or a copy of the recorded Trust Deed

Name of Debtor	Secured by TD?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____

Do any of your children owe you money? Yes No

If yes: Child’s Name	Amount Loaned	Reduce Child’s Share by Amount Owed?
1. _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

REAL ESTATE

Please list all homes, rental properties, other buildings, land, and timeshares in which you have an interest.

Property Address	APN	County	Owner
1. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
2. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
3. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
4. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
5. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both

6. _____ S1 S2 Both
 7. _____ S1 S2 Both
 8. _____ S1 S2 Both
 9. _____ S1 S2 Both

REAL PROPERTY QUESTIONS

- Which one?
- Are you planning on selling any of your real estate soon? Yes No _____
- Are any properties owned with someone other than you spouse? Yes No _____
- Are any properties owned by an entity (Corp, LLC, LP)? Yes No _____
- Do any of your children (or other relatives) reside on any of your properties? Yes No _____
- Do you plan on gifting specific properties during your lifetime or at death? Yes No _____

IRA ACCOUNTS & COMPANY PENSION OR RETIREMENT PLANS

These accounts should include qualified annuities.

Custodian of Account <i>(Name of Bank, Broker, Employer)</i>	Type <i>(IRA, 401K, Pension, etc.)</i>	Owner
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both

LIFE INSURANCE

Insured Person	Company
1. _____	_____
2. _____	_____
3. _____	_____