

THE LAW OFFICES OF  
**MICHAEL L. HANKS**  
J.D., M.S. TAXATION

11211 GOLD COUNTRY BLVD. #107  
GOLD RIVER, CA 95670

PHONE (916)635-0302  
FAX (916)635-4113

Toll Free: 1-888-225-5259  
E-mail: [michael@hankslaw.com](mailto:michael@hankslaw.com)  
<http://www.hankslaw.com>

## ESTATE PLANNING QUESTIONNAIRE

This questionnaire will provide us with basic personal and financial information for use in rendering estate planning advice. Please provide complete information in those portions of the questionnaire which are applicable to you. If space below is insufficient, please attach extra pages or write on reverse.

### I. FAMILY INFORMATION

#### A. Personal

	Yourself	Your Spouse (If married)
<b>Name</b>		
<b>Home Address</b>		
<b>Home Telephone</b>		
<b>Email Address</b>		
<b>Occupation</b>		
<b>Business Name</b>		
<b>Business Address</b>		
<b>Business Telephone</b>		
<b>Date of Birth</b>		
<b>Social Security No.</b>		
<b>Citizenship</b>		

B. Does Husband \_\_\_\_\_ or Wife \_\_\_\_\_ currently have a formal estate plan? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Marriage

I. Date and place of present marriage: \_\_\_\_\_

I. States of residence during present marriage (with approximate dates):

State	Date

I.

	Husband	Wife (if married)
Approximate net worth at date of marriage		

I.

	Received by Husband	Receive by Wife
Approximate value of property received <u>after</u> the date of marriage by gift, inheritance or joint tenancy survivorship:		

I. Have husband \_\_\_\_ or wife \_\_\_\_ been married before?

How many times? Husband \_\_\_\_ Spouse \_\_\_\_

Date of death of (or divorce from) husband's former spouse: \_\_\_\_\_

Date of death of (or divorce from) wife's former spouse: \_\_\_\_\_

D. Agreements affecting husband's or wife's property: If there are existing trusts, property settlement agreement or Qualified Domestic Relations Orders that affect any property that you hold, or if you are entitled to property from a former spouse upon his/her retirement or death, please describe briefly and attach a copy of any relevant documents.


1. Children

Name	Date of Birth	Name of Child's Spouse if Married	Check if Special Circumstances Apply *

Names of ANY deceased children: \_\_\_\_\_

\* California law makes it necessary for us to ask you if anyone in your family is a stepchild, foster child, adopted child, child born out of wedlock, or a child who has been adopted out of your family. Also, we need to know if any of your children are developmentally disabled or have other "special needs". If your answers include such persons, please check the "Special Circumstances" box.

If you have children under age 18, please provide the names, approximate ages, addresses and relationships of the desired guardians for the person and the estate of your minor children, in the order you wish these persons to serve.

Guardian(s) of the Person

Name	Age	Address	Relationship
1.			
2.			
3.			

Guardian(s) of the Estate

Name	Age	Address	Relationship
1.			
2.			
3.			

2. Grandchildren. List the names of grandchildren, if any.

<b>Name</b>	<b>Date of Birth</b>	<b>Name of Grandchild's Parent</b>	<b>Check if Special Circumstances Apply</b>

3. Other Family Members

List names, ages and addresses of father, mother, sisters and brothers or other living "next of kin" for both of you. Indicate if "Special Circumstances" apply to any of them.

<b>Name and Relationship</b>	<b>Age</b>	<b>Address</b>	<b>Check if Special Circumstances Apply</b>

II. **ADVISERS.** List the names of the following professional advisors or consultants:

	<b>Name</b>	<b>Address</b>	<b>Telephone No.</b>
<b>Accountant</b>			
<b>Banker</b>			
<b>Investment Adviser</b>			
<b>Life Insurance Adviser</b>			
<b>Stockbroker</b>			
<b>Physician</b>			
<b>Clergyman</b>			

### Designated Fiduciaries and Alternates for Husband

	Name	Address	Telephone No.
<b>First Choice as Executor (1)</b>			
<b>Alternate Choice as Executor</b>			
<b>First Choice as Trustee (2)</b>			
<b>Alternate Choice as Trustee</b>			
<b>First Choice as Attorney-in-fact (3)</b>			
<b>Alternate Choice as Attorney-in-fact</b>			
<b>First Choice as Attorney-in-fact for Healthcare (4)</b>			
<b>Alternate Choice as Attorney-in-fact for Healthcare</b>			

- 1) **The executor will handle any probate administration which may be necessary.**
  
- 2) **The trustee will manage and invest your trust estate if you die or become unable to perform that function. They may also invest and manage the assets in your childrens' trusts as long as they continue.**
  
- 3) **The attorney-in-fact will handle pension, Social Security and life insurance issues if you became disabled.**
  
- 4) **The attorney-in-fact for healthcare will make medical and life support decisions for you if you are unable to do so.**

### Designated Fiduciaries and Alternates for Wife

	Name	Address	Telephone No.
<b>First Choice as Executor (1)</b>			
<b>Alternate Choice as Executor</b>			
<b>First Choice as Trustee (2)</b>			
<b>Alternate Choice as Trustee</b>			
<b>First Choice as Attorney-in-fact (3)</b>			
<b>Alternate Choice as Attorney-in-fact</b>			
<b>First Choice as Attorney-in-fact for Healthcare (4)</b>			
<b>Alternate Choice as Attorney-in-fact for Healthcare</b>			

- 1) The executor will handle any probate administration which may be necessary.
- 2) The trustee will manage and invest your trust estate if you die or become unable to perform that function. They may also invest and manage the assets in your childrens' trusts as long as they continue.
- 3) The attorney-in-fact will handle pension, Social Security and life insurance issues if you became disabled.
- 4) The attorney-in-fact for healthcare will make medical and life support decisions for you if you are unable to do so.

### III. ASSETS

For proper estate planning we need specific information about your assets, their current estimated fair market values, and how title to them is held.

A. Savings and Checking Accounts. (Attach most recent account statements for each account instead of listing if you prefer.)

Bank and Branch and Account Number	Held in whose name? (Joint tenancy, tenancy in common, in trust, community property, or separate property)	Estimated Amount

B. Safe Deposit Boxes

Location	Contents	Account No.	In whose name?

C. Stocks and Bonds (Attach most recent account statements for each account instead of listing if you prefer).

Location	Quantity	Description	Held in whose name?	Estimated Present Value


D. Real Estate (Include residence, ranch, vacation home, condominium, leasehold, oil interests, etc. )

<b>Location and Acreage</b>	<b>Loans</b>	<b>Held in Whose Name?</b>	<b>Estimated Value</b>	<b>Amount of Mortgage or Encumbrance</b>

E. Business Interests

(If you have an interest in any business other than in the form of publicly traded securities noted under C above, please indicate here. Under "legal form," indicate whether business is a sole proprietorship, general partnership, limited partnership, limited liability company or corporation.)

<b>Company Name</b>	<b>Legal Form</b>	<b>Description of Interest Owned</b>	<b>Estimated Value of Interest</b>



F. Personal Property (Indicate location if other than home.)

	<b>Estimated Value (If sold at auction)</b>
<b>Household Furniture</b>	
<b>Jewelry</b>	
<b>Automobiles</b>	
<b>Boats</b>	
<b>Livestock</b>	
<b>Tools and Equipment</b>	
<b>Personal Effects</b>	
<b>Objects of Art</b>	
<b>Proprietary Club Memberships</b>	

G. Notes Receivable (Include only notes or other receivables valued at more than \$1,000.)

<b>Name of Debtor</b>	<b>Amount Receivable</b>	<b>Owed You</b>	<b>Owed to Spouse</b>

H. Life Insurance (Include both personal and group life insurance policies on husband and wife, your children or under which either of you are beneficiaries. Show both the insured and the owner of the policy if they are different persons)

Insurer Name	Insured	Beneficiary(ies)	Face Value	Policy Loans
	Owner			

I. Employee Benefit Plans (Include pension, profit sharing, deferred compensation, salary continuation, and savings and thrift plans.)

Type of Plan (Indicate whether you or spouse is employee)	Estimated Present Value of Vested Benefits	Amount of Survivorship Benefits	Beneficiary

J. Annuities. (If you own or are the beneficiary of any annuity not already shown above under Employee Benefit Plan.)

Name of Issuer	No. of Policy	Face Value	Monthly Payments

K. Interests in Trusts

<b>Name of Trustor</b>	<b>Name of Trustee</b>	<b>Date Trust Created</b>	<b>Estimated Value of Trust Assets</b>	<b>Amount of Current Annual Payments</b>

L. Other Assets

<b><u>Description and Location</u></b>	<b><u>Held in Whose Name?</u></b>	<b><u>Value</u></b>

IV. **LIABILITIES**

A. Loans (Including unsecured loans and mortgages)

<b>Creditor</b>	<b>Secured By</b>	<b>Due Date Payment Schedule</b>	<b>Current Balance</b>

B. Other Debts (Including guarantees, judgments and other contingent liabilities)

<b>Creditor</b>	<b>Due Date Payment Schedule</b>	<b>Current Balance</b>



**VI. GIFT DATA**

(If you or your spouse has ever filed California or Federal gift tax returns, please attach copies of your most recent returns and disregard the following. If not, please list all gifts made to trusts, regardless of value, and all other gifts of more than \$11,000 in any one year to any one donee, including transfers under the Uniform Transfers to Minors Act.

<b>Donor</b>	<b>Donee</b>	<b>Date of Transfer</b>	<b>Description</b>	<b>Value at Time of Gift</b>

**VII. PLEASE ATTACH COPIES OF YOUR CURRENT WILL, REVOCABLE TRUST and POWERS OF ATTORNEY, IF ANY, UNLESS PREPARED BY THIS FIRM.**

**VIII. SPECIAL CONCERNS**

Please list any special issues or concerns you or your spouse has regarding estate planning in general or your situation in particular.


**IX. ADDITIONAL MISCELLANEOUS QUESTIONS.**

I. Does Husband wish to be cremated or buried?

- Cremated                       Buried.

Does Wife wish to be cremated or buried?

- Cremated                       Buried.

II. Has Husband made burial or funeral arrangements with any company?

- Yes                                       No

Has Wife made burial or funeral arrangements with any company?

- Yes                                       No

If so, please state the name of the company and any particulars.

NAME AND ADDRESS OF COMPANY	PARTICULARS

I. Does Husband wish to donate any organs or body parts for any purpose at his death?

- Yes                                       No                       organs only

If so, will Husband agree that anatomical gifts may be used for any purpose or do you wish to restrict the purpose to medical purposes only?

- Any purpose                       Medical purposes only.

Does Wife wish to donate any organs or body parts for any purpose at her death?

- Yes                                       No                       organs only

If so, will Wife agree that anatomical gifts may be used for any purpose or do you wish to restrict the purpose to medical purposes only?

- Any purpose                       Medical purposes only.

- II. If all of your children and grandchildren predecease you, to whom do you want your estate to pass? If we do not include provisions for this possibility, your estate will pass according to the laws of intestate succession which passes as follows: parents, brothers and sisters, aunts and uncles, nephews and nieces, other blood descendants.

<b>CHOICE</b>	<b>FULL NAME AND DATE OF BIRTH</b>
<b>1ST</b>	
<b>2ND</b>	
<b>3RD</b>	

**X: WITHOUT CONSIDERING ANY TAX LAWS OR OTHER ISSUES TO WHOM DO YOU WISH YOUR PROPERTY TO PASS AT YOUR DEATH?**

Please answer each of the following questions: (Please include such detail, questions or notes as you may have on each issue, it is of course not necessary to pass all of your estate to a single person, and you should consider bequests to charities and similar recipients as well.)

1. If I die and my spouse survives, I wish my property to pass as follows:


1. If I die after my spouse has died, I want my property to pass as follows:


**XI: SPECIFIC BEQUESTS AND DISTRIBUTIONS.**

I want the following specific items of property distributed:

Please list specific bequests of such things as heirlooms, jewelry, artwork, collections or similar items. Also include any cash bequests you wish to make either to children, relatives, friends or charities.

1. If my spouse survives my death:




1. If I die after my spouse:


**XII: CHARITABLE BEQUESTS.**

In order to examine the full range of options you face, you should consider making contributions to charities of your choice. For that purpose, the following will ask for information regarding charities you supported during life or which you might want to consider for charitable bequest gifts, either during your life or at death.

1. I have supported the following charities during my life:


2. I want to leave the following bequests to charities upon my death:
