

**LAW OFFICES OF PETER BASSING**  
Estate Planning Questionnaire  
(Confidential)

**SECTION I: GENERAL INFORMATION**

A. Personal Information *About You*:

Your Full Name:

Last: \_\_\_\_\_ First \_\_\_\_\_

Middle: \_\_\_\_\_.

Any other name(s) used: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ 19 \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Any prior marriages? if so state name(s) of former spouses, date and county of final dissolution of marriage,

\_\_\_\_\_  
\_\_\_\_\_

B. 1. Personal Information *About Your Spouse*: (If unmarried, skip to C.)

Spouse's Full Name:

Last: \_\_\_\_\_ First \_\_\_\_\_

Middle: \_\_\_\_\_.

Any other name(s) used: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ 19 \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Any prior marriages for spouse? if so state name(s) of former spouses, date and county of final dissolution of marriage,

\_\_\_\_\_  
\_\_\_\_\_

C. Contact Information:

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

Home Telephone Number: ( ) \_\_\_\_\_

Your Work Telephone Number: ( ) \_\_\_\_\_

FAX number: ( ) \_\_\_\_\_

Your email address: \_\_\_\_\_@\_\_\_\_\_

Spouse's (if applicable)

Work Telephone Number: ( ) \_\_\_\_\_

FAX number: ( ) \_\_\_\_\_

email address: \_\_\_\_\_@\_\_\_\_\_

D. Citizenship: Is either spouse a *non-citizen* of the United States? \_\_\_\_ yes  
\_\_\_\_ no; if yes, which? \_\_\_\_\_.

**SECTION II, FINANCIAL INFORMATION.**

A Community Property (*if unmarried, skip this section*): In California, in general, unless a married couple have agreed otherwise, all income of either since their marriage, and assets acquired with that income, are community property. In general, unless a married couple have agreed otherwise, property each spouse had at the time of the marriage, property acquired by either by gift or inheritance, and personal injury settlements and judgments are the separate property of the spouse receiving them.

Does either spouse have any separate property?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

B Overview of Estate:

1. What is your approximate net worth, that is, the present market value of all your assets, less all amounts you owe (including mortgages/deeds of trust)?

Assets: \$ \_\_\_\_\_  
- Liabilities: \$ \_\_\_\_\_  
= Net Worth: \$ \_\_\_\_\_

2. Do you, or does your spouse, own stock in a small (i.e., closely held) corporation? Yes: \_\_\_ No: \_\_\_

3. Are you, or is your spouse, a partner (either general or limited) in any partnership? Yes: \_\_\_ No: \_\_\_

4. Are you, or is your spouse, the BENEFICIARY of any trust, whether or not you presently receive any income from the trust?  
Yes: \_\_\_ No: \_\_\_

5. What is the total amount of life insurance on your life? \$ \_\_\_\_\_;  
Are any of the policies "whole life" (that is, do they have cash value which can be borrowed against) as opposed to term insurance. Yes: \_\_\_ No: \_\_\_

6. What is the total amount of life insurance on your spouse's life? (if applicable) \$ \_\_\_\_\_; are any of the policies "whole life" (that is, do they have cash value which can be borrowed against) as opposed to term insurance.  
Yes: \_\_\_ No: \_\_\_

### **SECTION III. CHOICE OF TRUSTEE / EXECUTOR**

A Trustee/Executor Information: After the death of the second spouse to die, in the case of married couples, usually the same person(s) will be executor(s) of a will, successor trustee(s) of a "living trust" and trustee of a testamentary trust (for children, for example). More than one person may be nominated to act in the alternative ("if John cannot act then I nominate Sally") or jointly ("I nominate John and Sally as cotrustees"). You can later change the designations, but you should nevertheless carefully consider the selection, including in your consideration:

- a. You should trust him or her completely.
- b. He or she should have enough maturity, common sense and business experience to handle your estate. Obviously, the amount of business experience required will vary with the nature of your estate.
- c. He or she should be of such an age and physical and mental condition that he or she is likely to be alive and able to act when needed.

- d. Particularly if real estate is involved, it will be most convenient, but not absolutely essential, that he or she lives not too far from the property so that management will not be too difficult.
- e. If a trust will give the trustee certain discretion with regard to distribution of income to minors or young adults, for example, you might want to consider whether he or she will be able to get along with, and "stand up" to, the beneficiaries so that your purposes are most likely to be accomplished.

Choice of Executor/Trustee:

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

Address:

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

If the person named above for any reason does not serve or continue to serve, then our choice of

\_\_\_\_\_ Alternate (or \_\_\_\_\_ Co-) Successor Trustee:

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

Address:

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**SECTION IV. DESIRED DISTRIBUTION.**

This section deals with how you want your estate to be distributed at your death.

A. Children. (Please complete *whether or not* you intend all or any of your children to receive any portion of your estate. If you have no children, skip to item 2) Please complete for each child; if more than three, please use reverse.

Child 1: Full Name: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_ Child's Date of  
Birth: \_\_\_\_\_ 19\_\_\_\_  
Child's Address (if different than yours):

\_\_\_\_\_  
\_\_\_\_\_

Child's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is this child the child of either Husband or Wife only? if so, state the name of  
the child's other parent:

\_\_\_\_\_

Child 2: Full Name: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_ Child's Date of  
Birth: \_\_\_\_\_ 19\_\_\_\_  
Child's Address (if different than yours):

\_\_\_\_\_  
\_\_\_\_\_

Child's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is this child the child of either Husband or Wife only? if so, state the name of  
the child's other parent:

\_\_\_\_\_

Child 3: Full Name: \_\_\_\_\_  
Child's Spouse's Name: \_\_\_\_\_ Child's Date of  
Birth: \_\_\_\_\_ 19\_\_\_\_\_

Child's Address (if different than yours):  
\_\_\_\_\_  
\_\_\_\_\_

Child's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Is this child the child of either Husband or Wife only? if so, state the name of  
the child's other parent:  
\_\_\_\_\_

Do you have any deceased children? Yes: \_\_\_\_\_ No: \_\_\_\_\_

B. Disposition of Estate: Please describe how you would want your estate to be distributed after your death--or, in the case of a married couple who each want the surviving spouse to receive everything on the death of the first spouse--after the death of both of you). *Here are a few things to think about:*

- f. Will you want the share that will or may go to any child or grandchild to remain in trust to avoid possible irresponsible spending by a young adult?
- g. How old do you think a beneficiary should be before he/she receives all or part of the estate?
- h. If there will or might be more than one beneficiary of a trust which will remain in place to provide for the education, etc. of the beneficiaries, do you want the trust divided at the beginning so that each beneficiary will be receiving income (and, possibly, principal) from *his/her share only*, or do you want the trustee to have *the entire "family pot"* available for any one beneficiary?
- i. If one beneficiary (say, a child) dies before distribution to him or her, do you want his or her share to go to his or her children, if any, or to his or her sibling(s)?



(SKIP IF NOT MARRIED) If your spouse were not able to make financial decisions and manage financial and property affairs for him/herself, who would you want to make them for him/her?

First Choice:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

Alternate ( ) / Co ( ) Choice:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

**SECTION VI. HEALTH CARE POWER OF ATTORNEY:**

If you were not able to make health care decisions for yourself, who would you want to make them for you?

First Choice:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

Alternate Choice:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

