

**Law Offices of ARTHUR S. BROWN, APLC**

**ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE**

Appointment: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

**COPIES** of the following documents will be necessary to create your Estate Plan:

1. \_\_\_ Present Wills and /or Trust Documents
2. \_\_\_ Grant Deeds to Real Estate
3. \_\_\_ Real Property Tax Bills
4. \_\_\_ Certificate of Title and Current Registration to Mobile Home (**originals**)
5. \_\_\_ Notes and Deeds of Trust (money owed to you)
6. \_\_\_ Life Insurance Policies, personal and business (face sheets only)
7. \_\_\_ Annuity Contracts (face sheets only)
8. \_\_\_ Long Term Nursing Care Policies
9. \_\_\_ Royalties, Patents and Copyrights
10. \_\_\_ Partnerships Agreements
11. \_\_\_ Business Agreements (i.e. Leases, Buy/Sell Agreements)
12. \_\_\_ Divorce/Marital Property Contracts
13. \_\_\_ Federal Gift Tax Returns (IRS form 709)
14. \_\_\_ Copy of your Driver License(s)
15. \_\_\_ Other \_\_\_\_\_

**PLEASE BRING THIS COMPLETED QUESTIONNAIRE AND COPIES OF THE  
REQUIRED DOCUMENTATION TO YOUR NEXT APPOINTMENT.**

# FAMILY INFORMATION

1. Client's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Full Name: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Full Name: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
4. Home Phone: (    ) \_\_\_\_\_ Cell: Client: (    ) \_\_\_\_\_ Spouse: (    ) \_\_\_\_\_
5. Client's Email Address: \_\_\_\_\_  
Spouse's Email Address: \_\_\_\_\_
6. Occupation: Client: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_  
Occupation: Spouse: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_
7. Military Service Branch: \_\_\_\_\_ Rank: \_\_\_\_\_
8. Social Security #: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_
9. Driver's License #: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_
10. Place of Marriage: \_\_\_\_\_ Date: \_\_\_\_\_
10. Previous Marriage: Client: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_
11. Year Domiciled in California Client: \_\_\_\_\_ Spouse: \_\_\_\_\_
12. Will: Yes \_\_\_ No \_\_\_ Trust: Yes \_\_\_ No \_\_\_ Executed on: \_\_\_\_\_
13. Children (**including deceased children**): (Joint Children; Husband's Children; Wife's Children)

<b>Circle One</b>	<b>J H W</b>	<b>J H W</b>	<b>J H W</b>
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
_____	_____	_____	_____

Date of Birth: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

<b>Circle One</b>	<b>J H W</b>	<b>J H W</b>	<b>J H W</b>
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
_____	_____	_____	_____

Date of Birth: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

# MANAGERS OF YOUR ASSETS AND PERSON

1. **Trustee, Executors and Financial Agents:** Please indicate those individuals, in priority, you want to take care of your assets upon your death or disability. If you prefer your spouse, indicate spouse. These individuals should be financially sound and have good business judgment. You may choose two or more individuals to act as co-managers. Instead of having an individual, you may have a bank be your trustee and executor.

1st \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

2nd \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

3rd \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

2. **Health Care Agents:** (persons able to make health decisions for you-only one person at a time)

1st \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

2nd \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

3rd \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

3. **Guardians of Minor Children:** A person who knows and loves your children. They may live anywhere in the country. Your parents are not usually a good choice due to age circumstances (weekends with grandchildren are great, 24-hour, 365-days a year care is difficult and a great burden on anyone).

1st \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

2nd \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_ / \_\_\_\_\_ Phone#( ) \_\_\_\_\_

ADDRESSES and TELEPHONE NUMBERS  
of  
BENEFICIARIES

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

ADDRESSES and TELEPHONE NUMBERS - BENEFICIARIES

(Continued)

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

## YOUR FINANCIAL PROFESSIONALS

We have found that many of our clients work with the same Financial Professionals. In order to make our work for you more efficient, it would be helpful if you would share with us who you work with for your financial planning and tax needs.

**CPA Name:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Planner:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Stockbroker:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other:** \_\_\_\_\_ Firm: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**May we contact your Financial Professionals? Yes No**

# ASSET LIST

Client's Name: \_\_\_\_\_ File Number: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL SUMMARY

(Please print. If more space is needed, attach additional sheets as necessary.)

T = Trust Property; J = Joint Property; H = Husband's Property; W = Wife's Property, S = Single.)

### REAL ESTATE

APN#	ADDRESS	CITY	STATE	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### TRUST DEEDS, NOTES, OTHER ACCOUNTS RECEIVABLE

(If possible, provide copies of documents such as trust deeds, contracts, etc.)

NAME OF DEBTOR(S)	TYPE OF DEBT	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CHECKING, SAVINGS, CD'S AND MONEY MARKET ACCOUNTS

BANK	ACCOUNT NUMBER	TYPE	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL: (Page 7)** \_\_\_\_\_

**IRA AND 401K's ACCOUNTS**

COMPANY	ACCOUNT NUMBER	In Box Enter T,J,H, W, or S	VALUE
_____	_____		_____
_____	_____		_____
_____	_____		_____

**BROKERAGE ACCOUNTS AND OTHER SECURITIES**

BROKERAGE FIRM	ACCT.#	BROKER'S NAME	PHONE#	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____

**CERTIFICATES OF STOCKS OR BONDS**

COMPANY/CITY	NUMBER OF SHARES/BONDS	In Box Enter T,J,H, W, or S	VALUE
_____	_____		_____
_____	_____		_____
_____	_____		_____

**MUTUAL FUNDS**

COMPANY	ACCOUNT #	TELEPHONE#	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

**CRYPTOCURRENCY**

TYPE	WALLET ID #	HOLDING COMPANY	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

**TOTAL: (Page 8)** \_\_\_\_\_



**LIFE INSURANCE:**

COMPANY	POLICY#	In Box Enter T,J,H, W, or S	VALUE
_____	_____		_____
_____	_____		_____
_____	_____		_____

**ANNUITIES:**

COMPANY	DEATH BENEFIT YES / NO	POLICY#	In Box Enter T,J,H, W, or S	VALUE
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

**BUSINESS INTERESTS**

(Sole Proprietorships, Corporations or LLC's)

BUSINESS NAME ("C" or "S" Corp., Entity Type)	In Box Enter T,J,H, W, or S	VALUE
_____		_____
_____		_____

**LIMITED PARTNERSHIPS**

NAME OF GENERAL PARTNER PARTNERSHIP NAME	In Box Enter T,J,H, W, or S	VALUE
_____		_____
_____		_____

**GENERAL PARTNERSHIPS**

NAME OF PARTNERSHIP	In Box Enter T,J,H, W, or S	VALUE
_____		_____
_____		_____

**TOTAL: (Page 9)** \_\_\_\_\_

**MISCELLANEOUS**

(Use this section to list any other valuable assets you may own such as unique jewelry, art work, antiques, collections, safe deposit boxes, boats airplanes, burial plots, mobile homes, etc.)

ASSET	DESCRIPTION	In Box Enter T, J, H, W, or S	VALUE
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
<b>TOTAL: (Page 10)</b>			=====

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Safe Deposit Box (1) #: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Location: \_\_\_\_\_  
\_\_\_\_\_

Safe Deposit Box (2) #: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Location: \_\_\_\_\_  
\_\_\_\_\_

**LIABILITIES**

<u>LIABILITIES/CREDITORS</u>	In Box Enter T, J, H, W, or S	VALUE
<b>MORTGAGES</b> _____		_____
_____		_____
<b>OTHER DEBTS</b> _____		_____
_____		_____
_____		_____
<b>TOTAL LIABILITIES:</b>		=====

\*\*\*\*\*

**Total Gross Assets:**  
(Page 1, 2 & 3)

\_\_\_\_\_

**Total Liabilities:**

( \_\_\_\_\_ )

**Net Taxable Estate:**

=====

**ANTICIPATED INHERITANCES:**

**Client:**      Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**Spouse:**    Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**SOCIAL SECURITY:**

**Client:**      Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**Spouse:**    Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**PENSIONS:**

**Client:**      Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**Spouse:**    Yes \_\_\_ No \_\_\_      **Amount** \_\_\_\_\_

**ARE YOU THE BENEFICIARY OF ANY OTHER TRUSTS?**

**Client:**      Yes \_\_\_ No \_\_\_      **What interest?** \_\_\_\_\_

**Spouse:**    Yes \_\_\_ No \_\_\_      **What interest?** \_\_\_\_\_