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ESTATE PLANNING QUESTIONNAIRE

PART I: PERSONAL DATA

Name: _____ U.S. Citizen: Yes [] No []

Address: _____

Phone (h): _____ Phone (w): _____

E-Mail Address: _____

CHILDREN:

- | | | |
|----|-------------|---------------|
| 1. | Name: _____ | D.O.B.: _____ |
| 2. | Name: _____ | D.O.B.: _____ |
| 3. | Name: _____ | D.O.B.: _____ |
| 4. | Name: _____ | D.O.B.: _____ |

FAMILY:

Parents: _____

Siblings: _____

SIGNIFICANT CONCERNS OR UNUSUAL CIRCUMSTANCES:

PART II: GUARDIANS, TRUSTEES, EXECUTORS AND ADVISORS

GUARDIAN:

THIS IS THE PERSON WHO WILL CARE FOR YOUR MINOR CHILDREN IF SOMETHING HAPPENS TO YOU. IT IS USUALLY BEST TO CHOOSE ONE PERSON, BUT YOU CAN APPOINT COUPLES, TOO.

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 2. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 3. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |

TRUSTEE:

THIS IS THE PERSON WHO WILL MANAGE AND DISTRIBUTE ASSETS IN YOUR TRUST WHEN YOU CANNOT.

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 2. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 3. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |

EXECUTOR:

THIS IS THE PERSON WHO WILL HANDLE THE PROBATE OF YOUR ESTATE. FOR YOUR ALTERNATES, YOU WANT TO CHOOSE PEOPLE WHO ARE RESPONSIBLE AND GOOD WITH DETAILS. YOU SHOULD CONTACT YOUR ALTERNATES TO INFORM THEM OF YOUR DESIRE TO LIST THEM IN THIS ROLE.

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 2. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |
| 3. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | |

HEALTH CARE AGENTS:

THIS IS THE PERSON (OR PERSONS) WHOM YOU AUTHORIZE TO MAKE MEDICAL AND HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT FOR YOURSELF.

1. Name: _____	Relationship: _____
Address: _____	Telephone: _____

2. Name: _____	Relationship: _____
Address: _____	Telephone: _____

3. Name: _____	Relationship: _____
Address: _____	Telephone: _____

FINANCIAL ADVISORS:

Accountant:	Name: _____
	Address: _____

	Phone: _____

Life Insurance:	Name: _____
	Address: _____

	Phone: _____

Financial Planner:	Name: _____
	Address: _____

	Phone: _____

PART III: FINAL DISTRIBUTION

Please describe how you want your assets to be distributed if something were to happen to you:

SPECIFIC GIFTS:

If you wish to leave specific items of property to specific individuals, please make a separate list of those items and the intended recipients of each item.

CHARITIES:

If you would like assets given or gifts made to charity as part of your estate plan, please make a separate list of those charities and the gifts you wish be left to each charity.

PART IV: ODDS AND ENDS

HOSTILITY

Would anyone in either of your families object to any part of your estate plan such as asset distribution? Yes No

If you answered yes above, please estimate or quantify how likely do you think they would challenge your decision in court? _____ %

FUNERAL ARRANGEMENTS: Burial Cremation

LIFE SUPPORT PREFERENCE: Yes No

ORGAN DONATION PREFERENCE: Yes No

PETS:

WHAT SHOULD BE DONE WITH YOUR PETS?

PART V: ASSETS

THIS SECTION IS OPTIONAL, BUT IF YOU DO PROVIDE THE INFORMATION HERE IT WILL EXPEDITE THE PROCESS AND SAVE TIME AT OUR INITIAL CONSULTATION APPOINTMENT. YOU MAY APPROXIMATE AMOUNTS, BECAUSE THE FIGURES WILL CHANGE SIGNIFICANTLY OVER THE COURSE OF YOUR LIFETIME.

WE ARE INTERESTED IN A SNAP-SHOT OF YOUR NET WORTH FOR TAX PLANNING AND TO ASSIST IN STRUCTURING ANY TRUST TO SUPPORT YOUR CHILDREN.

ASSETS:

Real Estate (residence, investment property, etc.):	_____
Taxable Savings/Investments:	_____
Tax Deferred Retirement (IRAs, 401(k), etc.):	_____
Personal Property:	_____
Life Insurance:	_____
Other: _____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES:

Total Debt (including mortgage): (_____)

NET WORTH:
