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**ESTATE PLANNING QUESTIONNAIRE**

**PART I: FAMILY**

Name: \_\_\_\_\_ U.S. Citizen: Yes [ ] No [ ]

Spouse: \_\_\_\_\_ 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.: _____ |

**FAMILIES:**

**HUSBAND**

**WIFE**

Parents: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNIFICANT CONCERNS OR UNUSUAL CIRCUMSTANCES:**

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

**PART II: GUARDIANS, TRUSTEES, EXECUTORS, AGENTS 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 (OR PERSONS) WHO WILL MANAGE ASSETS LEFT TO YOUR CHILDREN UNTIL YOUR CHILDREN REACH A SPECIFIC AGE, AT WHICH TIME THE FUNDS WILL BE DISTRIBUTED. FUNDS HELD IN TRUST ARE USED FOR THE SUPPORT, HEALTH AND EDUCATION OF THE CHILDREN.

- |                |                     |
|----------------|---------------------|
| 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. MOST COUPLES WILL PICK THEIR SPOUSE AS FIRST CHOICE. 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. COUPLES CAN LIST DIFFERENT PEOPLE AS ALTERNATES.

- |                |                     |
|----------------|---------------------|
| 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 both of you and to your children (i.e.: half to parents of husband and half to parents of wife):

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

**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.

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**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.

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**PART IV: ODDS AND ENDS**

**HOSTILITY**

Would anyone in either of your families object to any part of your estate plan such as guardianship or 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? FOR EXAMPLE, SHOULD THE PETS BE GIVEN TO THE GUARDIAN SO THAT THEY STAY WITH THE CHILDREN OR SHOULD YOUR EXECUTOR BE CHARGED WITH THE RESPONSIBILITY OF PLACING THE PETS?

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**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 - Husband:	_____
Life Insurance - Wife:	_____
Other: _____	_____
_____	_____
_____	_____
_____	_____

**LIABILITIES:**

Total Debt (including mortgage): (\_\_\_\_\_)

**NET WORTH:**

\_\_\_\_\_