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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: TRUSTEES, EXECUTORS AND AGENTS

TRUSTEE:

THIS IS THE PERSON (OR PERSONS) WHO WILL MANAGE ASSETS WHEN NEITHER OF YOU ARE ABLE TO MANAGE THE ASSETS. ULTIMATELY, THE TRUSTEE ALSO IS THE PERSON IN CHARGE OF DISTRIBUTING YOUR ASSETS AFTER YOU BOTH HAVE PASSED. YOU SHOULD CONTACT YOUR SELECTED TRUSTEES 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: _____ |
| _____ | |

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: _____

PART III: FINAL DISTRIBUTION

Please describe how you want your assets to be distributed if something were to happen to both of you (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.

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 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: Husband: [] Burial [] Cremation
Wife: [] Burial [] Cremation

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?

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:
