

JOHN J. STANTON
ATTORNEY AND COUNSELOR AT LAW
2808 EAST KATELLA AVENUE, SUITE 200
ORANGE, CALIFORNIA 92867
www.JohnJStanton.com
John@JohnJStanton.com
TELEPHONE (714) 974-8941 FACSIMILE (714) 880-3297

ESTATE PLANNING/LIVING TRUST QUESTIONNAIRE

SELECTING THE PROVISIONS THAT BEST SUIT YOUR NEEDS:

ONE OF THE BIGGEST ADVANTAGES OF THE LIVING TRUST IS THAT IT OFFERS YOU FLEXIBILITY IN MANAGING YOUR ESTATE, BOTH BEFORE AND AFTER YOUR DEATH. IN ORDER TO TAKE FULL ADVANTAGE OF THIS FLEXIBILITY, YOUR LIVING TRUST SHOULD REFLECT YOUR WISHES. THEREFORE, PLEASE MAKE SURE THAT ALL OF YOUR REQUIREMENTS ARE INCLUDED HEREIN. IF THERE IS NO CATEGORY OR NOT ENOUGH SPACE, PLEASE INCLUDE YOUR INFORMATION ON A SEPARATE SHEET OF PAPER

BASIC PLAN FORMS (check appropriate form)

_____ **YOU ARE MARRIED (OR DOMESTIC PARTNERS) WITH CHILDREN:**

_____ and you and your spouse want to divide your estate equally among your children after your death.

_____ and you and your spouse have a different plan for distribution of your estate after your death.

_____ **YOU ARE SINGLE WITH CHILDREN**

_____ and you want to divide your estate equally among your children after your death.

_____ and you have a different plan for distribution of your estate after your death.

_____ **YOU ARE MARRIED (OR DOMESTIC PARTNERS) WITH NO CHILDREN**

_____ **YOU ARE SINGLE WITH NO CHILDREN**

YOUR INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Telephone:H() _____ W() _____ Cell() _____

E-mail Address: _____ Soc. Sec. No.: _____

Birthdate: _____ Place of Birth: _____

Date Of Arrival in State: _____ State of Residence (if not CA): _____

Citizenship: _____ (if not a U.S. citizen) Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Any major health problems? Yes / No (If yes, please explain below)

SPOUSE'S INFORMATION

Legal Name: _____

Other names ever known by: _____

Address: _____

Telephone: H() _____ B() _____ Cell() _____

E-mail Address: _____ Soc. Sec. No.: _____

Birthdate: _____ Place of Birth: _____

Date Of Arrival in State: _____ State of Residence (if not CA): _____

Citizenship: _____ (if not a U.S. citizen) Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Any major health problems? Yes / No (If yes, please explain below)

CURRENT MARRIAGE: Date of Marriage: _____

Place of Marriage (City and State): _____ Domestic Partnership? Yes / No

PreMarital/PostMarital Agreements: Have you entered into any written agreements with each other concerning the Community/Separate nature of ownership of your real or personal property? Yes / No (If Yes - attach a copy)

CHILDREN FROM CURRENT MARRIAGE:

1) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

Adopted? _____ If Deceased, Date of Death: _____

2) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

Adopted? _____ If Deceased, Date of Death: _____

3) **Name:** _____ **Birthdate:** _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

Adopted? _____ If Deceased, Date of Death: _____

(Please list any additional children of this marriage on a separate sheet of paper)

Do you plan on having any more children? Yes / No / Undetermined

Number of Grandchildren: _____

PARTY #1'S PREVIOUS MARRIAGE (If Applicable):

Name of former spouse: _____ Currently alive? Yes / No

Current City and State of Residence: _____

How did Marriage Terminate? Death / Divorce / Annulment

Date and Location (County & State) of Divorce/Death/Annulment: _____

PARTY #2'S PREVIOUS MARRIAGE (If Applicable):

Name of former spouse: _____ Currently alive? Yes / No

Current City and State of Residence: _____

How did Marriage Terminate? Death / Divorce / Annulment

Date and Location (County & State) of Divorce/Death/Annulment: _____

(If there is more than one previous marriage, please list the same information on a separate sheet of paper.)

PARTY #1'S CHILDREN FROM PRIOR RELATIONSHIPS:

1) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

2) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

PARTY #2'S CHILDREN FROM PRIOR RELATIONSHIPS:

1) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

2) Name: _____ Birthdate: _____

Current Address: _____

City, State, Zip: _____

Currently Married? _____ Name of Spouse: _____

If Deceased, Date of Death: _____

(Please list any additional children from prior marriages on another sheet of paper. Also If any of the children from this marriage or prior marriages have special needs, please explain the nature of their disability and whether they receive any government financial assistance on a separate sheet of paper.)

PRIOR ESTATE PLAN DOCUMENTS:

Has either spouse executed any Estate Planning documents in the past? Yes / No
(If so, on a separate sheet of paper, please state who and when, and whether those documents have been previously revoked.
Please also submit copies of those documents if they have not yet been revoked)

FIDUCIARY AGENTS AND ADVISORS

A) Initial Executor/Trustee(s): (usually you, the Trustors. If yes, check here _____, otherwise complete below)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

B) Successor Executor/Trustee(s): (persons you wish to handle your affairs after your death or incapacitation or the removal, death or incapacitation of the initial Trustee)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

C) Co-Executor/Trustee or Second Successor Executor/Trustee: (If desired. Please indicate if this person is to work jointly with the First Successor or handle the Estate if the First Successor is unavailable.)

Name: _____

Nature of their Relationship to Trustor(s): _____

Telephone No.: () _____

Address: _____

City, State, Zip: _____

Are there any beneficiaries to be specifically disinherited? Yes / No

If yes, Please name here: _____

Individual Gifts (If applicable)

PARTY #1: Specific gifts of money or property such as personal items, including charitable donations:

A) Recipient: _____ Relationship to Party #1: _____

Item, % of Estate, or \$ amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

B) Recipient: _____ Relationship to Party #1: _____

Item, % of Estate, or \$ amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

PARTY #2: Specific gifts of money or property such as personal items, including charitable donations:

A) Recipient: _____ Relationship to Party #2: _____

Item, % of Estate, or \$ amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

B) Recipient: _____ Relationship to Party #2: _____

Item, % of Estate, or \$ amount to be given: _____

When to be given: ____ upon own death ____ upon death of surviving spouse

If your children are to receive a share of your assets, at what age would you like them to receive their entire share (until that age, it will be held for them and their needs will be met from those assets) _____ years old / Other: _____.

If your Estate **IS NOT** to be distributed to your children in equal shares, how you want your assets distributed after your death. (You may name specific amounts, items or percentages)

<u>NAME AND RELATIONSHIP</u>	<u>BEQUEST/GIFT</u>
_____	_____
_____	_____
_____	_____

Please list any other specific bequests (gifts) such as keepsakes or favorite items you wish to give to a specific child or individual on a separate sheet of paper:

END-OF-LIFE DECISIONS

PARTY #1: *Initial the statement which best states your desires:*

_____ (a) **Choice Not to Prolong Life.** I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

_____ (b) **Choice to Prolong Life.** I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

YES NO

___ ___ Should your health care agent have the authority to make a disposition of a part or parts of your body? (i.e., make any anatomical gifts?)

___ ___ Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

___ ___ Do you wish to designate a primary physician?

PARTY #2: *Initial the statement which best states your desires:*

_____ (a) **Choice Not to Prolong Life.** I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits.

_____ (b) **Choice to Prolong Life.** I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

YES NO

___ ___ Should your health care agent have the authority to make a disposition of a part or parts of your body? (i.e., make any anatomical gifts?)

___ ___ Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

___ ___ Do you wish to designate a primary physician?

Proposed Guardian(s) for your minor children: (if you wish to advise the court as to whom you believe would be the best person or people to care for your children upon your death)

Name(s): _____ Telephone No.: () _____

Address: _____

City, State, Zip: _____

HEALTH CARE AGENT

Whom do you wish to designate as your agent to make your health care decisions if you are unable to do so?

(If your spouse first, then check box and then you may name a backup agent if you wish)

Party #1 (*Spouse to be initial agent*)

Name of Successor Agent (or initial agent if not your spouse): _____

Address: _____ Tel. No. () _____

City/State/Zip: _____

Party #2 (*Spouse to be initial agent*)

Name of Successor Agent (or initial agent if not your spouse): _____

Address: _____ Tel. No. () _____

City/State/Zip: _____

BURIAL WISHES (*Indicate only if you have a decision made. Otherwise you may leave blank*)\

PARTY #1: **At my death, I wish to be: cremated buried.**

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

PARTY #2: **At my death, I wish to be: cremated buried.**

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTATE PLANNING/LIVING TRUST

ASSET QUESTIONNAIRE

PLEASE LIST ALL OF YOUR ASSETS:

THIS FORM IS TO BE USED IN CONJUNCTION WITH OUR ESTATE PLAN QUESTIONNAIRE. A COMPLETE LIST OF YOUR ASSETS WILL ALLOW US TO CHOOSE THE RIGHT TYPE OF ESTATE PLAN FOR YOUR NEEDS AND PROPERLY FUND THAT PLAN. PLEASE LIST ALL OF YOUR ASSETS IN THE SPACE PROVIDED. IF THERE IS NO CATEGORY OR NOT ENOUGH SPACE, PLEASE INCLUDE YOUR ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER

1) Real Estate *(Please attach copies of Deed(s), if in your possession):*

A) Address: _____

Owner: Party #1 / Party #2 / Both (please indicate: Joint Tenancy / Tenants in Common)

Estimated Gross Fair Market Value: \$ _____

Amount of current debt owed: \$ _____

B) Address: _____

Owner: Party #1 / Party #2 / Both

Estimated Gross Fair Market Value: \$ _____

Amount of current debt owed: \$ _____

C) Address: _____

Owner: Party #1 / Party #2 / Both

Estimated Gross Fair Market Value: \$ _____

Amount of current debt owed: \$ _____

2) Household Furniture and personal property *(Identify items of special value and insured items.)*

Description	Value
-------------	-------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3) Jewelry, Antiques, Art, Collections, Fur Coats, Oriental Rugs, etc.

Description	Value
-------------	-------

_____	_____
_____	_____
_____	_____
_____	_____

4) Vehicles, Boats, Trailers

- A) Description (Year, Make, Model): _____ Vehicle License No. _____
- B) Description (Year, Make, Model): _____ Vehicle License No. _____
- C) Description (Year, Make, Model): _____ Vehicle License No. _____
- D) Description (Year, Make, Model): _____ Vehicle License No. _____
- E) Description (Year, Make, Model): _____ Vehicle License No. _____

5) Bank Accounts/Mutual Funds:

A) Name of Bank/Fund: _____
Address: _____
Name(s) on Account: _____
Type of Account: Savings / Checking / CD / Mutual Fund / Other: _____
Approximate Balance/Value: \$ _____

B) Name of Bank/Fund: _____
Address: _____
Name(s) on Account: _____
Type of Account: Savings / Checking / CD / Mutual Fund / Other: _____
Approximate Balance/Value: \$ _____

C) Name of Bank/Fund: _____
Address: _____
Name(s) on Account: _____
Type of Account: Savings / Checking / CD / Mutual Fund / Other: _____
Approximate Balance/Value: \$ _____ *(List any other accounts on separate sheet of Paper)*

6) Cash on hand (Not on deposit) \$ _____

7) Life Insurance (on Party #1's life):

A) Insurance Company Name: _____ Policy Number: _____
Address: _____
Type of Policy: Whole (has a cash value) / Term (no cash value) Cash Value: \$ _____
Current Beneficiaries: _____

B) Insurance Company Name: _____ Policy Number: _____
Address: _____
Type of Policy: Whole (has a cash value) / Term (no cash value) Cash Value: \$ _____
Current Beneficiaries: _____

8) Life Insurance (on Party #2's life):

A) Insurance Company Name: _____ Policy Number: _____
Address: _____
Type of Policy: Whole (has a cash value) / Term (no cash value) Cash Value: \$ _____
Current Beneficiaries: _____

B) Insurance Company Name: _____ Policy Number: _____
Address: _____
Type of Policy: Whole (has a cash value) / Term (no cash value) Cash Value: \$ _____
Current Beneficiaries: _____

9) Equipment, Machinery, Livestock or Other Tools (Please describe items and give values):

10) Stocks/Bonds:

A) Description: _____

Number of Shares: _____ Current Value: \$ _____

B) Description: _____

Number of Shares: _____ Current Value: \$ _____

C) Description: _____

Number of Shares: _____ Current Value: \$ _____

11) Secured/Unsecured Notes (Monies owed to you):

Description: _____ Approx. Current Value: \$ _____

12) Retirement, Pension, Profit-Sharing, Annuities, Military/Veteran's Benefits

A) Party #1 Plan: _____

Description: _____ Net Value (if known): \$ _____

B) Party #2 Plan: _____

Description: _____ Net Value (if known): \$ _____

C) Other Plan: _____

Description: _____ Net Value (if known): \$ _____

13) Accounts Receivable:

Source & Description: _____ Net Value: \$ _____

14) Partnerships or Other Business Interests

A) Name: _____ Value of ownership interest: \$ _____

Corporation / LLC / Other _____ % of Ownership: _____ Owner: Pty #1 / Pty #2 / Both

B) Name: _____ Value of ownership interest: \$ _____

Corporation / LLC / Other _____ % of Ownership: _____ Owner: Pty #1 / Pty #2 / Both

15) Safe Deposit Box: Name of Bank: _____ Box No.: _____

Address: _____ Location of key: _____

16) Other:

A) Any anticipated substantial gifts or inheritances in the immediate future? *(please give a description and value)*

B) Are there any assets outside the United States? Yes / No ? *(please give a description and value)*

17) Other Assets (Existing trust funds, pending lawsuit awards, or anything else not yet covered.)
