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## ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_

Please fill out the following pages as completely as possible. Please use "N/A" to indicate "not applicable".

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

Are you a U.S. citizen? \_\_\_Y \_\_\_N

Are you a U.S. citizen? \_\_\_Y \_\_\_N

Other citizenship: \_\_\_\_\_

Other citizenship: \_\_\_\_\_

Names as you would like them to appear on the trust (middle initials, etc)

\_\_\_\_\_

### **Residence Address:**

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail (s): \_\_\_\_\_

### **HUSBAND's Occupation:**

Place of Business & Address: \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

### **WIFE's Occupation:**

Place of Business & Address: \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

**GUARDIAN**

If you have children under the age of 18, who would you appoint to act as guardian? The guardian will make decisions about the child's religion, education, medical care and where the child resides.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**CHILDREN**

(Attach extra pages if necessary)

1) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

3) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

4) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

5) Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

## HEALTH CARE INFORMATION

**TREATING PHYSICIANS:** Kaiser members, please include your Kaiser number.

Husband's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Wife's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

### Durable Power of Attorney for Health Care

If you were unable to make health care decisions for yourself (due to terminal illness, medication, or other crisis) and your spouse was not available, whom would you appoint to make those decisions for you?

#### HUSBAND

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### WIFE

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**DETERMINATION OF INCOMPETENCE**

Whom would you trust to determine that you had become incompetent to the extent that you could no longer carry out your usual business affairs, if your spouse was unable to do so?

**HUSBAND**

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**WIFE**

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**SUCCESSOR TRUSTEE**

If your spouse was not available, whom would you appoint as Successor Trustee to carry out your financial and business affairs? The Successor Trustee acts in three situations: 1) When you die, the Successor Trustee signs the assets over to your beneficiaries. 2) If you are incapacitated, the Successor Trustee handles all financial transactions for you, such as paying bills and investing. 3) If there are children under the age of 30 who are beneficiaries, the Successor Trustee invests trust assets and determines the appropriate distributions for their education, support and medical care.

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please indicate who should receive the trust assets after the death of both spouses.** You may attach additional sheets if necessary.

1. 

Name	Relationship
Address	Phone
  
2. 

Name	Relationship
Address	Phone
  
3. 

Name	Phone
Address	Phone
  
4. 

Name	Relationship
Address	Phone
  
5. 

Name	Relationship
Address	Phone
  
6. 

Name	Relationship
Address	Phone
  
7. 

Name	Relationship
Address	Phone

**SAFETY DEPOSIT BOXES**

1. Bank name and branch: \_\_\_\_\_

Bank address and phone: \_\_\_\_\_

\_\_\_\_\_

Safety deposit box #: \_\_\_\_\_

Full name(s) of the individual(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_

2. Bank name and branch: \_\_\_\_\_

Bank address and phone: \_\_\_\_\_

\_\_\_\_\_

Safety deposit box #: \_\_\_\_\_

Full name(s) of the individual(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_

3. Bank name and branch: \_\_\_\_\_

Bank address and phone: \_\_\_\_\_

\_\_\_\_\_

Safety deposit box #: \_\_\_\_\_

Full name(s) of the individual(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_



## CASH ACCOUNTS--BANK AND CREDIT UNION ACCOUNTS

For all cash accounts, please provide the information requested.

1. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

3. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

4. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

5. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

6. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

7. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

8. Name of Institution: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Account & Account #: \_\_\_\_\_

Name(s) on Account(s): \_\_\_\_\_

## MUTUAL FUNDS

For all mutual funds, including UTMA Uniform Transfer to Minors accounts and 529 College Savings, please provide the information requested.

1. Custodial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name of Fund: \_\_\_\_\_  
Account #: \_\_\_\_\_
  
2. Custodial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name of Fund: \_\_\_\_\_  
Account #: \_\_\_\_\_
  
3. Custodial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name of Fund: \_\_\_\_\_  
Account #: \_\_\_\_\_
  
4. Custodial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name of Fund: \_\_\_\_\_  
Account #: \_\_\_\_\_

## SECURITIES ACCOUNTS

For all securities accounts, please provide the information requested below. OR, you may send a copy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage: \_\_\_\_\_

Brokerage Address and Phone : \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Your Account Representative: \_\_\_\_\_

2. Name of Brokerage: \_\_\_\_\_

Brokerage Address and Phone : \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Your Account Representative: \_\_\_\_\_

3. Name of Brokerage: \_\_\_\_\_

Brokerage Address and Phone : \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Your Account Representative: \_\_\_\_\_

4. Name of Brokerage: \_\_\_\_\_

Brokerage Address and Phone : \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Your Account Representative: \_\_\_\_\_

## STOCKS AND BONDS

For all stocks and bonds held by you outside of a brokerage account (i.e., you have the certificates), we need a copy of the front and back of each stock and/or bond.

1. Name and address of the transfer agent for the company that issued the stock or bond.

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2. Name and address of the transfer agent for the company that issued the stock or bond.

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3. Name and address of the transfer agent for the company that issued the stock or bond.

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4. Name and address of the transfer agent for the company that issued the stock or bond.

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5. Name and address of the transfer agent for the company that issued the stock or bond.

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## PARTNERSHIPS AND JOINT VENTURES

For all Partnerships in which you own an interest, please provide the information requested below.

1. Name of Partnership: \_\_\_\_\_

Name of Owner as it appears on Partnership records: \_\_\_\_\_

\_\_\_\_\_

**CIRCLE ONE:**      GENERAL PARTNER      LIMITED PARTNER

Amount of Original Investment: \_\_\_\_\_

2. Name of Partnership: \_\_\_\_\_

Name of Owner as it appears on Partnership records: \_\_\_\_\_

\_\_\_\_\_

**CIRCLE ONE:**      GENERAL PARTNER      LIMITED PARTNER

Amount of Original Investment: \_\_\_\_\_

3. Name of Partnership: \_\_\_\_\_

Name of Owner as it appears on Partnership records: \_\_\_\_\_

\_\_\_\_\_

**CIRCLE ONE:**      GENERAL PARTNER      LIMITED PARTNER

Amount of Original Investment: \_\_\_\_\_

4. Name of Partnership: \_\_\_\_\_

Name of Owner as it appears on Partnership records: \_\_\_\_\_

\_\_\_\_\_

**CIRCLE ONE:**      GENERAL PARTNER      LIMITED PARTNER

Amount of Original Investment: \_\_\_\_\_

## INDIVIDUAL RETIREMENT ACCOUNTS

For each Individual Retirement Account (IRA) and/or Keogh accounts, please provide the requested information for your Individual Retirement Account (IRA) and / or Keogh accounts. OR, you may attach a copy of the most recent statement, which will contain all of the requested information.

1. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

2. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

3. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

4. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

5. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

6. Participant's Name: \_\_\_\_\_ Account # \_\_\_\_\_

**CIRCLE ONE:**            TRADITIONAL IRA            ROTH IRA            KEOGH

Name and Address of Custodial Institution: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Primary Beneficiary: \_\_\_\_\_

Name of Contingent Beneficiary: \_\_\_\_\_

**LIFE INSURANCE / ANNUITY**

For each life insurance and/or annuity policy you own, please provide the information requested, including the exact name of the owner. OR, you may provide a copy of the front page of your policy, which will contain all of the requested information.

1. Carrier's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Owner of Policy: \_\_\_\_\_ Insured: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**CIRCLE ONE:**      Term      Universal Life      Whole Life      Annuity

2. Carrier's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Owner of Policy: \_\_\_\_\_ Insured: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**CIRCLE ONE:**      Term      Universal Life      Whole Life      Annuity

3. Carrier's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

**CIRCLE ONE:**            Term            Universal Life            Whole Life            Annuity

4. Carrier's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

**CIRCLE ONE:**            Term            Universal Life            Whole Life            Annuity

5. Carrier's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Face Value: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_ Insured: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

**CIRCLE ONE:**            Term            Universal Life            Whole Life            Annuity

## CORPORATE RETIREMENT PLANS

For all Corporate Retirement Plans (401(k), 403(b), pension plan, profit sharing plan, etc.) in which you participate, please provide the requested information. OR you may send a copy of the most recent annual statement, which will contain all of the requested information.

1. Participant's Name: \_\_\_\_\_

Name of Plan and Plan Number (if applicable): \_\_\_\_\_

Name & Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

2. Participant's Name: \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Name of Plan and Plan Number (if applicable): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

3. Participant's Name: \_\_\_\_\_

Name of Plan: \_\_\_\_\_

Name of Plan and Plan Number (if applicable): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

## MISCELLANEOUS BUSINESS INTERESTS

Example: Sole proprietorship, Stock Options (Include Agreement), Airplane, Race Horse, Boat, and etc.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_