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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."

Name: _____

Social Security #: _____ Date of Birth: _____

Are you a U.S. citizen? ___Y ___N Other citizenship: _____

Have you ever been married? _____

If yes, name of spouse or former spouse: _____

Date of Death of Spouse: _____

or

Date of Decree of Dissolution: _____

Name as you would like it to appear on the trust (middle initials, etc)

Residence Address: _____

Phone No: _____ Fax No: _____

E-mail(s): _____

Place of Business: _____

Address: _____

Occupation: _____

Phone:

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 #: _____

HEALTH CARE INFORMATION

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

Name of Physician _____

Address _____

Phone _____

Name of 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), whom would you appoint to make those decisions for you?

1. _____
Name Relationship

_____ Address

_____ Home Phone Work Phone Cell Phone

2. _____
Name Relationship

_____ Address

_____ Home Phone Work Phone Cell Phone

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?

1. _____
Name Relationship

Address Phone

2. _____
Name Relationship

Address Phone

SUCCESSOR TRUSTEE

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 Phone

2. _____
Name Relationship

Address Phone

Please indicate who should receive the trust assets after your death. You may attach additional sheets if necessary.

1. _____
Name Relationship

Address Phone

2. _____
Name Relationship

Address Phone

3. _____
Name Relationship

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 #: _____

2. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

3. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

4. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

5. Name of Institution: _____

Branch & Address: _____

Phone Number: _____

Type of Account & Account #: _____

6. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

7. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

8. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

9. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

10. Name of Institution: _____
Branch & Address: _____
Phone Number: _____
Type of Account & Account #: _____

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.

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

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

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

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

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
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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: _____

Contingent Beneficiary: _____

2. Participant's Name: _____

Name of Plan: _____

Name of Plan and Plan Number (if applicable): _____

Phone Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Participant's Name: _____

Name of Plan: _____

Name of Plan and Plan Number (if applicable): _____

Phone Number: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

MISCELLANEOUS BUSINESS INTERESTS

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

1. _____

2. _____

3. _____

4. _____

5. _____

