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AREAS OF PRACTICE
Estate Planning
Wills and Trusts
Probate
Taxation
Corporations
Limited Liability Companies

ESTATE PLANNING QUESTIONNAIRE

This form is very important. Your accuracy and completeness in responding will help our office best represent you. Please provide us with this information when you come to our office for your initial consultation. If you have any questions about completing the form, please contact us.

A. PERSONAL DATA

Date: _____

Full Legal Name: _____
(Please print your name as you would on legal documents)

Street Address: _____

City, State Zip: _____

Birthdate: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ email: _____

Marital Status (circle one): (1) Never Married (2) Divorced (3) Widowed

Name of former spouse, if any: _____

Please tell us who referred you to our office: _____

B. CHILDREN (IF APPLICABLE)

Child's Full Legal Name	Address and Phone Number	Date of Birth

Do you have any deceased children? _____ Yes _____ No

Are any of your children disabled? _____ Yes _____ No

Are any of your children receiving SSI
or other form of governmental assistance? _____ Yes _____ No

Do any of your children have illnesses? _____ Yes _____ No

Do any of your children suffer from drug addiction? _____ Yes _____ No

Do any of your children suffer from alcoholism? _____ Yes _____ No

Are any of your children financially irresponsible? _____ Yes _____ No

C. GRANDCHILDREN (IF APPLICABLE)

Grandchild's Full Legal Name	Address and Phone Number	Date of Birth

D. SPECIFIC GIFTS TO CHARITABLE ORGANIZATIONS

Do you want to make a specific gift (cash or specific item) to a charity, foundation, religious or fraternal organization at your death?

Name and Address of Organization	Description of Gift

E. SPECIAL GIFTS TO INDIVIDUALS

Do you want to give a specific gift (cash or specific item) to a family member or other individual at your death? (For example: \$10,000 cash to a grandchild, wedding ring to your daughter, gun collection to a son or nephew, etc.).

Name of Person	Description of Gift

F. RESIDUE AFTER PAYMENT OF SPECIFIC GIFTS

Who do you want to receive the balance of your estate after your death after the special gifts listed above have been distributed? You should designate a percentage. You can also designate a class of persons to share in the residue, such as all of your children or grandchildren (including after-born children or grandchildren).

Name of Person/Organization/Class of Persons	Percentage

G. INHERITING INSTRUCTIONS

Do you want the beneficiaries to receive their inheritance all at once, in installments, at certain ages, or held in trust throughout their lifetimes?

- Each beneficiary is to receive his/her share outright and free of trust immediately.
- Each beneficiary is to receive his/her share outright and free of trust as soon as the beneficiary has attained the age of _____.
- Each beneficiary is to receive his/her share in stages (1/3 at 25, 1/3 at 30, 1/3 at 35).
- Each beneficiary's share is to remain in trust for the sole benefit of the beneficiary during his or her lifetime. At the beneficiary's death, his or her share is to be distributed as the beneficiary shall direct.
- Each beneficiary's share is to remain in trust for the sole benefit of the beneficiary during his or her lifetime. At the beneficiary's death, his or her share is to be distributed to the beneficiary's then living children.

Other special inheriting instructions: _____

H. DISINHERITING

Are there any relatives that you specifically do not want to receive anything from your estate?

I. SUCCESSOR TRUSTEES

The trustee manages the assets of your trust. You typically act as trustee as long as you are alive and able. You need to select a successor trustee to manage the assets for your benefit if you become incapacitated, and for the benefit of your beneficiaries after your death.

FIRST SUCCESSOR TRUSTEE: _____

Complete Address: _____

Phone Number: _____

SECOND SUCCESSOR TRUSTEE: _____

Complete Address: _____

Phone Number: _____

THIRD SUCCESSOR TRUSTEE: _____

Complete Address: _____

Phone Number: _____

J. FINANCIAL POWER OF ATTORNEY

You need to select persons to manage your financial affairs if you are living but unable to manage your financial affairs due to illness.

POWER OF ATTORNEY #1: _____

Complete Address: _____

Phone Number: _____

POWER OF ATTORNEY #2: _____

Complete Address: _____

Phone Number: _____

POWER OF ATTORNEY #3: _____

Complete Address: _____

Phone Number: _____

K. HEALTH CARE AGENT

You need to select persons to make health care decisions for you if you are living but unable to do so for yourself due to illness.

HEALTH CARE AGENT #1: _____

Complete Address: _____

Phone Number: _____

HEALTH CARE AGENT #2: _____

Complete Address: _____

Phone Number: _____

HEALTH CARE AGENT #3: _____

Complete Address: _____

Phone Number: _____

L. GUARDIANS FOR MINOR CHILDREN

You need to select persons to raise your minor children if you are unable to do so.

GUARDIAN #1: _____

Complete Address: _____

Phone Number: _____

GUARDIAN #2: _____

Complete Address: _____

Phone Number: _____

N. FINANCIAL SUMMARY

In order to properly advise you of your options regarding estate plans, relevant tax issues, and trust funding requirements, we need to be aware of your financial situation. Please be assured that this information is held in strict confidence.

1. Do you own a **home or any **other real estate**?**

Description and Location	Titled in whose name	Purchase Price	Market Value	(-) Mortgage	(=) Equity
Total Net Value					

2. Do you own any **other titled property such as a car, boat, etc.?**

Description	Titled in whose name	Market Value	(-) Mortgage	(=) Equity
Total Net Value				

3. Do you have any **checking accounts?**

Name of Bank	Titled in whose name	Approx. Balance
Total Value		

4. Do you have any **savings accounts and/or **CDs**?**

Name of Bank	Titled in whose name	Approx. Balance
Total Value		

5. Do you own any **stocks, bonds or mutual funds** (including company stock)?

# of Shares	Name of Security	Titled in whose name	Purchase Price	Current Value
Total Value				

6. Do you have any **profit sharing, IRAs or pension plans**?

Description/Location	Beneficiary	Current Value
Total Value		

7. Do you have any **life insurance** policies and/or **annuities**?

Name of Company	Policy Owner	1st Beneficiary	2nd Beneficiary	Death Benefit
Total Value				

8. Do you have a **safe deposit box**?

Location	Titled in whose name

9. Does anyone owe you money?

Description	Approx. Value
Total Value	

10. Do you have any **special items of value** such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Value	

11. What is the approximate total value of all your remaining **personal property**-whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate \$ _____

12. Do you have any **debts** other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

	Amount owed
Total Debt	

13. Total value of everything you own (add totals of 1 thru line 11 above) \$ _____

14. Total amount you owe (total of line 12 above) _____

15. Subtract line 14 from line 13. **TOTAL NET ESTATE VALUE = \$**