

**LAW OFFICE OF ADAMS & RAFFERTY, P.C.**  
**ESTATE PLANNING QUESTIONNAIRE**

This Questionnaire is designed to help you gather information necessary for estate planning prior to our initial consultation. Please try to be as thorough as possible in completing this questionnaire, but don't worry if you don't have all the information. Just fill in what you have. All information will be kept strictly confidential.

	You	Your Spouse or Partner
Legal Name (with middle initial)		
Home Address		
Date of Birth		
Phone		
Email		
U.S. Citizen?		
Who referred you to us?		

**GATHER INFORMATION**

**Children:** List all children (first, last and middle initial) including and specially noting any adopted, deceased and non-U.S. citizen children:

NAME	BIRTHDATE	PARENT(S) (H/W/BOTH)?

**Home and Other Real Estate:** Please provide copies of all deeds, if you have them.

ADDRESS	TITLED IN WHOSE NAME	CURRENT VALUE
<b>TOTAL</b>		

**Stocks, Bonds, Mutual Funds**

DESCRIPTION	TITLED IN WHOSE NAME	CURRENT VALUE
<b>TOTAL</b>		

**Bank Accounts and CDs**

DESCRIPTION	TITLED IN WHOSE NAME	CURRENT VALUE
<b>TOTAL</b>		

**Pension Plans, IRAs, 401(k)s, Profit Sharing**

DESCRIPTION	TITLED IN WHOSE NAME	BENEFICIARY	CURRENT VALUE
<b>TOTAL</b>			

**Business or Partnership Interests**

DESCRIPTION	PURCHASE PRICE	CURRENT VALUE
<b>TOTAL</b>		

**Significant Collections Such As Antiques, Art, Coins, Stamps, Jewelry**

DESCRIPTION	PURCHASE PRICE	CURRENT VALUE
<b>TOTAL</b>		

**Money Owed to You**

DESCRIPTION	CURRENT VALUE
<b>TOTAL</b>	

**Life Insurance and Annuities**

COMPANY	POLICY OWNER	BENEFICIARY	CASH VALUE	DEATH BENEFIT
			<b>TOTAL</b>	

**Current Estate Planning Position:** Provide copies of all documents.

ISSUE	RESPONSE
<b>Trust Beneficiary:</b> If you or your spouse/partner benefit from any trusts estates or expect to soon, please describe	
<b>Special Needs:</b> Describe any illness, handicap, addiction, domestic situation, or other problem involving any beneficiary which might affect your estate plan	

**Decisions About Your Estate Plan:** The documents include:

- **Trusts:** To avoid probate court and complete settlement of your estate with less cost, greater speed, and more privacy than through a will;
- **Pour-over Wills:** To ensure your estate is distributed pursuant to the terms of your Trust and to choose a guardian of your minor children;
- **Durable Powers of Attorney:** To choose someone to handle your financial affairs in the event of your incapacity;
- **Advance Health Care Directives:** To state your wishes if terminally ill and to choose someone to make health care decisions in the event of your incapacity.

**WHO GETS WHAT?**

**Specific Gifts:** You may give specific items or sums of money to individuals, organizations, or charities.

<i>SPECIFIC GIFTS</i>

**Beneficiaries:** Who is to get the rest of your estate? You may designate equal or unequal shares, percentages, or dollar amounts. (Examples: “to my spouse if living, otherwise to my children equally” OR “50% to x, 25% to y, and 25% to z”).

BENEFICIARIES

**Alternate Beneficiaries:** Who is to get the rest of your estate if you (and your spouse or partner) outlive the beneficiaries named above?

ALTERNATE BENEFICIARIES

**WHO’S IN CHARGE?**

Choose carefully who will carry out your estate plan because those chosen will be making decisions for you upon your death or incapacity:

- Do not name anyone unless you have full confidence in their honesty and judgment.
- You may name two or more people to act together, and we suggest you name at least one alternate. We default to your spouse first, if you have one, the persons named below will act after your spouse.
- Avoid choices that might lead to family feuds or resentment.

<b>Successor Trustee</b>	
1 <sup>st</sup> Choice	

2 <sup>nd</sup> Choice	
<b>Successor Executor</b>	
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
<b>Guardian for Minor Children</b>	
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
<b>Successor Agent for Power of Attorney</b>	
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
<b>Successor Agent for Health Care Directives</b>	
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	

### **Prepare and Sign Documents**

- After information is gathered and planning decisions are made, we will prepare a draft of your trust. Our usual goal is to have the draft documents ready in about two weeks. We will respond more quickly in urgent situations.
- You will have an opportunity to review the trust document thoroughly at home. Contact us in advance of any scheduled appointment about any changes.
- Documents are generally signed at our office.

### **After Documents are Signed**

- Once the documents are signed, we will prepare a binder for you containing copies of the signed documents and we will provide you with a CD that includes a scanned version of all documents.
- We suggest you store your original documents in your bank safe deposit box or home fireproof safe.
- We suggest copies of your Power of Attorney be given to your agent(s) and a copy of your Health Care Directive be given to your health care provider(s).

## Retitling of Assets

- If you have a trust and wish to avoid probate, it is necessary to change the name on your assets to that of the trust. This includes bank accounts, brokerage accounts, savings bonds, businesses, and other assets. Please let us know if you desire any help with such transfers, otherwise, we will assume you are taking care of the transfers of such assets yourself.
- We will arrange for transfer to the trust of the real property identified by you in the State of California. We will discuss the procedures available to you to transfer real property outside of California.
- **VERY IMPORTANT:** Life insurance, annuities, pension plans, IRAs, 401ks and profit sharing plans are generally NOT to be titled in the name of the trust due to negative tax consequences. Please talk to us about appropriate beneficiary designations on these items.

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