

# ESTATE PLANNING QUESTIONNAIRE

Please fill in as much information as possible and bring this form with you to your appointment.

NOTE: If you are coming to your appointment with a spouse or domestic partner, each of you should fill out a form and disregard the questions regarding your spouse or domestic partner.

YOUR INFORMATION				
NAME (LAST)	NAME (FIRST)	MI	OTHER NAMES USED	
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	MOBILE PHONE		
EMAIL ADDRESS	BIRTHDATE	CITIZENSHIP <input type="checkbox"/> US	HOW LONG HAVE YOU LIVED IN CALIFORNIA?	

SPOUSE/DOMESTIC PARTNER INFORMATION				
<input type="checkbox"/> SPOUSE <input type="checkbox"/> REGISTERED DOMESTIC PARTNER <input type="checkbox"/> OTHER PARTNER				
NAME (LAST)	NAME (FIRST)	MI	OTHER NAMES USED	
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	MOBILE PHONE		
EMAIL ADDRESS	BIRTHDATE	CITIZENSHIP <input type="checkbox"/> US	HOW LONG HAS HE/SHE LIVED IN CALIFORNIA?	

PERSONAL INFORMATION
<b>CURRENT MARRIAGE OR RDP</b>
<p>Are you now married or in a registered domestic partnership [RDP]? <input type="checkbox"/> Yes <input type="checkbox"/> No            If <b>YES</b>, please answer the following questions: (If <b>NO</b>, skip to <b>PRIOR MARRIAGES OR RDPs</b>.)</p> <p style="margin-left: 40px;">Date and place of current marriage or registration:            (If RDP, please provide a copy of your Registration of Domestic Partnership.)</p> <p style="margin-left: 40px;">Since your marriage, have you and your spouse resided outside California? <input type="checkbox"/> Yes <input type="checkbox"/> No            If <b>YES</b>, please list the dates and place(s) of your out-of-state residence(s):</p> <p style="margin-left: 40px;">Have you and your spouse or RDP executed a prenuptial agreement or postmarital agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No            If <b>YES</b>, please attach a copy of the agreement.</p> <p style="margin-left: 40px;">Are you in the process of getting a divorce or termination of your RDP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

email: [mark@marksenick.com](mailto:mark@marksenick.com)  
 web: [www.marksenick.com](http://www.marksenick.com)

LAW OFFICES OF MARK A. SENICK  
 317 Noe Street, San Francisco, California 94114

phone: (415) 252-9800  
 fax: (415) 252-9812

Are you and your spouse/registered domestic partner separated?  Yes  No  
If **YES**, please give the date of separation:

**PRIOR MARRIAGES OR RDPs**

Have you been married or registered before?  Yes  No

If **YES**, give the following information for each former marriage or RDP: (please attach sheets, if necessary):

Name of former spouse/partner:

Dates of marriage/RDP:

Marriage/RDP ended by  death  divorce/termination

**FUTURE MARRIAGES/RDPs**

If you are unmarried or unregistered, do you plan to marry or register in the near future?  Yes  No

**COHABITING PARTNERS (not married or RDPs)**

If you currently have a cohabiting partner, please indicate how long you have been in this relationship:

During your relationship, have you and your cohabiting partner resided outside California?  Yes  No

If **YES**, please list the dates and place(s) of your out-of-state residence(s):

Have you and your cohabiting partner signed any agreement describing rights and obligations with respect to each other?

Yes  No

Do you have any financial obligation to any former cohabiting partner or does any former cohabiting partner have any financial obligation to you?  Yes  No

If **YES**, please describe:

**CHILDREN**

**Living children of current marriage or RDP** (please attach additional sheets for additional children)

Name	Address	Birthdate

**Living children of prior marriage or RDP** (please attach additional sheets for additional children)

Name	Address	Birthdate

**Living children of spouse, RDP or other partner by prior marriage or relationship** (please attach additional sheets for additional children)

Name	Address	Birthdate
------	---------	-----------

Name of natural parent other than spouse or domestic partner: \_\_\_\_\_ Have you legally adopted this child?  Yes  No

Name	Address	Birthdate
------	---------	-----------

Name of natural parent other than spouse or domestic partner: \_\_\_\_\_ Have you legally adopted this child?  Yes  No

Do any of the living children listed above have any special needs (e.g., caused by a physical or mental disability)?  Yes  No  
If **YES**, list the name of the child and describe the problem:

Do you or your spouse/partner have any child support obligations to a former spouse/partner?  Yes  No  
If **YES**, please list the name of the child involved, the person who is obligated, and the person to whom he or she is obligated.  
Describe the nature and extent of the obligation:

**Deceased children of client and/or spouse, RDP or other partner** (please attach additional sheets for additional children)

Name	Birthdate	Parents' names	Did this child have any children? List names:
------	-----------	----------------	---

**PARENTS**

**Your living parents**

Name	Address
Name	Address

Do any of the parents listed above have special needs  Yes  No  
If **YES**, please indicate which parent and describe the needs:

**SIBLINGS (BROTHERS AND SISTERS)**

**Your siblings** (please attach additional sheets for additional siblings)

Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Address (if living)
Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Address (if living)
Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Address (if living)

## FINANCIAL INFORMATION

### ASSETS

**REAL PROPERTY** (please *bring copies of all deeds* for, and co-ownership agreements affecting, parcels of real property listed below)

#### Parcel 1

Address:

Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed?  Yes  No

Type of property (e.g., your residence, rental property, vacation property):	Date of acquisition and purchase price:	Approximate fair market value:	Approximate amount owed on mortgage:
--	---	--------------------------------	--------------------------------------

#### Parcel 2

Address:

Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed?  Yes  No

Type of property (e.g., your residence, rental property, vacation property):	Date of acquisition and purchase price:	Approximate fair market value:	Approximate amount owed on mortgage:
--	---	--------------------------------	--------------------------------------

**CASH** (e.g., checking accounts, savings accounts, CDs, money market accounts; please attach additional sheets for additional accounts)

#### Account 1

Name of financial institution:	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	Approximate balance: \$	How is title to this account held?:
--------------------------------	---	----------------------------	-------------------------------------

#### Account 2

Name of financial institution:	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	Approximate balance: \$	How is title to this account held?:
--------------------------------	---	----------------------------	-------------------------------------

#### Account 3

Name of financial institution:	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	Approximate balance: \$	How is title to this account held?:
--------------------------------	---	----------------------------	-------------------------------------

#### Account 4

Name of financial institution:	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	Approximate balance: \$	How is title to this account held?:
--------------------------------	---	----------------------------	-------------------------------------

#### Account 5

Name of financial institution:	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	Approximate balance: \$	How is title to this account held?:
--------------------------------	---	----------------------------	-------------------------------------

**SECURITIES (NON-RETIREMENT)**

(For retirement funds, complete part labeled **RETIREMENT AND OTHER EMPLOYEE BENEFITS** below.)

Please list brokerage accounts in which you hold securities, money market accounts, and other securities (e.g., common stock, preferred stock, corporate bonds, commodities, municipal bonds, government savings bonds, treasury bills, limited partnership interests, mutual funds). Indicate the account number, how title to the brokerage account is held, and the current value of the account.

Please list each security not held in a brokerage account that you own. Indicate how many you own, the current value of your holdings, and how title to the security is held (e.g., 200 shares of International Paper common stock; \$10,000; John Smith and Kevin Daniels as joint tenants). Attach list if necessary.

Do you own any stock in a professional corporation?  Yes  No If **YES**, give the name of the corporation:

Do you own stock in a closely held corporation (fewer than 35 shareholders)?  Yes  No If **YES**, list the name of the corporation:

Do you own ESOP stock?  Yes  No If **YES**, give the name of the corporation:

Have you entered into any shareholders' agreements affecting your stocks?  Yes  No If **YES**, please attach a copy of the agreement.

**CLIENT-OWNED BUSINESS**

Name of business:	Type of business: <input type="checkbox"/> sole proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> corporation	Nature of business and location:
-------------------	---	----------------------------------

Co-owners and ownership interest of each:	Fair market value of business:
---	--------------------------------

Have you entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension or profit-sharing plan?  Yes  No If **YES**, please attach a copy of each agreement and plan.

**RETIREMENT AND OTHER EMPLOYEE BENEFITS**

Please attach a copy of employee benefits statement; for benefits provided by your employer, the benefits, human resources, or personnel department may be able to provide the requested information.

Please list all retirement assets, including IRA accounts, Keogh plans, pension plans, profit-sharing plans, annuities, deferred compensation plans, and social security benefits. In your description of each asset, include its value (assuming a current date of death). If you have designated a death beneficiary for the asset, indicate who the beneficiary is:

Please list all currently owned benefits (other than retirement assets) relating to your present and/or former employment, including stock purchase plans, stock options, and bonus plans. Include the value of each benefit and the name of its death beneficiary, if one has been designated:

**LIFE INSURANCE**

(policies in which client, spouse, or partner is the insured party)

**Policy 1**

Insurance company:		Life insured:		Owner of policy:	
Type of policy (e.g., whole life, term):	Face value of each policy less borrowed amounts:	Surrender value:		Beneficiary:	

**Policy 2**

Insurance company:		Life insured:		Owner of policy:	
Type of policy (e.g., whole life, term):	Face value of each policy less borrowed amounts:	Surrender value:		Beneficiary:	

**PROMISSORY NOTES**

For each promissory note in which you have an ownership interest, list the name of the payer, the name(s) of the payee(s), and the current outstanding balance on the note. Please attach a copy of each note and security agreement or deed of trust, if any:

### BENEFICIAL INTEREST IN TRUST

Are you a beneficiary of a trust?  Yes  No

If yes, please provide a copy of the trust document and all amendments to it and complete the following:

Name of trust:

Name of trustee:

Value of trust principal and income: \$

### VEHICLES, BOATS & AIRPLANES

For each automobile, truck, trailer, recreational vehicle, boat, and airplane that you own, please list the model and year, the current value, and the title as shown on the ownership document:

### TANGIBLE PERSONAL PROPERTY

Please list all tangible personal property of valued at more than \$5,000 that you own, including, e.g., artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs. Indicate the approximate fair market value of each item. If the item is not entirely owned by you, list the co-owners and their ownership interests in the item:

### OTHER ASSETS

Please list any asset you own (e.g., interest in lawsuit, copyrights, patents, mineral rights) that has not been listed above on this page, except for tangible personal property of an ordinary nature. Describe each asset and state its current value:

Do you believe that your actual ownership interest in any asset listed on this page is not accurately reflected by the title document for the asset?  Yes  No **If YES**, list all assets whose title documents do not conform to actual ownership interests and describe the actual interests.

## LIABILITIES

Please list all your liabilities and provide the name of the creditor, the amount owed, the names of any co-debtors, and the property that secures the debt, if any, for each (you need not list a revolving or charge account unless the outstanding balance exceeds \$10,000):

## ADDITIONAL FINANCIAL INFORMATION

Do you have a safe-deposit box?  Yes  No **If YES**, please give the box number and the name and address of the financial institution where the box is located.

Provide the name of any person who has direct access to your safe-deposit box:

Do you intend this person to receive the contents of the safe-deposit box at your death?  Yes  No  
Where do you keep the keys to the safe-deposit box?

Do you expect to inherit some property in the near future?  Yes  No **If YES**, please describe what you expect to inherit and from whom:

Have you made gifts to anyone of over \$13,000?  Yes  No **If YES**, please provide the name of the person to whom you made the gift, a description of what was given, the value of the gift when the gift was made, and the year in which the gift was made. If you filed gift tax returns, please attach a copy:

## POST-DEATH INSTRUCTIONS

If you wish to be an organ and tissue donor, have you executed an organ donor card or indicated your donative intent in a durable power of attorney for health care or on your driver's license?  Yes  No

Have you informed your family of your donative intent?  Yes  No (Many physicians will not carry through on organ removal, even if the decedent expressed donative intent in writing, unless authorization is obtained from the decedent's next of kin at the time of death.)

Please indicate any burial or funeral instructions you wish to be followed: If you have already prepared such instructions, please attach them.