

ESTATE PLAN QUESTIONNAIRE FOR A MARRIED COUPLE

Husband's Name: (First) _____ (Middle) _____ (Last) _____

All other names Husband has been known by: _____

Husband's Date of Birth: _____ Husband's Social Security Number: _____

Wife's Name: (First) _____ (Middle) _____ (Last) _____

Wife's Maiden Name: (First) _____ (Middle) _____ (Last) _____

All other names Wife has been known by: _____

Wife's Date of Birth: _____ Wife's Social Security Number: _____

Mailing Address: _____ Email Address: _____

Home Phone: _____ Husband's Cell Phone: _____ Wife's Cell Phone: _____

Is Husband a U.S. Citizen: Yes / No

Is Wife a U.S. Citizen: Yes / No

CHILDREN

CHILDREN from YOUR CURRENT MARRIAGE (if any) (First, Middle, & Last):

1) Name: _____ Birth Date: _____

2) Name: _____ Birth Date: _____

3) Name: _____ Birth Date: _____

4) Name: _____ Birth Date: _____

5) Name: _____ Birth Date: _____

List any deceased children: _____

CHILDREN FROM PREVIOUS RELATIONSHIPS

CHILDREN from HUSBAND'S previous relationship (if any) (First, Middle, & Last):

1) Name: _____ Birth Date: _____

2) Name: _____ Birth Date: _____

3) Name: _____ Birth Date: _____

CHILDREN from WIFE'S previous relationship (if any) (First, Middle, & Last):

1) Name: _____ Birth Date: _____

2) Name: _____ Birth Date: _____

3) Name: _____ Birth Date: _____

GUARDIANS

Who do you want to name as the guardian and alternative guardian of your minor child or children?

GUARDIAN FOR CHILDREN (beyond husband and wife): Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ALTERNATE GUARDIAN FOR CHILDREN: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

TRUST INFORMATION

What do you want the name of your Trust to be? (ie: John and Jane Doe Family Trust, etc.)

NAME OF TRUST: _____

SUCCESSOR TRUSTEE and EXECUTOR Who do you want as your SUCCESSOR TRUSTEE / EXECUTOR?

This is the person who handles your estate when you and your spouse die. (can be single or co-trustee / co-executor)

Name: _____ Relationship to you _____

Address _____ Phone _____

ALTERNATIVE SUCCESSOR TRUSTEE and EXECUTOR (can be single or co-trustee / co-executor)

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

BENEFICIARIES

BENEFICIARIES WILL BE NAMED IN YOUR TRUST. (circle answers below or indicate otherwise)

BENEFICIARY AFTER FIRST SPOUSE DIES; All to Surviving Spouse Yes / No

If no, then who and what % or amount after death of first spouse: _____

PRIMARY BENEFICIARIES and PERCENTAGES AFTER BOTH OF YOU ARE GONE (circle answers)

Do you want your estate equally divided amongst all your children Yes / No

If your children are beneficiaries, then are their children (their issue) their alternate: Yes / No

If your beneficiaries are under a certain age, do you want assets held in trust for them: Yes / No

If so, held in trust to what age (circle one or indicate): 18 21 25 30 other _____

If no children or not equally to all children and then to their issue; state primary beneficiaries and percentages:

ALTERNATE BENEFICIARIES and PERCENTAGES BEYOND PRIMARY (i.e. if your children and grandchildren are deceased, then who? example – 50% to your parents, 50% to your siblings, heirs at law, your friends, a charity, etc.):

SPECIFIC GIFTS

List all SPECIFIC GIFTS that you would like to leave someone? (use another sheet of paper if necessary) (ie: your antiques, your wedding ring, etc. If you don't know who and what now, you can always decide that later by writing it out and placing it in your Estate Binder as will be indicated in your trust – a sheet will be provided):

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POWER OF ATTORNEY

Who do you want as your ATTORNEY IN FACT (POWER OF ATTORNEY) for your FINANCIAL decisions if you (and your spouse) become incapacitated?

ANSWERS FOR HUSBAND

Initial POWER OF ATTORNEY –FINANCIAL for HUSBAND: PRIMARY Name: My Spouse (if not please indicate)

FIRST ALTERNATE POWER OF ATTORNEY -FINANCIAL for HUSBAND: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

SECOND ALTERNATE POWER OF ATTORNEY -FINANCIAL for HUSBAND: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ANSWERS FOR WIFE

Initial POWER OF ATTORNEY –FINANCIAL for WIFE: PRIMARY Name: My Spouse (if not please indicate)

FIRST ALTERNATE POWER OF ATTORNEY -FINANCIAL for WIFE: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

SECOND ALTERNATE POWER OF ATTORNEY -FINANCIAL for WIFE: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ADVANCED HEALTH CARE DIRECTIVE

An Advanced Health Care Directive will be done. It will include a DIRECTIVE TO PHYSICIANS and POWER OF ATTORNEY FOR HEALTH CARE. Who do you want as your ATTORNEY IN FACT (POWER OF ATTORNEY) for your HEALTH CARE decisions if you (and your spouse) become incapacitated?

ANSWERS FOR HUSBAND

Initial POWER OF ATTORNEY - HEALTH CARE for HUSBAND: PRIMARY Name: My Spouse (if not please indicate)

FIRST ALTERNATE POWER OF ATTORNEY - HEALTH CARE for HUSBAND: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

SECOND ALTERNATE POWER OF ATTORNEY - HEALTH CARE for HUSBAND: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ANSWERS FOR WIFE

Initial POWER OF ATTORNEY - HEALTH CARE for WIFE: PRIMARY Name: My Spouse (if not please indicate)

FIRST ALTERNATE POWER OF ATTORNEY - HEALTH CARE for WIFE: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

SECOND ALTERNATE POWER OF ATTORNEY - HEALTH CARE for WIFE: Name: _____

Relationship to you: _____ Address: _____ Phone: _____

BURIAL INSTRUCTIONS

You will be provided with a BURIAL INSTRUCTION FORM as part of your ESTATE PLAN. This is a document you will fill out when you are ready. On the form there is a place for specific instruction for you to give regarding cremation, donation of organs and specific funeral arrangements? (ie: you want your organs to be donated to Stanford Medical Center or you want or don't want to be cremated, etc.) Begin to think about this. The form will be provided to you.

REAL ESTATE HOLDINGS

Please list all real estate (REAL PROPERTY) you own (address and Assessor's Parcel Number (APN) if known) **ATTACH COPIES OF ALL DEEDS with legal descriptions to this questionnaire**

PARTNERSHIPS AND BUSINESSES

Please list all PARTNERSHIPS and BUSINESSES owned:

FINANCIAL ACCOUNTS

Please list all BANK ACCOUNTS, INVESTMENT ACCOUNTS, STOCKS AND RETIREMENT ACCOUNTS owned including the account number, name and address of the company, the broker, and / or financial planner: (Please attach another sheet as needed and provide the attorney with a copy of your account statements)

Please attach a list of all other matters you would like the attorney to include or to discuss

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