

ESTATE PLAN QUESTIONNAIRE FOR A SINGLE PERSON

Your Name: (First) _____ (Middle) _____ (Last) _____

All other names you may have or may be known by (maiden, etc.): _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____ Phone #: _____

Email Address: _____ Approximate value of current Estate: _____

CHILDREN

CHILDREN (First, Middle, & Last):

1) Name: _____ Birth Date: _____

2) Name: _____ Birth Date: _____

3) Name: _____ Birth Date: _____

4) Name: _____ Birth Date: _____

5) 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 Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ALTERNATE GUARDIAN FOR CHILDREN Name: _____

Relationship to you: _____ Address: _____ Phone: _____

POWER OF ATTORNEY

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

Initial POWER OF ATTORNEY –FINANCIAL

Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ALTERNATE POWER OF ATTORNEY -FINANCIAL

Name: _____

Relationship to you: _____ Address: _____ Phone: _____

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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 become incapacitated?

Initial POWER OF ATTORNEY - HEALTH CARE

Name: _____

Relationship to you: _____ Address: _____ Phone: _____

ALTERNATE POWER OF ATTORNEY - HEALTH CARE

Name: _____

Relationship to you: _____ Address: _____ Phone: _____

TRUST INFORMATION

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

NAME OF TRUST: _____

A **SUCCESSOR TRUSTEE(S)** need to be names to handle the Trust after you are gone as well as an **EXECUTOR** for your pour-over will. Who do you want as your **SUCCESSOR TRUSTEE** and **EXECUTOR** (person(s) who handle(s) estate matters when you die?

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

Name: _____ Relationship to you _____

Address _____ Phone _____

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

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

BENEFICIARIES

BENEFICIARIES WILL BE NAMED IN YOUR TRUST. Who do you want to name as your beneficiaries after you are gone and in what percentages (ie: Children 100% or John Doe 50% and Jane Doe 50%, etc.)?

BENEFICIARIES and PERCENTAGES (i.e. Children, relatives, friends): _____

ALTERNATE BENEFICIARIES and PERCENTAGES (i.e. if your children and grandchildren are deceased, then who?):

SPECIFIC GIFTS

Do you have any specific gifts that you would like to leave someone? (ie: your antiques, your ring, etc)

SPECIFIC GIFTS (name of gift and person's name and address to receive it). 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: _____

BURIAL INSTRUCTIONS

BURIAL INSTRUCTIONS are going to be prepared as part of your ESTATE PLAN. Are there any specific requests that you would like to make 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.)

Do you want to be Cremated: Yes / No

Do you have pre-arranged funeral and burial plans? If so please list: _____

Please list other specific requests to be put in your BURIAL INSTRUCTIONS if you have any: _____

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 list all other matters you would like the attorney to include or that you would like to discuss with the attorney: