

KRAMER LAW GROUP
ESTATE PLANNING QUESTIONNAIRE
CLIENT INFORMATION FORM: COUPLE

Whom may we thank for referring you to our office? _____

Date Questionnaire Completed: _____

I. NAMES

II.

A. Partner 1 full name _____

B. Partner 2 full name _____

C. Signature names (names you use to sign legal documents): _____

III. ADDRESSES

A. Residence * _____

B. Vacation Property * _____

* **Please bring the most recent copies of your real property deed(s) to our initial meeting.**

IV. TELEPHONE NUMBERS, FACSIMILE NUMBERS AND E-MAILS

A. Residence: Phone: _____

Fax: _____ Call before faxing? _____

E-Mail: _____

B. Partner 1 business: Phone: _____

Fax: _____ Call before faxing? _____

E-Mail: _____

C. Partner 2 business: Phone: _____
Fax: _____ Call before faxing? _____
E-Mail: _____

V. DATES AND PLACES OF BIRTH

A. Date of partner 1 birth _____
B. Place of partner 1 birth _____
C. Date of partner 2 birth _____
D. Place of partner 2 birth _____

VI. CITIZENSHIP

A. Is partner 1 a U.S. citizen? ___ Yes ___ No
B. Is partner 2 a U.S. citizen? ___ Yes ___ No

VII. FORMALIZATION OF DOMESTIC RELATIONSHIP

A. Have you Registered as a Domestic Partnership ___ Yes ___ No
B. Date of Registration _____
C. Place of Registration _____
D. Date partner 1 and partner 2 came to California if married elsewhere _____
E. Partner 1 prior marriages
1. Name of former marriage(s) _____
2. Date or year of termination of marriage(s) _____
3. Continuing legal obligations (such as alimony or child support) _____

F. Partner 2 prior marriages

- 4. Name of former marriage(s) _____
- 5. Date or year of termination of marriage(s) _____
- 6. Continuing legal obligations (such as alimony or child support) _____

VIII. CHILDREN OF THIS RELATIONSHIP (indicate if any are adopted)

| <u>Name</u> | <u>Birth date</u> |
|-------------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IX. CHILDREN OF PRIOR MARRIAGES (indicate parent by H or W)

| <u>Name</u> | <u>Parent</u> | <u>Birthdate</u> |
|-------------|---------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Has any child named above been adopted by another?

No Yes. If yes, indicate child and give name of adopting parent: _____

X. DECEASED CHILDREN

Name

Surviving descendants
of deceased child

XI. GRANDCHILDREN

Name

Parent

Birthdate

XII. NAMES OF PARENTS (indicate whether living or deceased)

A. Partner 1 father _____

B. Partner 1 mother _____

C. Partner 2 father _____

D. Partner 2 mother _____

XIII. OCCUPATION

A. Partner 1

1. Employer _____

2. Address _____

3. Position or occupation _____

- B. Partner 2
1. Employer _____
 2. Address _____
 3. Position or occupation _____

XIV. SOCIAL SECURITY NUMBERS

Partner 1 _____ Partner 2 _____

XV. INCOME

- A. Partner 1 annual earned income _____
- B. Partner 2 annual earned income _____
- C. Partner 1 annual other income _____
- D. Partner 2 annual other income _____

XVI. ASSETS

| | <u>Form of Title*</u> | <u>Estimated Current Value</u> |
|--------------------------------|-----------------------|--------------------------------|
| A. Real property | _____ | _____ |
| B. Cash & Cash Equivalents | _____ | _____ |
| C. Securities | _____ | _____ |
| D. Business Interests | _____ | _____ |
| E. Debts owed to you | _____ | _____ |
| F. Death & Retirement Benefits | _____ | _____ |
| G. Annuities | _____ | _____ |

* If property is owned as separate property, please indicate the owner spouse. For example, if the wife owns property as her separate property, please indicate "W:SP."

| | | | |
|----|--|-------|-------|
| H. | Life Insurance (List Face Value) | _____ | _____ |
| I. | Furniture, Jewelry, Art, Cars, Etc. | _____ | _____ |
| J. | Other Assets (Describe) | | |
| | 1. _____ | _____ | |
| | 2. _____ | _____ | |
| | 3. _____ | _____ | |
| | 4. _____ | _____ | |

XVII. MAJOR LIABILITIES

| | | <u>Estimated Amount Owed</u> |
|----|------------------------------|----------------------------------|
| A. | Mortgages | |
| | 1. _____ | _____ |
| | 2. _____ | _____ |
| B. | Commercial Loan | |
| | 1. _____ | _____ |
| | 2. _____ | _____ |
| | 3. _____ | _____ |
| C. | Debt owed to private parties | |
| | 1. _____ | _____ |
| | 2. _____ | _____ |

D. Other (please describe)

1. _____
2. _____
3. _____

XVIII. GUARANTEES (please describe)

| | <u>Primary Obligor</u> | <u>Amount Guaranteed</u> |
|----|----------------------------|------------------------------|
| A. | _____ | _____ |
| B. | _____ | _____ |
| C. | _____ | _____ |

XIX. MISCELLANEOUS QUESTIONS (Please answer each of the following questions. If the answer to any question is yes, please provide a brief explanation below.)

- A. Are there any agreements between you affecting the nature of your property? (E.g., a pre-marital agreement, also known as a pre-nuptial agreement, or property or real estate ownership agreements, etc.)
 No Yes
- B. Have you made any gifts over \$3,000 before 1982 or over \$10,000 after 1981?
 No Yes
- C. Have you created or made gifts to any trust? No Yes
- D. Have you received any significant gifts or inheritances? No Yes
- E. Do you expect to receive any significant gifts or inheritances? No Yes
- F. Are you the beneficiary of any trust? No Yes
- G. Is there any person you would like to receive a bequest who is not a spouse, child or grandchild? No Yes

H. Do any of your beneficiaries have any special needs? ___No ___Yes

Explanation: _____

XX. PREFERRED FIDUCIARIES

| | <u>First Choice(s)</u> | <u>First Alternative(s)</u> | <u>Second Alternative(s)</u> |
|--------------------------------|----------------------------|---------------------------------|----------------------------------|
| Executor | 1. _____ | 2. _____ | 3. _____ |
| Trustee (if any) | 1. _____ | 2. _____ | 3. _____ |
| Guardian of minors (if any) | 1. _____ | 2. _____ | 3. _____ |

XXI. CURRENT ADVISORS

A. Accountant

Name _____

Company _____

Address _____

Telephone _____

B. Life Insurance Agent

Name _____

Company _____

Address _____

Telephone _____

C. Securities Broker

Name _____

Company _____

Address _____

Telephone _____

D. Investment Advisor

Name _____

Company _____

Address _____

Telephone _____

E. Others

