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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE - Single Clients

Please use N/A to indicate not applicable. If additional space is needed, please write on the back of page or attach additional pages.

Full Name: _____ Any other name(s) used (currently)? _____
Home Address: _____ Any other name(s) previously used? _____
_____ [] Own [] Rent How long have you resided there? _____

CONTACT INFORMATION:

Home: _____ Cell Phone: _____
Work: _____ Fax Number: _____
Message: _____ Other (specify): _____
E-mail address: _____

Date of Birth: _____ Are you a U.S. Citizen? [] Yes [] No

Place of Birth: _____ If no, country of citizen: _____

Social Security Number: _____ Employer's Name: _____

Marital Status: [] Single [] Divorced [] Widowed

PRIOR MARRIAGES

Name of former spouse: _____ Date and location of marriage: _____

If marriage ended by divorce, list date of final judgment: _____

If marriage ended by death, list date of death and location of death certificate: _____

Name of former spouse: _____ Date and location of marriage: _____

If marriage ended by divorce, list date of final judgment: _____

If marriage ended by death, list date of death and location of death certificate: _____

PRIOR WILLS

Do you have a Will? _____

Have you ever entered into a contract to make a Will? _____

*Certified Specialist in Estate Planning, Trust and Probate Law by the State Bar of California Board of Legal Specialization

†Certified Elder Law Attorney by the National Elder Law Foundation

HEALTH AND SPECIAL NEEDS

Do you have health concerns: Yes No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan? Yes No

If yes, please explain: _____

Do you have other family members with special needs who are, or may become, dependent upon you (e.g. elderly parents)? Yes No

If yes, please explain: _____

Do you wish to provide for such family members in the event of your death or incapacity? Yes No

If yes, please explain: _____

Have you donated any genetic reproductive material that remains in storage at a medical facility? Yes No

If yes, please explain: _____

Are you a Veteran? If widowed, was your spouse a Veteran? Yes No

If yes, please provide a copy of the discharge papers.

Did you serve during war time: Yes No

Are you currently receiving any VA benefits? Yes No

If yes, please describe: _____

LIVING CHILDREN AND OTHER RELATIVES

Child's Name: _____ Date of Birth: _____ M/F SSN: _____
 Address (if different than yours): _____
 If married, list child's spouse's name and their children's names: _____

 If this child is adopted, list date of adoption and location of documents: _____
 If this child is from a previous marriage, indicate the name of other parent: _____
 If this child has special needs due to a developmental, physical or mental disabilities, indicate here and list information on last page regarding physicians, guardians and other pertinent data: _____

Child's Name: _____ Date of Birth: _____ M/F SSN: _____
 Address (if different than yours): _____
 If married, list child's spouse's name and their children's names: _____

 If this child is adopted, list date of adoption and location of documents: _____
 If this child is from a previous marriage, indicate the name of other parent: _____
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 If this child is from a previous marriage, indicate the name of other parent: _____
 If this child has special needs due to a developmental, physical or mental disabilities, indicate here and list information on last page regarding physicians, guardians and other pertinent data: _____

Are you planning to have more children [] Yes [] No

If you have additional children, please provide their information and attach to this questionnaire.

DECEASED CHILDREN

List any deceased children including their full name, date of birth and date of death:

List any living issue (children) of your deceased child, including their full name and date of birth:

OTHER BENEFICIARIES

List the name, relationship and contact information of anyone else that you **may** wish to include in your estate plan:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

DISTRIBUTION OF PROPERTY UPON DEATH

In your own words, please explain how you wish to have your assets distributed upon your death.

SPECIFIC BEQUESTS

If desired, list bequests of particular tangible items that you may wish to make to individuals, charities, or organizations, indicating which items and to whom. In the event the individual or organization does not survive, please specify if the gift should be distributed to that individual's issue or successor organization or an alternate. If an alternative distribution is not provided, the gift could lapse and become of the residue of your estate. Please indicate complete address and tax ID number for charities: Here are some examples:

1. Diamond and ruby cocktail ring to Jane Doe, my friend, 1234 Easy Street, Avocado, California. If Jane Doe is not living, to her issue by right of representation.
2. Antique sheet music collection and one harpsichord to the Best School of Music Scholarship Fund, 51 Crescendo Lane, Solotown Pennsylvania. Tax ID # 0123455. If this scholarship fund is not in existence at my death, this gift shall lapse.

If you prefer, we can create a separate stand alone memo on which you can indicate gifts of tangible personal property which can be updated at your convenience.

If this choice is desired, check here [].

List bequests of a specific dollar amount or percentage of your estate that you may wish to make to individuals, charities or organizations, indicating how much and to whom. In the event the individual or organization does not survive, please specify if the gift should be distributed to that individual's issue or successor organization or an alternate. If an alternative distribution is not provided, the gift could lapse and become part of the residue of your estate. Please indicate complete address and tax ID number for charities. Here are some examples of cash gifts:

1. The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America, or its successor is not an organization at the time of my death, this gift shall lapse. Tax ID #123456.
2. Ten percent (10%) of my estate to be given to the American Cancer Society, 123 Main Street, Notown, USA 12345. Tax ID#: 123455

CHILDREN’S AGES AND SHARES FOR DISTRIBUTION

If you have any minor aged children, should the estate be held in a single pot and distributed among your children as needed until the youngest is grown? Options for the single pot trust will be discussed in the meeting. Yes No

Rather than a single pot trust for minor children, would you prefer a separate share trust for each child? Yes No

If you are leaving anything to your children, how should your children receive their distribution regardless of whether they are minors? Outright Trust

If in Trust, please provide desired age(s) of distribution (1,2 or 3 distribution ages or lifetime trust).

Example:	<u>Name of Child</u>	<u>Age</u>	Child	Age of Distribution
	Jane Alexandra Smith	21		
		24		
		30		

If your children’s distribution is to be in trust, what type of expenses may the trustee use the trust for during the term of the trust?

- Child’s Health, Education, Support and Maintenance **OR**
- Child’s Happiness and Comfort
- Other

IF YOUR CHILD (OR CHILDREN) PREDECEASE YOU

Would you like their issue (your grandchildren) to receive your deceased child’s distribution? Yes No

If yes, should the issue receive it outright? Yes No

If the distribution is to be in trust, it shall remain in trust until age _____ (Up to 25 years old)

SIMULTANEOUS DEATH

Desired disposition of estate in the event you and your descendants die simultaneously:

- Examples:*
- 1) **Your heirs** (“next of kin” as determined by California law)
 - 2) **Specific named individuals** (other than your heirs generally)
 - 3) **A specific charity** (Red Cross, American Cancer Society, Girl Scouts)

1. _____

2. _____

3. _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people? [] Yes [] No
If yes, please list their full names, relationships to you and addresses. Provide a brief explanation if you like:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____
Explanation: _____

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____
Explanation: _____

AGENTS

For Your Trust and Will (Trustees, Executors)

The Trustee, Executor and Agents are the persons designated to assist you with the administration of your Estate upon your incapacity or death. In the meeting with your attorney, she will help you finalize your choices for the various agents under the documents after discussing various issues. Please use the space provided to indicate your initial selections:

In order of preference, please list the full names, relationships and address of your desired Agent(s):

1. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____
2. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

3. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____
4. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

GUARDIANS OF MINOR CHILDREN

In order of preference, please list the full names, relationships, and addresses of desired Guardians of any minor children. Married couples may be named together as Guardians, however, you may designate one spouse as the primary Guardian in the event of a divorce.

1. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____

2. Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Relationship: _____