

**RULON & MATSUMOTO LLC**  
**Estate Planning**  
**Attorneys at Law**

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▲  
**ESTATE ANALYSIS QUESTIONNAIRE**

Personal Data

Referred by: \_\_\_\_\_

HUSBAND FULL NAME	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH DATE	SSN
WIFE FULL NAME	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH DATE	SSN
HOME ADDRESS		EMAIL	☎
BUSINESS ADDRESS		EMPLOYER	OCCUPATION
HUSBAND			☎
WIFE			☎
CHILDREN (FULL NAMES/ADDRESSES/TELEPHONE NUMBERS)	BIRTHDATE	SEX	*H *W *B
(1)			
(2)			
(3)			
(4)			

CPA: \_\_\_\_\_; INSURANCE AGENT: \_\_\_\_\_; FINANCIAL PLANNER: \_\_\_\_\_  
 EVER LIVED, DURING MARRIAGE, IN: AZ \_\_\_\_\_; CA \_\_\_\_\_; ID \_\_\_\_\_; LA \_\_\_\_\_; NM \_\_\_\_\_; NV \_\_\_\_\_; TX \_\_\_\_\_; WA \_\_\_\_\_; OR WI \_\_\_\_\_.

**Personal Assets and Liabilities**

Description of Assets	Market Value	Liability	Net Value	Title Held *H* W *JT *TR
Residence: <input type="checkbox"/> Fee <input type="checkbox"/> Lease; Cost \$ _____; Date Purchased _____				
Other Real Estate: <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ <input type="checkbox"/> Fee <input type="checkbox"/> Lease; Cost \$ _____; Date Purchased _____ Address: _____ <input type="checkbox"/> Fee <input type="checkbox"/> Lease; Cost \$ _____; Date Purchased _____				
Securities (stocks & bonds)				
Cash (savings & checking)				
Life Insurance: Market value = Face value, Net value = Cash surr. value				
Annuities				
Business Interests				
Retirement Plans (IRA, Pension)				
Personal Effects (furniture, jewelry, auto, etc.)				
Anticipated Inheritances				
Other Assets				
<b>Total Values</b>				

We understand that our attorney will rely upon the completeness and accuracy of the information provided on this Questionnaire in advising us of available estate planning options. We understand that our attorney will not, and we specifically relieve our attorney from any obligation to, independently verify the accuracy of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*H = Husband, \*W = Wife, \*B = Both, \*JT = Joint, \*TR = Trust

## PREPARING TO MEET WITH YOUR ATTORNEY

Prior to meeting with your attorney to discuss your estate plan, it would be helpful if you would reach tentative decisions on the following questions:

1. At the death of either husband or wife, would you prefer that your entire estate go to the other?  
 Yes  No
  
2. After both husband and wife die, to whom would you prefer that tangible personal property (furniture, jewelry, automobile, clothing) be distributed:
  - a.  Divided among your children as they agree?
  - b.  Distributed according to a separate list?
  - c.  A combination of both **a** and **b** above?
  - d.  Other?
  
3. Upon the deaths of both husband and wife, to whom would you prefer that the balance of your estate be distributed:
  - a. Divided equally among your children?  Yes  No
  - b. If children are young, would you prefer that they receive their inheritance:
    - (1)  Outright?
    - (2)  One-half (1/2) at ages 25 and 30?
    - (3)  One-third (1/3) at ages 25, 30 and 35?
    - (4)  Other?
  - c.  Other?
  - d.  Do any of your children or grandchildren have a disability, receive government assistance or been in special education classes? Yes  No
  
4. If one of your children dies before you, should that child's children take that child's share?  
 Yes  No
  
5. If both husband and wife, all children and grandchildren die in a common accident, to whom would you prefer that your estate be distributed:
  - a.  Divided one-half (1/2) to each of husband's and wife's parents and siblings?
  - b.  To charity?
  - c.  To certain named relatives and friends?
  - d.  Other?
  
6. After both husband and wife die, who would you want to be in charge of doing all the leg work (i.e. file tax returns, obtain appraisals, pay bills and make distributions)?
  - a.  A bank or trust company?
  - b.  A relative or friend?
  - c.  A combination of both **a** and **b** above?
  
7. If you have children under age 18 when you die, who would you want to be their guardian?
  
8. Goals and Objectives: Which of the following typical goals and objectives are important to you:

<input type="checkbox"/> Financial management	<input type="checkbox"/> Minimize estate taxes
<input type="checkbox"/> Avoid probate	<input type="checkbox"/> Maintain privacy
<input type="checkbox"/> Avoid court supervised guardianship if incapacitated	<input type="checkbox"/> Creditor protection
	<input type="checkbox"/> Other: _____