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Estate Planning
Attorneys at Law

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ESTATE ANALYSIS QUESTIONNAIRE

Personal Data

Referred by: _____

FULL NAME		BIRTH DATE	SSN
HOME ADDRESS		EMAIL	☎
BUSINESS ADDRESS		EMPLOYER	OCCUPATION ☎
CHILDREN'S FULL NAMES/ADDRESSES/TELEPHONE NUMBERS		BIRTH DATE	SEX
(1)			
(2)			
(3)			
(4)			

CPA: _____; INSURANCE AGENT: _____; FINANCIAL PLANNER: _____

Personal Assets and Liabilities

DESCRIPTION OF ASSETS	MARKET VALUE	LIABILITY	NET VALUE	TITLE HELD *S *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				
TOTAL VALUES				

I UNDERSTAND THAT MY ATTORNEY WILL RELY UPON THE COMPLETENESS AND ACCURACY OF THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE IN ADVISING ME OF AVAILABLE ESTATE PLANNING OPTIONS. I UNDERSTAND THAT MY ATTORNEY WILL NOT, AND I SPECIFICALLY RELIEVE MY ATTORNEY FROM ANY OBLIGATION TO, INDEPENDENTLY VERIFY THE ACCURACY OF THIS INFORMATION.

SIGNATURE: _____ **DATE:** _____

*S = SOLE, *JT = JOINT, *TR = TRUST

PREPARING TO MEET WITH YOUR ATTORNEY
(SINGLE PERSON)

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. UPON YOUR DEATH, 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?

2. UPON YOUR DEATH, 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

3. IF ONE OF YOUR BENEFICIARIES DIES BEFORE YOU, SHOULD THAT BENEFICIARY'S CHILDREN TAKE HIS OR HER SHARE?
 YES NO

4. IF YOU, ALL OF YOUR CHILDREN, AND GRANDCHILDREN DIE IN A COMMON ACCIDENT, TO WHOM WOULD YOU PREFER THAT YOUR ESTATE BE DISTRIBUTED:
 - A. TO YOUR PARENTS AND SIBLINGS?
 - B. TO CHARITY?
 - C. TO CERTAIN NAME RELATIVES AND FRIENDS?
 - D. OTHER?

5. AFTER YOUR DEATH, 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?

6. IF YOU HAVE CHILDREN UNDER AGE 18 WHEN YOU DIE, WHO WOULD YOU WANT TO BE THEIR GUARDIAN?

7. 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	<input type="checkbox"/> CREDITOR PROTECTION
IF INCAPACITATED	<input type="checkbox"/> OTHER: _____