

**Terry M. Mallery, a Professional Law Corporation**

**CONFIDENTIAL  
ESTATE PLANNING QUESTIONNAIRE**

Date \_\_\_\_\_

Please use N/A to indicate not applicable.

**GENERAL INFORMATION**

**CLIENT 1**

**Full name:** \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Are you a United States citizen?**  Yes  No

If no, country of citizenship: \_\_\_\_\_

**CLIENT 2 [SPOUSE OF CLIENT 1]**

**Full name:** \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Are you a United States citizen?**  Yes  No

If no, country of citizenship: \_\_\_\_\_

**Date and Place of Marriage:** \_\_\_\_\_

**ADDRESS AND TELEPHONE INFORMATION:**

**Home telephone number:** \_\_\_\_\_

**Business telephone number:** \_\_\_\_\_

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

**Permanent residence:**

Address: \_\_\_\_\_

Own or rent? \_\_\_\_\_

How long have you resided there? \_\_\_\_\_

**Other residence(s) or investment property:**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**If you have residences in more than one state:**

State in which your car is registered: \_\_\_\_\_

Address used on your federal tax return: \_\_\_\_\_

Address to which your credit card bills are sent: \_\_\_\_\_

Describe each home in each state (size of building, land, etc).

Residence 1: \_\_\_\_\_  
\_\_\_\_\_

Residence 2: \_\_\_\_\_  
\_\_\_\_\_

**PRIOR MARRIAGE(S)**

**CLIENT 1:**

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

If marriage ended by divorce, what is the date of the divorce decree? \_\_\_\_\_

If marriage ended by death, what is the date of death? \_\_\_\_\_

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

If marriage ended by divorce, what is the date of the divorce decree? \_\_\_\_\_

If marriage ended by death, what is the date of death? \_\_\_\_\_

**CLIENT 2:**

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

If marriage ended by divorce, what is the date of the divorce decree? \_\_\_\_\_

If marriage ended by death, what is the date of death? \_\_\_\_\_

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

If marriage ended by divorce, what is the date of the divorce decree? \_\_\_\_\_

If marriage ended by death, what is the date of death? \_\_\_\_\_

**CHILDREN AND OTHER RELATIVES**

**LIVING CHILDREN AND GRANDCHILDREN**

**Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:**

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

**Children of Existing Marriage:**

1. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

3. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

4. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of spouse (if any): \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

**Children of Prior Marriage(s):**

**Client 1:**

1 Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

3. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

**Client 2:**

1. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

3. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender:  Male  Female  
Name of other parent: \_\_\_\_\_  
Name(s) of children (if any): \_\_\_\_\_  
Other information requested above (if any): \_\_\_\_\_  
\_\_\_\_\_

**DECEASED CHILDREN**

**Client 1:**

1. Child's Full Name: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Any living issue of this child?  Yes  No  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Child's Full Name: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Any living issue of this child?  Yes  No  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Client 2:**

1. Child's Full Name: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Any living issue of this child?  Yes  No  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Child's Full Name: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Any living issue of this child?  Yes  No  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**PEOPLE RAISED BY CLIENT(S)**

Are there people you and/or your spouse have raised as children who are not legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Male  Female  
Date of birth: \_\_\_\_\_  
Legal relationship: \_\_\_\_\_  
For purposes of your Will and/or Trust, do you wish this person to be considered your child?  
 Yes  No

2. Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Male  Female  
Date of birth: \_\_\_\_\_  
Legal relationship: \_\_\_\_\_  
For purposes of your Will and/or Trust, do you wish this person to be considered your child?  
 Yes  No

**ADMINISTRATION OF YOUR ESTATE**

**EXECUTORS:**

In order of preference, please list the full names, relationships and address of your Executors:

**Client 1:**

Your spouse first:       Yes       No

1.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_
2.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_
3.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_

Do you want to allow an attorney-in-fact or a conservator the right to revoke, or amend your estate plan?  
 Yes       No

**Client 2:**

Your spouse first:       Yes       No

1.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_
2.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_
3.    Name: \_\_\_\_\_  
      Relationship: \_\_\_\_\_  
      Address: \_\_\_\_\_  
      \_\_\_\_\_

Do you want to allow an attorney-in-fact or a conservator the right to revoke, or amend your estate plan?  
 Yes       No

**TRUSTEES:**

In order of preference, please list the full names, relationships and address of your Trustees:

Same as above:       Yes       No

1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_
2. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_
3. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Should a Trustee be allowed to resign without court approval on notice to the settlor, the beneficiaries and the successor trustees?  Yes  No

If yes, how much notice should be given (e.g., 30 days, 60 days)? \_\_\_\_\_

Do you wish to exclude someone or a specific class from ever serving as Trustee?  Yes  No  
 If yes, who? \_\_\_\_\_

Should a Trustee be authorized to engage in self dealing (e.g., selling trust property to him or herself for adequate consideration)?  Yes  No

Should the Trustee have the power to acquire and retain unproductive property?  Yes  No

Should a provision be included in the trust instrument that authorizes the trustee to terminate a trust without court approval if the trust's value has fallen below a specified amount?  Yes  No  
 If yes, what is the specified amount? \_\_\_\_\_

**GUARDIANS OF MINOR CHILDREN:**

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

If this is a married couple, should one spouse be given preference over the other?  Yes  No  
 (Please note that if the answer is yes, and the preferred spouse is unable to serve as guardian, the next successor guardian shall be requested to serve.)

2. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

If this is a married couple, should one spouse be given preference over the other?  Yes  No  
 (Please note that if the answer is yes, and the preferred spouse is unable to serve as guardian, the next successor guardian shall be requested to serve.)

3. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**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. You may provide a brief explanation if you like:

1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Explanation: \_\_\_\_\_  
 \_\_\_\_\_

**DISTRIBUTION OF PROPERTY ON DEATH**

**In General**

What is your desired disposition of your trust property on your death and/or your spouse's death?

- If married:  
 All to your spouse on death  Yes  No  
 To your children in equal shares on your spouse's death  Yes  No  
 If not married:  
 To your children in equal shares  Yes  No

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Proportion: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Proportion: \_\_\_\_\_
3. Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Proportion: \_\_\_\_\_

**Children's Ages and Shares for Distributions**

When should your children receive their distributions?

Outright on your death:  Yes  No

Outright on your spouse's death:  Yes  No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

<u>Age</u>	<u>Fractional or Percentage Interest of Share</u>
EXAMPLE: Name of Child: Jane Alexandra Smith	
<u>age 21</u>	<u>1/4 of share</u> _____
<u>age 24</u>	<u>1/2 of share</u> _____
<u>age 30</u>	<u>Remainder of share</u> _____

Name of Child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution?  
 Yes  No

If yes, at same ages listed above?  Yes  No  
 If No, when would you like your grandchildren to receive their distribution? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Simultaneous Death**

Desired disposition of estate in the event client, spouse and issue die simultaneously:

- EXAMPLES: 1) Your heirs (determined by California law)  
 2) Specific named individuals (other than your heirs generally)  
 3) A specific charity (Red Cross, Boys Town, Girl Scouts)

- 1) \_\_\_\_\_  
 \_\_\_\_\_  
 2) \_\_\_\_\_  
 \_\_\_\_\_  
 3) \_\_\_\_\_  
 \_\_\_\_\_

**Specific Bequests to individuals:**

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

EXAMPLES:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.  
 2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.

**Client 1:**

- 1) \_\_\_\_\_  
 \_\_\_\_\_  
 2) \_\_\_\_\_  
 \_\_\_\_\_  
 3) \_\_\_\_\_  
 \_\_\_\_\_  
 4) \_\_\_\_\_  
 \_\_\_\_\_

**Client 2:**

- 1) \_\_\_\_\_  
 \_\_\_\_\_  
 2) \_\_\_\_\_  
 \_\_\_\_\_

- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

**Specific Bequests to organizations:**

List specific bequests you wish to make to any charity or organization, if any, indicating what and to whom. In the event the organization does not survive, please specify if the gift will be distributed to an organization of similar means, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 2) 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.

**Client 1:**

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

**Client 2:**

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION REGARDING IMPORTANT DOCUMENTS**

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you do not know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "N/A" next to it.

**ESTATE PLANNING DOCUMENTS**

**Document**

**Location**

WILL

Yes  No

If yes, please provide me with a copy.

\_\_\_\_\_

TRUST

Yes  No

If yes, please provide me with a copy.

\_\_\_\_\_

DURABLE POWER OF ATTORNEY  
FOR ASSET MANAGEMENT

Yes  No

If yes, please provide me with a copy.

\_\_\_\_\_

POWER OF ATTORNEY FOR  
HEALTH CARE (ADVANCE DIRECTIVE),  
DIRECTIVE TO PHYSICIAN and/or LIVING WILL

Yes  No

If yes, please provide me with a copy.

\_\_\_\_\_

If any powers of attorney have been granted by you to another:

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

Holder of power: \_\_\_\_\_

State where executed: \_\_\_\_\_

Special powers granted or withheld: \_\_\_\_\_

Location of original(s): \_\_\_\_\_

Number of originals executed: \_\_\_\_\_

PREMARITAL AGREEMENTS

(please provide me with copies)

\_\_\_\_\_

COMMUNITY PROPERTY

AGREEMENT(S) (please provide me  
with copies)

\_\_\_\_\_

MARITAL PROPERTY

AGREEMENT(S) (please provide me  
with copies)

\_\_\_\_\_

Estate Planning Questionnaire