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Caution: The following questionnaire contains confidential information. When completed it must be returned to me in person, by a facsimile to 408-899-2269, or mailed to the above address by the U.S. Postal Service or another carrier you deem reliable. It MUST NOT under any conditions be transmitted electronically, such as an email message.

CONFIDENTIALITY

All the information submitted to an attorney is forever protected by the attorney – client duty of confidentiality.

Wills and Trusts Questionnaire

(if not married ignore the “SPOUSE”/Marriage Questions)

Date Prepared _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

1. YOUR NAME

Full Name _____

Other Names (Former Marriage, Maiden, etc.) _____

Date the former marriage ended _____ Divorce? Death? Annulment? _____

U.S. Citizen Yes/No _____

Address _____

California resident ? _____ Approx. how long? _____

Birth date _____

2. SPOUSE’S NAME

Full Name _____

Date the former marriage ended: _____ Divorce? Death? Annulment? _____

U.S. Citizen Yes/No _____

Address _____

California resident? _____ Approx. how long? _____

Birth date _____

3. CHILDREN

Names/Nicknames/Birthdates/Sex _____

4. Deceased Children's Names and Birth dates: yours _____

_____ spouse's _____

5. Children from prior marriages: Yours _____

Spouse _____

6. Name(s) of Parents for Each Child From Previous Marriages: Yours _____

Spouse: _____

7. Do you want the Will/Trust to provide for any **future** children, your own or adopted?

8. Do any of your children have "special needs", e.g., a disability that may qualify them for government benefits now or in the future? Describe as well as you can. _____

9. Who owns your life insurance policies, i.e., who pays the premiums, designates the beneficiaries, has the right to borrow against it?

You: _____

Spouse: _____

Approximate value of separate property, i.e., the property owned before this marriage or inherited since, or that it was a gift to either one of you alone regardless of when it took place.

You _____

Spouse _____

10. PROPERTY DISPOSITION

Community Property: all the property acquired during THIS marriage with the funds EARNED during THIS marriage.

Separate Property: all property held in the name of one person alone. This is typically the property acquired before THIS marriage or inheritance, gifts, and similar items even if during THIS marriage.

YOU

Do you want to leave any portion of your **separate property** or your share of **community property** (property acquired during this marriage) to anyone else other than your spouse? If so: to whom (full name and address) what, how much, e.g. jewelry, tools, cash, stock, bonds, cars, furnishings, art, e.g. “All my jewelry to my daughter Jane”, “My wedding ring to my daughter Kim.” List alternates in case the person you name passes away before you. Use additional sheets if necessary

Do you want to include a provision that would prevent your spouse’s FUTURE SPOUSE (in case of your death) from gaining control of your share of the estate and designate that share to your children? YES/NO

Is there anything else you’d like to accomplish?

SPOUSE

Do you want to leave any portion of your **separate property** or your share of **community property** to anyone else other than your spouse? If so, to whom (full name and address), what, how much: jewelry, tools, cash, stock, bonds, cars, furnishings, art, e.g., “All my tools to my son Mike.” List alternates in case the person you name passes away before you. Use additional sheets if necessary

11. Do you want to include a provision that would prevent your spouse's FUTURE SPOUSE (in case of your death) from gaining control of your share of the estate and designate that share to your children? YES/NO

Is there anything else you'd like to accomplish?

12. At what age should the children have total control of the inherited assets ? (at the designated age the trust assets would be divided equally unless specified otherwise, 25 is the most common age chosen, however, the age can vary with each child. The inheritance can also be staggered, e.g., 1/3 at 25, 1/3 at 30, 1/3 at 35)

13. Should all the children share equally in the estate?

14. If other, please specify (e.g., 20% to Mike, 30% to Mary, etc)

15. Do you want to **skip** some or all of the children and have the assets go directly to your grandkids?

How many pieces of REAL PROPERTY do you own:

You _____

Spouse _____

Together _____

Provide copies of the most recent Grant Deed(s) of the properties and time sharing arrangements that will be transferred to the trust and any lease/rental contracts/LLP's/Family Partnerships, etc., for income producing properties.

16. GIFTS (to individuals, charities, churches, etc.)

Any special cash gifts at first death?

YOU _____

SPOUSE _____

Any special personal property gifts at first death?

YOU _____

SPOUSE _____

Any special real property gifts at first death?

YOU _____

SPOUSE _____

Any special cash gifts at second death?

YOU _____

SPOUSE _____

Any special personal property gifts at second death?

YOU _____

SPOUSE _____

Any special real property gifts at second death?

YOU _____

SPOUSE _____

17. TRUST ADMINISTRATION

Definitions:

Guardian: one who is responsible for children under 18 years of age.

Settlor: you, the person who creates the trust.

Trustee: the trust administrator, initially usually you.

List the names and addresses of the primary and the secondary (if possible) **guardian** for your minor children (those under 18 years of age).

List the names and addresses of the primary and secondary (if possible) **successor trustee** (in case both of you are deceased. This can be an individual, a bank, a corporation, an attorney who will assure that the assets are distributed according to your wishes.)

List the names and addresses of the primary and secondary (if possible) **financial decision maker** (in case you are incapacitated). This person becomes your **Attorney in Fact** and has the power to make the same financial decisions as you would while you're still alive but unable to act competently. The spouse is a typical first choice and the successor trustee may be an appropriate second choice.

18. Do you have a stock option plan at your place of employment? If so, check to see if the beneficiary is authorized to exercise the option! You may do this at a later date as the Power of Attorney/Trust we prepare will address this issue.

Is either one of you a patient in a skilled nursing care facility presently or expects to enter one in the near future?

19. Are either one of you or any of the beneficiaries presently under a conservatorship order?

Yes/NO. If YES, please bring the documents.

20. List the names, addresses and ***phone numbers*** of the primary and secondary (if possible) **health care agent** (spouse is usually the first choice, the successor is needed in case your spouse is deceased, incapacitated or otherwise unavailable). This person will make **end of life decisions** according to your wishes.

If a different person for each one of you, please specify.

21. Do you want your remains to be disposed of by cremation or burial (you can defer the decision if not sure.....just don't totally forget it). YOU _____

SPOUSE _____

If cremation, what do you want to do with the remains? OK if you don't know now.

Husband _____

Wife _____

22. Do you want to prohibit donation of your organs? Husband _____

Wife _____ (if you agree to a donation, your remains may become unavailable to your heirs for several weeks or longer....may not matter to you, but it keeps delaying their healing process)

23. IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO ACCOMPLISH? YOU SHOULD INCLUDE HERE GIFTS TO GRANDCHILDREN, RELATIVES, ETC. (Please use additional sheets if necessary)