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Confidential

ESTATE PLANNING QUESTIONNAIRE

The information that you provide in this questionnaire will assist us in understanding your estate planning needs. Please be assured that this information is strictly confidential and will not be shared with anyone outside of our office without your permission.

Name: _____

Legal Name You Use to Sign Documents: _____

Other Names Used: _____
(Aliases, Nicknames, etc.)

Telephone Numbers:
 Home: _____ Office: _____ Cell: _____

E-Mail Address: _____

Date of Birth: _____ Occupation: _____

Company Name: _____

Address:
 Street Name: _____ City: _____ St: _____ Zip code _____

CHILDREN

Name	Address	DOB	Married Y/N

****Please note if any of your children are adopted****

APPOINTMENTS

Successor Trustee: If you choose to establish a trust to avoid probate, you must name Successor Trustee. Except in certain situations, you are the initial Trustee of your trust. Your Successor Trustee would manage your trust assets if you were unable to do so, or make distributions from your trust after your death. Your Successor Trustee should have a good understanding of financial matters. You also have the option of selecting a Professional Fiduciary and we will discuss this option with you.

	Name	Relationship	Address & Telephone #
Successor Trustee			
First Alternate			
Second Alternate			

The Executor and Successor Executor of your Will would probate your estate (if applicable) and are usually the same person named as your Successor Trustee. If you only want a will, and not a trust, prepared, please list you successor executors above.

Agent for Durable Power of Attorney (DPA), usually your Successor Trustees, are also named as your Agents. Your Agent would make financial and business decisions on your behalf if you should become incapacitated.

PLANS OF DISTRIBUTION

Specific Gifts: Please list any gifts (including monetary or tangible) to your church, synagogue, etc.; to a specific institution; or to a particular person.

Personal Property: We will provide you with a handwritten gift list for any specific gift of personal property. Please indicate your wishes on how any remaining personal property should distributed.

Please indicate your wishes as to how any remaining assets (after the specific gifts are made) are to be distributed.

_____ Equally between # of children (if child does not survive you, then issue [i.e., children of your deceased child would take his or her share]).

_____ As follows:

Do you want the beneficiary to designate who will receive the remaining funds after his or her death?

Yes _____ No _____

Age of Distribution: Amount held in trust for minors may be used for their health, education, and support at any time. Please specify what age minor beneficiaries must be before receiving outright distributions from the trust. You may choose to give a minor beneficiary his or her share outright when he or she has attained a certain age. You may choose to split the distribution any way you choose (e.g., 1/2 at age 25 and the balance at age 30; or 1/3 at age 25, 1/3 at age 30, and the balance at age 35; etc.)

Ultimate Distribution: In the event that you or your children (if applicable) or other named beneficiaries do not survive, please indicate to whom would you want your property distributed.

Agent for Advance Health Care Directive (AHCD): You may choose to name an adult family member, close friend, etc. as your Agent. Your Agent would make medical decisions on your behalf (including consents, life support, and nursing home decisions) if you cannot make these decisions for yourself. You do not need to name the same person that you named as your Successor Trustee.

Agents:

	Name	Relationship	Address & Telephone #'s
1st Agent			
2nd Agent			

3 rd Agent			
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Upon your death , would you like to donate your organs, tissues, or parts to be used for the following?

Transplant	Research	Therapy	Education
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

If you have specific burial or cremation requests please describe below:

**PLEASE COMPLETE THE FOLLOWING SECTION ONLY IF YOU
HAVE MINOR BENEFICIARIES**

Guardians of Your Minor Children: You should carefully consider who to name as Guardian of the Person of your minor children. The Guardian of the Person would be responsible for the day-to-day care of your children. You should name alternate guardians in the event your first choice cannot serve.

Name & Relationship
Guardian of the Person: _____

1st Alternate: _____

2nd Alternate: _____

PERSONAL INFORMATION

Are you a U.S. citizen? Yes ___ No ___

If not, please specify nationality _____

Do you currently have a will? Yes ___ No ___

Do you currently have a trust? Yes ___ No ___

Were you previously married? Yes ___ No ___

Do any of your beneficiaries have disabilities? Yes ___ No ___

Do you own a business or a farm? Yes ___ No ___

If yes, please provide the name and type of your business:

Do you have any future trips or surgery that will affect the timing of completing your estate plan?
If so, please specify:

Do you have any serious health problems? Yes ___ No ___

If yes, please provide a brief description:

Do you have long-term care insurance? Yes ___ No ___

What is your Net Worth? _____

(Add the value of all property owned by you including real property (real estate), personal property, bank accounts, stocks, bonds, IRAs, and all other assets [with the exception of death property benefits from life insurance policies] to determine the approximate total value of your estate and deduct any liabilities or debt.)

If you own life insurance policies, for what amount(s) are you insured?

INCOME/ASSET/LIABILITY INFORMATION

Real Estate:

Address	How is Title Held?	Market Value

Liquid Assets:

Asset info (no acct #'s)	Account Company Name	Approximate Value
Checking accounts		
Savings accounts		
CD accounts		
Investment Accounts		
Money Market Accounts		

Equities in business <i>specify if sole proprietor or type of partnership</i>		
Notes and Loans Receivable		
Annuities		
Life Insurance		
IRA's		
Other		

Cars/ Motor Home	Make/Model	Current Value

Other Assets Not Listed Above (Please list personal property which is valued over \$5000):

ADDITIONAL INFORMATION/QUESTIONS

Please provide me with any additional information that would be important in preparing your estate plan, or any additional questions you may have:

Please either fax (1-858-689-0036), scan/email, or bring this completed questionnaire with you to our first appointment. We look forward to working with you!

For Attorney Use Only

Referred By: _____