



**BATTAGLIA & WALTARI**  
*Attorneys at Law*

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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.

**Husband's 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: \_\_\_\_\_

**Wife's 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**

Full Name	Address	DOB	Married Y/N	Children of Husband/Wife/ Both

\*\*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 and your spouse are the initial Trustees of your trust. Your Successor Trustee would manage your trust assets if you, and your spouse, 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.

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**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 be distributed.

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**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:

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**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.)

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**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.

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**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 For Husband:**

	Name	Relationship	Address & Telephone #'s
<b>1<sup>st</sup> Agent</b>			
<b>2<sup>nd</sup> Agent</b>			
<b>3<sup>rd</sup> Agent</b>			

**Agents For Wife:**

	Name	Relationship	Address & Telephone #'s
<b>1<sup>st</sup> Agent</b>			
<b>2<sup>nd</sup> Agent</b>			
<b>3<sup>rd</sup> Agent</b>			

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

**Husband:**

<b>Transplant</b>	<b>Research</b>	<b>Therapy</b>	<b>Education</b>
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

**Wife:**

<b>Transplant</b>	<b>Research</b>	<b>Therapy</b>	<b>Education</b>
Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____

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

Husband:

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Wife:

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**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:** \_\_\_\_\_

**1<sup>st</sup> Alternate:** \_\_\_\_\_

**2nd Alternate:** \_\_\_\_\_

**PERSONAL INFORMATION**

	<b>Husband</b>	<b>Wife</b>
<b>Are you a U.S. citizen?</b>	Yes ___ No ___	Yes ___ No ___
<b>If not, please specify nationality:</b>	_____	_____
<b>Do you currently have a will?</b>	Yes ___ No ___	Yes ___ No ___
<b>Do you currently have a trust?</b>	Yes ___ No ___	Yes ___ No ___
<b>Were you previously married?</b>	Yes ___ No ___	Yes ___ No ___
<b>Do any of your beneficiaries have disabilities?</b>	Yes ___ No ___	Yes ___ No ___
<b>Do you own a business or a farm?</b>	Yes ___ No ___	Yes ___ No ___

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

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

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**Do you have any serious health problems?**                      Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_

**If yes, please provide a brief description:**

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**Do you have long-term care insurance?**                      Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_

**What is your combined 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?

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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	Belong to Husband/ Wife/Both
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 Policies			
IRA's			
Other			

Cars/ Motor Home	Make/Model	Current Value



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

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**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:

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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!

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**For Attorney Use Only**

**Type of Trust:**      **Power of Appointment**      **A-B**      **A-B-C**

**Type of Property:**    **Community**      **Separate**      **Both**

**Referred By:** \_\_\_\_\_