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ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

CLIENT 1:

	Full name:					
		First	Ν	I. I.	Last	
	Any other name(s) used	1:			Date of Birth:	
	U. S. citizen? [] Y	es [] No	If "no," cour	ntry of citizenship	:	
	Home Phone:			Cell Phone: _		
	E-Mail:					
	Marital Status (Circle G	One):	Single	Married	Divorced	
	If Married, Date and Pl	ace of Marriage	:			
CLIEN	NT 2 [SPOUSE OF CL]	[ENT 1]:				
	Full name:					
		First	Ν	I. I.	Last	
	Any other name(s) used	1:			Date of Birth:	
	U. S. citizen? [] Y	es [] No	If "no," cour	ntry of citizenship	:	
	Home Phone:			Cell Phone:		
	E-Mail:					
ADDR	RESS:					
	Residence Address:	Street Address				
		City		State-		7:
	De Ver (Circle Or)	City		State		Zip
	Do You (Circle One):	Own / R	ent			

OTHER PROPERTIES YOU OWN OR IN WHICH YOU HAVE AN INTEREST. Please provide the complete address(es) for each additional property you own (either in whole or jointly with someone else), including Timeshares.

Street Address		
City	State	Zip
Street Address		
City	State	Zip
Street Address		
City	State	Zip

PLEASE PROVIDE A COPY OF THE DEED (NOT "DEED OF TRUST") FOR EACH PIECE OF REAL PROPERTY IN WHICH YOU HOLD AN INTEREST (i.e. residence, rental properties, or timeshares). A "Deed" is the document recorded (at the time the property is purchased) identifying the new owner. A person owns property even if there are mortgages on that property; the lender merely holds a lien against the property. A "Deed of Trust" is the mortgage lien against the property.

PRIOR MARRIAGE(S)

CLIENT 1:

Name of	Former Spouse:			
	Fir	st	M. I.	Last
		D .		
Manner of	of Termination (Circle One):	Divorce	/ Death	
Date of I	Divorce/Death:			
CLIENT 2:				
Nama a	F			
Name of	Former Spouse:	-4	MI	I and
	Fir	st	M. I.	Last
Manner	of Termination (Circle One):	Divorce	/ Death	
Date of I	Divorce/Death:			

CHILDREN AND OTHER RELATIVES

CHILDREN OF EXISTING MARRIAGE:

1.	Full name:		
	First	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
2.	Full name: First	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
3.	Full name:		
	Full name: First	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
4.	Full name:	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
CHIL	DREN OF PRIOR MARRIAGE(S):		
CLIEN	NT 1:		
1.	Full name:		
	First	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
2			
2.	Full name: First		Last
	Date of Birth:	Gender: [] Male	[] Female
CLIEN	NT 2:		
1.			
1.	Full name: First	M. I.	Last
	Date of Birth:	Gender: [] Male	[] Female
2.	Full name: First		Last
			Last
	Date of Birth:	Gender: [] Male	[] Female

DECEASED CHILDREN:

CLIENT 1:

Full name:				
	First	M. I.	Last	
Date of Death:		Any living Children of this	s child? []	Yes [] No
CLIENT 2:				
Full name:				
	First	M. I.	Last	
Date of Death:		Any living Children of this	s child? []	Yes [] No
I	NFORMATION REG	GARDING IMPORTAN	T DOCUMENT	S
DO YOU CURRENT	LY HAVE ANY OF TI	HE FOLLOWING?		
WILL:		[] Yes	[] No	
TRUST:		[] Yes	[] No	
DURABLE PO	OWER OF ATTORNEY	[] Yes	[] No	
HEALTH CAI LIVING WILI	RE DIRECTIVE and/or _:	[] Yes	[] No	
If you answere	ed "yes" to any of the fo	regoing, please provide us v	with a copy of the	document(s).
DO YOU CURRENT	LY HAVE ANY OF TI	HE FOLLOWING?		
FUNERAL/BU	JRIAL ARRANGEMEN	TS: [] Yes	[] No	
CEMETERY I	PLOT and DEED TO PI	LOT: [] Yes	[] No	
ORGAN DON	ATION DIRECTIONS:	[] Yes	[] No	

PRE / POST-MARITAL AGREEMENTS: [] Yes [] No

If you answered "yes" to any of the foregoing, please provide us with a copy of the document(s).

MANAGEMENT OF YOUR ESTATE

<u>SUCCESSOR TRUSTEES</u>. You and your spouse, if married, will be Co-Trustees. The Successor Trustee is the person(s) who will administer or manage your trust when neither you nor your spouse are able to do so. In order of preference (DO NOT INCLUDE YOURSELF OR YOUR SPOUSE), please list the full name, address, relationship and telephone number for each person whom you wish to name as your Successor Trustee(s):

Full name	:				
		First	M. I.	Last	
Address:					
	Street Address				
	City		State	Zip	
Telephone					
Palations	hin (i.e. Client	1's Eather Cli	ant 2's Mother etc.).		
Relations	mp (i.e. Chem	i s railei, Cl	ent 2 s Wother, etc.).		
T 11					
Full name	e:	First	MI	Lact	<u>.</u>
		1 1130	141. 1.	Last	
Address:					
	Street Address				
	City		State	Zip	
TT 1 1					
Telephon	e:		Relationship:		
F -11					
Full name	:	First	M. I.	Last	
A 11					
Address:	Street Address				
	City		State	Zip	
	Address: Telephone Relations Full name Address: Telephon	Address: Street Address City Telephone:	First Address: City Telephone: Relationship (i.e. Client 1's Father, Clien	Address: Street Address City State Telephone:	First M. I. Last Address: Street Address Zip City State Zip Telephone:

<u>SUCCESSOR EXECUTORS</u>. If married, your spouse will be named as your initial Executor. Successor Executor is the person(s) who will administer your will. In order of preference (DO NOT INCLUDE YOUR SPOUSE), please list the full name, address, relationship and telephone number for each person whom you wish to name as your Successor Executor(s):

Same as Successor Trustees: [] Yes [] No 1. Full name: _____ First M. I. Last Address: Street Address City State Zip Telephone: Relationship: 2. Full name: First M. I. Last Address: Street Address City Zip State Relationship: Telephone: 3. Full name: _____ First M. I. Last Address: Street Address City State Zip Relationship: _____ Telephone:

<u>GUARDIANS OF MINOR CHILDREN</u>. In order of preference, please list the full name, address and relationship, for each person whom you wish to name as a Guardian for your minor children:

[] No

Same as Successor Trustees:

[] Yes

run name:			
	First	M. I.	Last
Address:			
Street A	ddress		
City		State	Zip
Telephone:		Relationship:	
Full name:			
	First	M. I.	Last
Address:			
Street A	ddress		
City		State	Zip
Telephone:		Relationship:	
Full name:			
	First	M. I.	Last
Address: Street A	ddress		
City		State	Zip

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DURABLE POWER OF ATTORNEY - PROPERTY MANAGEMENT AND FINANCIAL AFFAIRS. An

Attorney-in-Fact under a durable power of attorney is the person who will make financial decisions for you when incapacitated. If married, your spouse will be named as your first Attorney-in-Fact. In order of preference (DO NOT INCLUDE YOUR SPOUSE), please list the full name, address, relationship and telephone number for each person whom you wish to name as your Successor Attorney-in-Fact under your General Durable Power of Attorney:

Same	e as Successor	Trustees: [] Yes	[] No	
	- 44			
1.	Full name:	First	M. I.	Last
	Address:			
		Street Address		
		City	State	Zip
	Telephon	e:	Relationship:	
2.	Full name:			
		First	M. I.	Last
	Address:	Street Address		
		City	State	Zip
	Telephon	e:	Relationship:	
3.	Full name:			
		First	M. I.	Last
	Address:	Street Address		
		City	State	Zip
	Telephon	e:	Relationship:	

<u>ADVANCE HEALTH CARE DIRECTIVE</u>. An Agent for Health Care Decisions is the person who will make health care decisions for you when you are incapacitated and who will carry out your decisions regarding life support and disposition of your remains. If married, your spouse will be named as your first Agent for Health Care Decisions. In order of preference (DO NOT INCLUDE YOUR SPOUSE), please list the full name, address, relationship and telephone number for each person whom you wish to name as your Successor Agent to make health care decisions for you under your Advance Health Care Directive:

Same as Successor Trustees: [] Yes [] No

CLIENT 1:

1.	Full name	:			
		First	M. I.	Last	
	Address:				
		Street Address			
		City	State	Zip	
		-			
	Telephon	e:	Relationship:		
2.	Full name	:			
		First	M. I.	Last	
	Address:				
		Street Address			
		City	State	Zip	
	Telephon	e:	Relationship:		
3.	Full name	:			
		First	M. I.	Last	
	Address:				
		Street Address			
		City	State	Zip	
	Telephon	e:	Relationship:		

CLIENT 2:

1.	Full name	:			
		First	M. I.	Last	
	Address:				
	11441055	Street Address			
		City	State	Zip	
	Telephor	e:	Relationship:		
2.	Full name	:			
		First	M. I.	Last	
	Address:	Street Address			
		Street Address			
		City	State	Zip	
	Telephor	e:	Relationship:		
3.	Full name	:			
		First	M. I.	Last	
	Address:				
	11001000	Street Address			
		City	State	Zip	
	Telephor	le:	Relationship:		

<u>HEALTH/SPECIAL NEEDS</u>. Do any of your children have special needs you would like to address in your estate plan?

 [] Yes
 [] No
 If "yes," please explain:

<u>LIFE SUPPORT</u>. In the event that: (1) you are in an "irreversible coma" (i.e. a coma from which the treating physicians have reasonably concluded that you will never regain consciousness) or a persistent vegetative state; (2) you are terminally ill and the use of life-sustaining procedures would only serve to artificially delay the moment of death; or (3) the burdens of the treatment outweigh the expected benefits of providing you with life-sustaining procedures, please state whether you want life support:

CLIENT 1:	[] Life Support	[] No Life Support
CLIENT 2:	[] Life Support	[] No Life Support

ORGAN DONATION. Do you wish to donate any organs at the time of your death?

CLIENT 1: [] Yes [] No
If "yes", which organs do you wish to donate?
[] Any usable [] Specific organs: Please specify:
CLIENT 2: [] Yes [] No
If "yes", which organs do you wish to donate?
[] Any usable [] Specific organs: Please specify:
<u>DISPOSITION OF REMAINS</u> . State your preference with respect to disposition of your body afer you die:
CLIENT 1: [] Cremation. If so, disposition of ashes:
[] Whole Body Burial. If so, where?
[] Left to Agent's Discretion.
[] Other:
CLIENT 2: [] Cremation. If so, disposition of ashes:
[] Whole Body Burial. If so, where?
[] Left to Agent's Discretion.
[] Other:
<u>DISINHERITANCE</u> . Do you wish to specifically disinherit any individual(s)? [] Yes [] No

If "yes," please list their full names, relationships to you, and a brief explanation:

1.	Full name:			
		First	M. I.	Last
	Relationship:			
	Explanation:			
2.	Full name:			
		First	M. I.	Last
	Relationship:		_	
	Explanation:			

DISTRIBUTION OF YOUR ESTATE

<u>DISTRIBUTION OF PROPERTY UPON DEATH</u>. What is your desired disposition of your 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:
	Proportion:
2.	Name:
	Proportion:
3.	Name:
	Proportion:

CHILDREN'S AGES AND SHARES FOR DISTRIBUTION(S).

When should your children receive their distributions?

[]	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), unless otherwise specified, the distribution you choose will apply to all children:

Age	Amount (i.e. 100%, 50%, etc.)
Age	Amount (i.e. 100%, 50%, etc.)
Age	Amount (i.e. 100%, 50%, etc.)

If a child predeceases you:

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

<u>SIMULTANEOUS DEATH</u>. Desired disposition of estate in the event you, your spouse and your children die simultaneously:

EXAMI	PLES:	1) 2) 3)	Your heirs (determined by California law) Specific named individuals (other than your heirs generally) A specific charity (i.e. Red Cross, Boy's Town, Girl Scouts)
1.			
2.			
3.			

SPECIFIC BEQUESTS.

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization 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.

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)	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.		
1				
2.				
3.				

SAFETY DEPOSIT BOXES

1.	Name and address of bank:	

Full name(s) of person(s) entitled to access: