



Law Office of
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ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Date _____

CLIENT 1) Legal Name _____ Previous Name _____

Date of Birth _____ Social Security _____ U.S. Citizen? Yes No

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

E-mail _____ Fax _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Occupation _____ Salary _____

Have you ever executed a will? Yes No If yes, location of will: _____

CLIENT 2) Legal Name _____ Previous Name _____

Relationship to Client 1 _____

Date of Birth _____ Social Security _____ U.S. Citizen? Yes No

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

E-mail _____ Fax _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

Occupation _____ Salary _____

FAMILY INFORMATION

MARRIAGE INFORMATION - Please answer the following questions if you are married or in a domestic partnership.

Date and Place of marriage/domestic partnership

Please list your states of residence during present marriage/domestic partnership with approximate dates (month/year)

Prenuptial agreement or agreement concerning property? Yes No

Have you been previously married or in a domestic partnership? Yes No

Name of former/deceased spouse/partner

Date of divorce/death

CHILDREN

1) Legal Name

Date of Birth

Home Address

City

State

Zip Code

Home Phone

Cell phone

Is this child from your present marriage, previous marriage, adopted?

Still living? Yes No

Married? Yes No

Has children (your grandchildren)? Yes No

How many?

2) Legal Name

Date of Birth

Home Address

City

State

Zip Code

Home Phone

Cell phone

Is this child from your present marriage, previous marriage, adopted?

Still living? Yes No

Married? Yes No

Has children (your grandchildren)? Yes No

How many?

3) Legal Name

Date of Birth

Home Address

City

State

Zip Code

Home Phone

Cell phone

Is this child from your present marriage, previous marriage, adopted?

Still living? Yes No

Married? Yes No

Has children (your grandchildren)? Yes No

How many?

4) Legal Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

Is this child from your present marriage, previous marriage, adopted? _____ Still living? Yes No

Married? Yes No Has children (your grandchildren)? Yes No How many? _____

5) Legal Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

Is this child from your present marriage, previous marriage, adopted? _____ Still living? Yes No

Married? Yes No Has children (your grandchildren)? Yes No How many? _____

6) Legal Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____

Is this child from your present marriage, previous marriage, adopted? _____ Still living? Yes No

Married? Yes No Has children (your grandchildren)? Yes No How many? _____

PARENTS (LIVING)

OF CLIENT 1) Legal Name _____

Home Address _____

City _____ State _____ Zip Code _____

Legal Name _____

Home Address _____

City _____ State _____ Zip Code _____

Cont. On Next Page

OF CLIENT 2) Legal Name _____

Home Address _____

City _____

State _____

Zip Code _____

Legal Name _____

Home Address _____

City _____

State _____

Zip Code _____

ASSETS/FINANCIAL INFORMATION

REAL ESTATE

Address	Owners Listed on Deed	Date Purchased	Estimated Present Value

PERSONAL PROPERTY - *Please list the estimated present value of the following:*

<u>Furniture</u>	<u>Jewelry</u>	<u>Art/Antiques</u>	<u>Other Personal Effects</u>

CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CD'S

Bank	Type of Account	Held in Whose Name	Estimated Present Value

AUTOMOBILES

Make/Model	Held in Whose Name	Estimated Present Value

RETIREMENT PLANS/WORK-RELATED BENEFITS

Type of Plan	Held in Whose Name	Plan Administrator	Estimated Present Value of Vested Benefits	\$ Amount of Survivor Benefits	Beneficiaries
					1.
					2.
					1.
					2.
					1.
					2.
					1.
					2.

LIFE INSURANCE

Policy Owner	Person Insured	Insurance Company	Payout Amount	Beneficiaries
				1.
				2.
				1.
				2.
				1.
				2.

SECURITIES/INVESTMENTS/STOCKS/BONDS

Name on Account/Stock	Type of Account	Name of Broker/Issuer	Estimated Present Value

BUSINESS/PARTNERSHIP INTERESTS

Name of Business	Type of Entity	Percent of Interest	Estimated Present Value

TRUSTS CREATED FOR YOUR BENEFIT

Created By	Name of Trustee	Date of Trust	Estimated Value of Trust Assets	Current Annual Payments

MONEY OWED TO YOU

Name of Debtor	Outstanding Balance	Owed to You, Spouse, or Both?

EXPECTED INHERITANCES/GIFTS

Description of Item	Source	For You, Spouse, or Both?	Current Present Value

OTHER ASSETS

Description/Location	Held in Whose Name	Estimated Present Value

GIFT DATA

Have you ever filed a gift tax return? Yes No If yes, please attach copies of the returns.

FINANCIAL ADVISORS

Tax Preparer or Accountant) Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Broker) Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Insurance Representative) Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

DEBTS/LIABILITIES

	Name of Creditor	Amount Owed	Owed by You, Spouse, or Both?
Mortgage on Residence			
Mortgage on Other Real Estate			
Charge Accounts			
Loans and Notes			
Taxes Due			
Loans on Insurance Policies			
Other Liabilities			

NOMINATIONS

PROPOSED EXECUTOR

	Name and Relationship	Address	Phone
1 st Choice			Home:
			Work:
2 nd Choice			Home:
			Work:
3 rd Choice			Home:
			Work:

PROPOSED TRUSTEE

	Name and Relationship	Address	Phone
1 st Choice			Home:
			Work:
2 nd Choice			Home:
			Work:
3 rd Choice			Home:
			Work:

PROPOSED GUARDIAN FOR MINOR CHILDREN

	Name and Relationship	Address	Phone
1 st Choice			Home:
			Work:
2 nd Choice			Home:
			Work:
3 rd Choice			Home:
			Work:

SPECIFIC BEQUESTS/BENEFICIARIES - Under "Desired Recipient", please list in order of preference.

Description of Item	Desired Recipient	Relationship to You
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.
	1.	1.
	2.	2.
	3.	3.

POWERS OF ATTORNEY

UNIFORM STATUTORY POWER OF ATTORNEY

	Name and Relationship	Address	Phone
1 st Choice			Home:
			Work:
2 nd Choice			Home:
			Work:
3 rd Choice			Home:
			Work:

ADVANCE HEALTH CARE DIRECTIVE

	Name and Relationship	Address	Phone
1 st Choice			Home:
			Work:
2 nd Choice			Home:
			Work:
3 rd Choice			Home:
			Work: