

ESTATE PLANNING QUESTIONNAIRE

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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING A CUSTOM ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

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PERSONAL INFORMATION

Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: *Date of Marriage* _____ Divorced: *Date of Divorce* _____

Widowed: *Date of Spouse's Death* _____ Single

Spouse's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: *Date of Marriage* _____ Divorced: *Date of Divorce* _____

Widowed: *Date of Spouse's Death* _____ Single

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)

Name & Address	Birth date	Parent or Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____

ADVISORS

Personal Attorney

Name _____ Phone _____
 Company Name _____ Title _____
 Business Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Fax _____
 Have you discussed an estate plan with this advisor? yes no
 Your relationship with this advisor? new long-term

Accountant

Name _____ Phone _____
 Company Name _____ Title _____
 Business Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Fax _____
 Have you discussed an estate plan with this advisor? yes no
 Your relationship with this advisor? new long-term

Financial Advisor

Name _____ Phone _____
 Company Name _____ Title _____
 Business Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Fax _____
 Have you discussed an estate plan with this advisor? yes no
 Your relationship with this advisor? new long-term

Life Insurance Agent

Name _____ Phone _____
 Company Name _____ Title _____
 Business Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Fax _____
 Have you discussed an estate plan with this advisor? yes no
 Your relationship with this advisor? new long-term

Other

Name _____ Phone _____
 Company Name _____ Title _____
 Business Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Fax _____
 Have you discussed an estate plan with this advisor? yes no
 Your relationship with this advisor? new long-term

YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Do you have pre-paid funeral arrangements?		

Additional Relevant Information:

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

Summary of Values Sheet

After filling out each section regarding your property, please transcribe the totals of each section to the *SUMMARY OF VALUES* sheet. This sheet gives our office a quick guide to your assets, which will be extremely helpful for our recommendations.

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	(1) _____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	(2) _____

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

Type or Description Value	Owner	Market
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	(3) _____

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRA's or 401(k)'s here. Indicate *POD* for each account where you named a "pay on death" beneficiary.

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	(4) _____	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	(5) _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

<i>Total</i>	(7) _____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Please provide the following information for each policy. This information is contained on your policy declaration page and you can give us a copy of it instead of filling this out.

Policy 1

Company _____
Policy Number _____
Owner _____
Primary Beneficiary _____
Secondary Beneficiary _____
Insurance Agent: _____

Policy Type: ___ Whole Life ___ Variable Universal Life
 ___ Term ___ Other

Face Amount \$ _____

Policy 2

Company _____
Policy Number _____
Owner _____
Primary Beneficiary _____
Secondary Beneficiary _____
Insurance Agent: _____

Policy Type: ___ Whole Life ___ Variable Universal Life
 ___ Term ___ Other

Face Amount \$ _____

Policy 3

Company _____
Policy Number _____
Owner _____
Primary Beneficiary _____
Secondary Beneficiary _____
Insurance Agent: _____

Policy Type: ___ Whole Life ___ Variable Universal Life
 ___ Term ___ Other

Face Amount \$ _____

Policy 4

Company _____
Policy Number _____
Owner _____
Primary Beneficiary _____
Secondary Beneficiary _____
Insurance Agent: _____

Policy Type: ___ Whole Life ___ Variable Universal Life
 ___ Term ___ Other

Face Amount \$ _____

Total **(6)** _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total **(8)** _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total **(9)** _____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value **(10)** _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total **(11)** _____

SUMMARY OF VALUES

ASSETS	Amount*		
	Husband	Wife	Total Value
(1) Real Property			
(2) Furniture and Personal Effects			
(3) Automobiles, Boats and RV's			
(4) Bank and Savings Accounts			
(5) Stocks and Bonds			
(6) Life Insurance and Annuities			
(7) Retirement Plans			
(8) Business Interests			
(9) Money owed to your			
(10) Anticipated Inheritance, Etc.			
(11) Other Assets			
Total Assets:			

* *Joint Property values enter 1/2 in husband's column and 1/2 in wife's column.*

DESIGN INFORMATION

PERSONS TO ACT FOR YOU

INITIAL TRUSTEE (S): From the creation of your living trust until you and your spouse decease, who do you want to carry out your instructions?

Both spouses will serve as initial trustee's Yes No

If **NO**, please list your initial trustee's below:

Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____

SUCCESSOR TRUSTEE: After you and your spouse have deceased, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?
(Please list TWO trustees)

Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference who you wish to be guardian. *(Please list TWO guardians)*

Name and Address	Relationship
1. _____ _____	_____
2. _____ _____	_____

HOW SHOULD TRUSTEE'S BE CHANGED?

With cause basically means the trustee is stealing money, grossly mismanaging the trust, or refusing to administer the trust. Cause is a matter of proof in court. These are very difficult, time consuming and expensive items of proof.

Without cause means the trustee can be removed for any reason.

During your incapacity?

- ___ By your spouse without cause
- ___ With cause only

If Both Spouses are Incapacitated?

- ___ By a majority of your children without cause
- ___ By your personal representative without cause
- ___ By _____ without cause
- ___ With cause only by any interested person [i.e. beneficiary, executor, Successor trustee]

If both of you have died?

- ___ By a majority of your children without cause
- ___ By your executor without cause
- ___ By _____ without cause
- ___ With cause only by any interested person [i.e. beneficiary, executor, Successor trustee]

POWER OF ATTORNEY

If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband: Yes No

Wife: Yes No

Gifting Power Details: _____

HEALTH CARE

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? (Please list *at least TWO* agents)

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
_____	_____	_____
_____	_____	_____

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?

Husband: Yes No

Wife: Yes No

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Husband: Yes No

Wife: Yes No

Do you want to provide that your organs and tissues should be made available for:

Transplant Husband: Yes No

Wife: Yes No

Education Husband: Yes No

Wife: Yes No

Research Purposes Husband: Yes No

Wife: Yes No

OTHER ITEMS TO INCLUDE OR DISCUSS: Your Advance directive (Living Will) should specifically address all your hopes, fears and wishes concerning medical treatment or the withholding of medical treatment. Please list any other items you want included or want to discuss:

Disposition of Remains

The disposition of remains can become a burning issue within hours of someone's passing. Clear instructions from you to your family will help evaluate tremendous stress and family disputes. Please advise us of your desires.

Disposition of Remains

_____ Burial

_____ Cremation (*Please describe*)

_____ Ashes to be spread at sea

_____ Give ashes to family member

_____ Other (*Please describe*) _____

If cremation preferred provider:

_____ Neptune Society

_____ Omega Society

_____ Other Provider _____

_____ I don't really care let my Health Care Agent decide

_____ Other Method (*Please describe*) _____

Have you paid for pre-arranged funeral plans? Y N

If yes please provide us with copies of the plan for our file.