



**LAW OFFICE OF
VICTORIA LANCASTER**

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Estate Planning, Trust & Probate Law
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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

INDIVIDUAL ESTATE PLAN ☐ JOINT ESTATE PLAN ☐

*Please complete this questionnaire as accurately as possible. Estimates are acceptable if exact values are unavailable. If you do not know an answer, simply write "Unknown." **If additional space is needed for any section, please attach additional pages and reference the applicable section or question.***

1. Personal Information:

Full name:

Assumed or other names (a.k.a.):

Address:

City: State/Zip: County:

E-mail address: Cell phone:

Home Telephone: Social security number:

U.S. citizen? ☐ Yes ☐ No Date of Birth:

Employer: Occupation:

Military Veteran? ☐ Yes ☐ No

Current Legal Status: ☐ Single ☐ Married ☐ Registered Domestic Partner ☐ Widowed ☐ Divorced

Date of present marriage: Place of marriage:

2. Information About Spouse (if applicable):

Full name: _____

Assumed or other names (a.k.a.): _____

Cell Phone #: _____ Email: _____

Social security number: _____

U.S. citizen? ☐ Yes ☐ No Date of Birth: _____

Employer: _____ Occupation: _____

Military Veteran? ☐ Yes ☐ No

Any previous marriages? ☐ Yes ☐ No

If Yes, please provide names of prior spouses, describe how the prior marriages were terminated (Death or Divorce), and when such marriages were terminated:

* Do you and your Spouse have a Pre-Marital or Post-Marital Agreement? ☐ Yes ☐ No

3. Information About Your Children

1) Full name of child:

Sex: ☐ Male ☐ Female Date of birth: _____

Address: _____

Child is a child of: _____
Father's Name Mother's Name

Adopted? ☐ Yes ☐ No

Special Needs? ☐ Yes ☐ No

Deceased? ☐ Yes ☐ No

Disinherited? ☐ Yes ☐ No

Are their Children Disinherited? ☐ Yes ☐ No

Names of Children (If applicable): _____

2) Full name of child:

Sex: ☐ Male ☐ Female **Date of birth:**

Address:

Child is a child of:
Father's Name Mother's Name

Adopted? ☐ Yes ☐ No

Special Needs? ☐ Yes ☐ No

Deceased? ☐ Yes ☐ No

Disinherited? ☐ Yes ☐ No

Are their Children Disinherited? ☐ Yes ☐ No

Names of Children (If applicable):

3) Full name of child:

Sex: ☐ Male ☐ Female **Date of birth:**

Address:

Child is a child of:
Father's Name Mother's Name

Adopted? ☐ Yes ☐ No

Special Needs? ☐ Yes ☐ No

Deceased? ☐ Yes ☐ No

Disinherited? ☐ Yes ☐ No

Are their Children Disinherited? ☐ Yes ☐ No

Names of Children (If applicable):

4) Full name of child:

Sex: ☐ Male ☐ Female **Date of birth:**

Address:

Child is a child of:
Father's Name Mother's Name

Adopted? ☐ Yes ☐ No

Special Needs? ☐ Yes ☐ No

Deceased? ☐ Yes ☐ No

Disinherited? ☐ Yes ☐ No

Are their Children Disinherited? ☐ Yes ☐ No

Names of Children (If applicable):

If you have additional children, please provide the same information on an additional page or separate document.

ASSET INFORMATION

Do you have a Financial Advisor and/or a Certified Public Accountant or Enrolled Tax Agent:

☐ Yes ☐ No

If Yes, please provide their name, company and phone number:

If No: Are you interested in being referred to a Financial Advisor and/or a CPA/EA? Please indicate here which advisor type you would like to have a referral to.

☐ Financial Advisor ☐ CPA ☐ EA ☐ Not Interested ☐ Uncertain

(Below list all your assets and those of your spouse, indicating those which are separately owned by either of you.)

1. REAL ESTATE

PRIMARY RESIDENCE

<u>Address:</u>	<u>Est. Current Value:</u>	<u>Cost:</u>	<u>Loan Balance:</u>
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How is Title Held (Solely, Joint Tenancy, Tenants in Common, Trust, etc):

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INVESTMENT/VACATION HOME/TIMESHARE/FRACTIONAL OWNERSHIP

<u>Address:</u>	<u>Est. Current Value:</u>	<u>Cost:</u>	<u>Loan Balance:</u>
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How is Title Held (Joint Tenancy, Tenants in Common, Trust, etc):

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<u>Address:</u>	<u>Est. Current Value:</u>	<u>Cost:</u>	<u>Loan Balance:</u>
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How is Title Held (Joint Tenancy, Tenants in Common, Trust, etc):

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2. STOCKS, BONDS & MUTUAL FUNDS

Financial Institution /Account No: Est. Current Value: How is Title Held:

3. BUSINESS INTERESTS (Include sole proprietorships, limited partnerships, LLC's general partnerships, S corps or C corporations, etc.)

Business Name/Type: % of Interest Owned: Value of Interest: Title:

4. CASH ACCOUNTS (Include bank accounts, certificates of deposit, T-Bills, money market funds, safe deposit box, etc.)

Description/Institution/Account No.: Current Balance: Title:

5. LIFE INSURANCE

Name of Insurance Company: Type of Policy: Face Value: Title and Beneficiary:

6. RETIREMENT PLANS (Include pension, profit sharing, deferred compensation, 401(k)s, IRAs, Keogh, annuities, etc.)

Name/Type of Plan: Account #: Est. Current Value: Title and Beneficiary(ies):

7. PERSONAL PROPERTY (Include household furniture, vehicles, jewelry, objects of art, collections, that have a value of individually more than \$5,000 each item, etc.)

Description of Property: Est. Current Value: Title:

8. DEBTS OWED TO YOU OR YOUR SPOUSE (How is it owed? Promissory Note, Oral Agreement, Invoice?)

Name of Debtor:

Amount Receivable/Owed:

How Owed:

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9. ANTICIPATED GIFTS AND INHERITANCE (Describe possibility, if any, and estimated value of future inheritance or gifts from relatives or friends:

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CURRENT ESTIMATE OF TOTAL NET WORTH: \$

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FIDUCIARIES

Please list the names and addresses of the persons whom you wish to name as successor trustees of your revocable living trust and/or executors of your Will. Please indicate if you would like people to serve together as co-trustees or co-executors.

****Do you wish to name the same people to act as your agent on your Financial Power of Attorney?***

☐ Yes ☐ No

TRUSTEES/EXECUTORS

Do you want your spouse or partners to act as the initial agent? ☐ Yes ☐ No

If Yes, please name at least 2 Successor Trustees. If No, please list 3 Successor Trustees.

1. First Successor

Full name:

Address:

Main Telephone: Relationship:

2. Second Successor

Full name:

Address:

Main Telephone: Relationship:

3. Third Successor

Full name:

Address:

Main Telephone: Relationship:

HEALTH CARE AGENTS

Please list the names and addresses of the persons whom you wish to name as agents on your power of attorney for health care if you are unable to make medical decisions for yourself. Please indicate if you would like people to serve together as co-agents.

Medical Insurance: Kaiser ☐ Non-Kaiser ☐ V.A. ☐

Kaiser Medical Record #s (if applicable): (Format as: Name – Kaiser Medical Record Number)

Do you want your spouse or partners to act as the initial agent? ☐ Yes ☐ No

Health Insurance Policy Company:

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1. First Successor

Full name:

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Address:

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Home Telephone:

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 Relationship:

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2. Second Successor

Full name:

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Address:

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Home Telephone:

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 Relationship:

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GUARDIANS of MINOR CHILDREN (If Applicable)

If you have any children who are under the age of 18, please list the names and addresses of the persons whom you wish to name as guardians for your children if BOTH Parents are deceased or incapacitated. Please indicate if you would like people to serve together as co-agents.

1. First Guardian

Full name:

Address:

Telephone: Relationship:

2. Second Guardian

Full name:

Address:

Telephone: Relationship:

Do you want the Guardians to serve together? ☐ Yes ☐ No

- **If you selected yes, would you want your Guardians to be able to serve independently if a Co-Guardian, for any reason, cannot or will not act?** ☐ Yes ☐ No

DISTRIBUTION OF YOUR ESTATE

Please answer the following questions regarding how you would like your estate to be distributed after your death. If you are unsure of any answer, leave it blank and we can discuss your options during your consultation.

A. Who should receive your estate?

- ☐ Equally among my children
- ☐ To my children according to specific percentages (please describe below)
- ☐ Specific named individuals (name individuals and their relation to you, and describe their specific percentages below)
- ☐ One or more charitable organizations (name charities and their percentage or gift amount below)
- ☐ Other (please describe)

B. Do you want to leave any specific gifts?

Examples include cash gifts, jewelry, firearms, artwork, family heirlooms, collectibles, or specific real property.

- ☐ No
- ☐ Yes (please describe)

C. Are there any individuals or organizations you intentionally do not wish to receive any portion of your estate?

☐ No

☐ Yes (please describe)

D. If any beneficiary is under the age of 18 (or another age you choose), how would you like their inheritance handled?

☐ Distributed outright upon reaching age:

☐ Held in trust until age:

☐ Distributed in stages, for example: $\frac{1}{3}$ at age 25, $\frac{1}{2}$ at age 30, remaining balance at age 35.

Describe here:

☐ Lifetime discretionary trust (held in Trust and managed by Trustee for life of beneficiary)

☐ Unsure (please discuss with me)

E. Are there any special circumstances we should know about?

Examples include:

- A beneficiary with special needs
- Substance abuse concerns
- Creditor or lawsuit concerns

- Divorce concerns
- Desire to protect an inheritance
- Other family circumstances

☐ No

☐ Yes (please explain)

F. Are there any additional wishes or instructions you would like us to consider when preparing your estate plan?

Do you have any of the following Estate Plan documents that have been legally executed:

1. Power of Attorney – Financial
2. Advance Health Care Directive (aka Living Will)
3. Irrevocable Trust (date created)
4. Revocable Living Trust (date created)
5. Last Will and Testament (date created)

If you answered YES to any of the above, please provide copies of your documents.

Please Return This Completed Questionnaire:

Please return your completed questionnaire and any supporting documents using one of the following methods:

Option 1 (Preferred): Secure MyCase Client Portal

Upload your completed questionnaire and supporting documents through your secure Law Office of Victoria Lancaster (MyCase) Client Portal. If you have not yet created your account, you should receive an email invitation from **Law Office of Victoria Lancaster no-reply@mycase.com** with instructions for accessing the portal.

Please email lancaster@victorialancasterlaw.com if you have any issues regarding portal access.

Option 2: Email

Email Completed Form

Email your completed questionnaire and supporting documents to Victoria Lancaster at lancaster@victorialancasterlaw.com.

Option 3: Drop-Box located at Front Door of Building (Do not mail to this address)

Law Office of Victoria Lancaster
2045 Jefferson Street, Suite E
Napa, CA 94559

Option 4: Mail

Law Office of Victoria Lancaster
P.O. Box 626
Napa, CA 94559