

LAW OFFICE OF
JOHN T. ANDERSON
1741 EAST WARDLOW ROAD
LONG BEACH, CALIFORNIA 90807

JOHN T. ANDERSON*
LISA R. NORMAN
ERIN M. PROTZMANN

TEL (562) 424-8619
FAX (562) 595-9662

*Certified by the State Bar of California as a
Specialist in Estate Planning, Trust and Probate Law

www.trustlaw.ws

ESTATE INFORMATION/QUESTIONNAIRE

Appointment Date: _____ Appointment Time: _____

Client(s) Names(s): _____

Please print or write legibly the following information. If you need more space, use another sheet of paper and attach it to this Questionnaire. If you are not certain about an answer, please indicate that you are not sure. Please bring this completed questionnaire with you to your appointment together with copies of deeds, recent property tax statements, insurance policies, divorce/dissolution judgments, pre- and post-marital agreements, and certified death certificates (if applicable).

INFORMATION ON DECEDENT (Person who died)

Name: _____ Social Security Number: _____

Birth date: _____ County: _____

Date of Death _____ (Attach a copy of Death Certificate and bring Certified Death Certificate to appointment).

PERMANENT ADDRESS: _____

PERMANENT PHONE: _____

ADDRESS AT DATE OF DEATH: _____

**INFORMATION ON PROPOSED EXECUTOR/ADMINISTRATOR
(Person to handle matters)**

A. GENERAL INFORMATION

NAME/RELATIONSHIP TO DECEDENT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ BIRTH DATE: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

Is there a Will for decedent? _____ YES _____ NO

If yes, attach a copy and bring original to appointment.

Is there a Trust for decedent? _____ YES _____ NO

If yes, attach a copy and bring original to appointment.

Is this person named in the Will/Trust to act? _____ YES _____ NO

If there are additional persons to act together, check here _____ and attach information on another piece of paper.

B. NAME OF SURVIVING SPOUSE/REGISTERED DOMESTIC PARTNER

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BIRTH DATE: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

C. CHILDREN OF THIS MARRIAGE:

NAME	ADDRESS	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. If decedent was married previously, please list the name of prior spouse(s), date of dissolution or death, county and state of dissolution (if applicable).

H/W _____
H/W _____
H/W _____
H/W _____

E. If husband and/or wife have child(ren) outside of this present marriage, please provide the following information. Circle (H) if the child is the natural child of husband, (W) if the child is the natural child of wife, or (A) if the child is adopted

	NAME	ADDRESS	BIRTH DATE
HWA	_____	_____	_____
HWA	_____	_____	_____
HWA	_____	_____	_____
HWA	_____	_____	_____

F. If husband or wife have any deceased children, please give name(s) and date(s) of death of any such deceased children:

H/W _____
H/W _____

G. Did decedent or decedent's spouse receive Medi-Cal benefits? _____ Yes _____ No

**H. Is any heir in Prison, Department of Corrections facility, Youth Authority confinement, County or City Jail, road camp, industrial farm, or other local correctional facility?
_____ Yes _____ No.**

If yes, list whom and where on an attached sheet and give to the attorney's office.

I. PRINCIPAL ASSETS: (Attach separate list if needed)

1. Do you consider all of your property community property? YES () NO ()
(Would all of your property belong to both of you in the event of a dissolution)

2. Was any of your property acquired before marriage or while living in another state?
YES () NO ().

3. SEPARATE PROPERTY

- a. Does husband own any separate property? YES () NO ()
(Gifts, inheritances, earnings before marriage, property purchased before marriage).
If “yes”, please provide a list of separate assets.
- b. Does wife own any separate property? YES () NO ()
(Gifts, inheritances, earnings before marriage, property purchased before marriage).
If “yes”, please provide a list of separate assets.

4. REAL PROPERTY: List all real property interests, including mineral rights. **Please provide us with a copy of the most recent deed and property tax statement for each property.** For each property, please provide the address, approximate gross fair market value (FMV), the approximate balance of the mortgage and other encumbrances on the property, the approximate net value of the property, your basis in the property (the date and cost of acquisition), and how title is currently held (who is on the account-joint tenancy, community property, husband’s separate, wife’s separate or other).

	ADDRESS	FMV	OWED	NET	BASIS	TITLE
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

5. CASH AND BANK ACCOUNTS: For each bank account you have, please give the Institution name, account number, type of account, approximate balance and how title is held.

	INSTITUTION	ACCOUNT #	TYPE	BALANCE	TITLE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

6. **SECURITIES:** List stocks, bonds etc., approximate value, basis and how title is held.

	NAME/TYPE	APPROXIMATE VALUE	BASIS	TITLE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

7. **DEBTS, DEEDS OF TRUST, MORTGAGES and NOTES:** For any Promissory Notes, Deeds of Trust or Mortgages, or other debt which others owe to you, please list them below **and bring a copy of such document with you your appointment.**

	BORROWER'S NAME	AMOUNT DUE	OWNER OF NOTE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

8. **OTHER BUSINESS INTERESTS:** Please list any business interest you have and indicate what, if any, provisions exist for disposition upon death.

1. _____
2. _____

9. **AUTOMOBILES and BOATS**

	DESCRIPTION	VALUE	TITLE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

10. **OTHER PERSONAL PROPERTY:** What is the approximate value of your personal effects such as tools, household furniture, equipment? _____

11. **RETIREMENT PLANS:**

	OWNER, NAME & ACCOUNT NUMBER	BENEFICIARY AND APPROXIMATE VALUE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

12. **LIFE INSURANCE:** For each life insurance policy, please list the Owner, the Insured and the Beneficiary as well as the type of policy (term or whole life) and the face amount of the policy.

	OWNER	INSURED	BENEFICIARY	TYPE	FACE AMOUNT
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

13. **OTHER ASSETS:** Please list any assets (description & value) not covered above.

14. **OTHER LIABILITIES:** Please list any liabilities (creditor & amount) not covered above.

RELATIVES OF THE DECEDENT

(Living or Deceased Brothers, Sisters, Children, Grand-Children)

NAME/RELATIONSHIP TO DECEDENT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO DECEDENT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO DECEDENT: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME/RELATIONSHIP TO DECEDENT: _____

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