

Confidential Estate Planning Primer Questionnaire



NAME:

DATE:

The intention of this questionnaire is to state what you want your estate planning to accomplish in order to determine the proper function and form of your plan.

From the start, I hope that I will develop an ongoing relationship with you of counsel and assistance regarding your financial affairs. In all events, we will explore your goals and review your financial circumstances to assist you in achieving those goals. Our work will involve at least one very extensive meeting or a sequence of briefer meetings with you to investigate your goals and financial circumstances and to review the conclusions we reach. At all times, I will treat all client information as strictly confidential.

In advance of implementing an estate plan, please review the Document Checklist and answer the questions below.

Please bring this questionnaire and related documents with you when you meet with me, or return to our office by mail.

If you have any questions, please contact me at 510-704-9500.

Email: Jacques@jacquesbolivar.com

Phone: 510-704-9500

PLAN TO LIVE WELLSM

Jacques Bolivar CFP®

O 510.704.9500 · F 510.704.9520 · jacques@jacquesbolivar.com · www.jacquesbolivar.com

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Tracking number 1-498726

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DOCUMENT CHECKLIST

As part of my effort to provide assistance to you in your financial affairs, I must gather as much information as possible. You may find that the documents requested provide most of the information we need.

Please provide a copy of the following documents, as applicable, for you and your spouse/companion. I have placed a check by the documents required.

- Income tax returns and gift tax returns, federal and state, for prior two years
- Paycheck voucher(s) for one full month
- Wills (yours and your spouse's/companion's)
- Wills of other family members
- Trust instruments (e.g. Living Trust, Marital Trust, Survivorship Trust)
- Powers of Attorney
- Advance Health Care Directive
- Grant deed
- Leases on property on which you are lesser or lessee
- Partnership Agreements
- Personal balance sheets and income statement for last year, if any were prepared
- Recent cash account and brokerage statements
- Divorce decrees
- Prenuptial or postnuptial agreements
- Instruments creating power of appointment of which you are donee
- Copies of employment contracts
- Balance sheets, profit and loss statements, and tax returns for most recent year of all businesses in which you have proprietary interest
- Documents evidencing interests in employer's pension or other benefit plans
- Closely-held business buy-sell agreement
- Most recent statements from insurance companies
- Federal estate tax returns related to inherited property
- Taxable income projections of limited partnerships in which you have invested
- Declarations page of all insurance policies
 - Life
 - Health
 - Homeowners
 - Automobile
 - Excess Liability

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PERSONAL INFORMATION

Client

Spouse/Companion

Name	_____	_____
Social Security Number	_____	_____
Date of Birth	_____	_____
Health Status	_____	_____
Citizenship	_____	_____
Home Address	_____	_____
	_____	_____
Home Telephone	_____	_____
Fax Number	_____	_____
Mobile/Cell Phone Number	_____	_____
E-mail Address	_____	_____
Employer	_____	_____
Year Employment Began	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	_____	_____
Business Telephone	_____	_____
Fax Number	_____	_____
Name of Assistant	_____	_____
Fiduciary Agents & Advisors		
<u>Successor Trustee/Executor</u>	_____	_____
Address	_____	_____
Phone number	_____	_____
<u>Contingent Trustee/Executor</u>	_____	_____
Address	_____	_____
Phone number	_____	_____
<u>Initial Guardian</u>	_____	_____
Address	_____	_____
Phone number	_____	_____
<u>Successor Guardian</u>	_____	_____
Address	_____	_____
Phone number	_____	_____
<u>Power for HealthCare Directive</u>	_____	_____
Address	_____	_____
Phone number	_____	_____
<u>Successor HealthCare Directive</u>	_____	_____
Address	_____	_____
Phone number	_____	_____

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PERSONAL INFORMATION, Continued

Children & Other Dependents

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Dependent for Support?</u>	<u>Health Status</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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QUESTIONS

To supplement what I can learn from documents, please complete the questionnaire portion as fully as possible, but do not let it be a stumbling block. I will do my best to fill in the gaps through our ongoing discussion.

As you respond to the following questions, share as much information as you like. Use a blank sheet of paper to expand your thoughts, if needed.

1. What are you grateful for in everyday life? . . . In your past? How have you honored those events, people or circumstances?

2. If you died tomorrow, what would you want your loved ones to have above and beyond your lifelong teachings?

3. Are you willing to give up some control of assets today in favor of your children inheriting more money?

4. If you died tomorrow, how do you want to be remembered amongst family and community? Is there a good story that you would like to pass down the generations?

5. Is there any good deed that would reflect your legacy?

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6. Assuming you die 25 years from now, what do you want to plan to accomplish?

7. What are your primary estate planning concerns? (please list in order of importance)

8. Quantify the after-tax, monthly sum of money or lump sum of money that is sufficient for all your lifestyle expenses.

9. Describe any legacy objectives that you have for post-mortem planning.

10. Do you wish to make any specific bequests of personal property (e.g., gifts of particular items of jewelry, antiques, etc.) to particular individuals or institutions? This may be accomplished either through your estate plan documents or by you personally.

11. Are there any gifts of real property that you would like to make?

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12. How have you been generous with your children, family and friends (e.g. providing financial support for children and nieces)? What would acts of generosity would you like to continue even after your death?

13. Have you made any gifts that require filing a gift tax return? If yes, what is the total of those gifts and the taxes paid?

14. If you die in a common disaster with your children (or if you have no children), where and to whom do you want your property to go? Assume the following:

(14a) If your children are unmarried and have no children?

(14b) If your child are married and have no children?

(14c) If your children are married and have children?

(14d) If a child is unmarried and has children?

(14e) If you are remarried?

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15. The Executor (Executrix if a female) administers the estate, files the estate tax returns and final personal income tax return, among other tasks. An Executor may be a bank trust officer, a lawyer, or a family member or a trusted friend. Whom do you desire to nominate as Executor? Whom do you want to nominate as an Alternate Executor?

16. Do you have concern or open questions about your decision for Executor or Alternate Executor?

17. The individual who manages the assets of your Trust is called the Trustee. You are trustee while you are alive, with a successor named to take over at the time of your death, in accordance with your instructions. Whom do you desire to nominate as Successor Trustee of the trust assets.

18. Do you have concern or open questions about your decision for Trustee?

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Bank and non-IRA accounts (checking, savings, money market)				
Name of institution	Type of account	Maturity date	Interest %	Approx. balance
			%\$	
			%\$	
			%\$	
			%\$	

IRAs and other retirement accounts			
Type (IRA, 401(k), TSA, etc.)	Location (bank, broker, employer)		Approx. value
			\$
			\$
			\$
			\$

Stocks and bonds (for which you hold the certificate)			
Name of stock or bond	Number of shares		Approx. market value
			\$
			\$
			\$
			\$

Mutual funds and brokerage accounts			
Name of brokerage firm or mutual fund	Number of shares		Approx. market value
			\$
			\$
			\$

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ASSETS INFORMATION

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Real estate portfolio detail

Please enter the following abbreviations in the "type" column: PR = Primary residence SR = Secondary residence R = Recreation property I = Investment property F = First mortgage O = Other

Type	Market value	Equity	Term (yrs)	Mortgage balance	Monthly payment	Interest rate
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%

Life insurance

Company	Name of insured	Type (whole life, term, etc.)	Approx. death benefit	Amount, if loan against
			\$	\$
			\$	\$
			\$	\$

Liabilities (Please do not include de real estate loans in this section.)

Item or company name	Balance	Interest rate	Minimum payment	Current payment
Auto loan 1	\$	%	\$	\$
Auto loan 2	\$	%	\$	\$
Auto loan 3	\$	%	\$	\$
Recreational vehicle	\$	%	\$	\$
Credit card 1	\$	%	\$	\$
Credit card 2	\$	%	\$	\$
Credit card 3	\$	%	\$	\$
Line of credit	\$	%	\$	\$
Student loan	\$	%	\$	\$
Other	\$	%	\$	\$

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Household cash flow		
Your wages	\$	/year Source:
Spouse/partner's wages	\$	/year Source:
Other income	\$	/year Source:
Other income	\$	/year Source: