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ESTATE PLANNING QUESTIONNAIRE

NAME: _____

ADDRESS: _____

Telephone # _____ Fax # _____ E-Mail _____

Social Security # _____ Occupation: _____

Employer: _____ Telephone # _____

Previously married? _____ Pre- or Post-nuptial Agreement? _____

Number of Living Children: _____ Number of Deceased Children: _____

Names of Deceased Children: _____

SPOUSE'S NAME: _____

ADDRESS: _____

Telephone # _____ Fax # _____ E-Mail _____

Social Security # _____ Occupation: _____

Employer: _____ Telephone # _____

Previously married? _____ Pre- or Post-nuptial Agreement? _____

Number of Living Children: _____ Number of Deceased Children: _____

Names of Deceased Children: _____

NAMES AND ADDRESSES OF LIVING CHILDREN:

NAME: _____ Age: _____

ADDRESS: _____

NAME: _____ Age: _____

ADDRESS: _____

NAME: _____ Age: _____

ADDRESS: _____

NAME: _____ Age: _____

ADDRESS: _____

Please describe your estate planning goals: _____

The name and address of the person(s) to serve as your Trustee(s) and/or Executor(s):

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

SPECIFIC BEQUESTS TO:

NAME: _____

Bequest: _____

NAME: _____

Bequest: _____

NAME: _____

Bequest: _____

NAME: _____

Bequest: _____

RESIDUE AND REMAINDER TO:

ASSETS TO BE TRANSFERRED INTO REVOCABLE LIVING TRUST:

Residence: _____

Other real property: _____

Bank Accounts: _____

Investment Accounts: _____

Securities: _____

Partnerships: _____

Notes Receivable: _____

Insurance Policies: _____

Other Assets: _____

The name and address of the person(s) to serve as Guardian(s) of your minor children:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

The name and address of the person(s) to serve as your Agent(s) to handle your business matters upon your incapacity under your Durable Powers of Attorney:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

The name and address of the person(s) to serve as your Agent(s) under your Advance Health Care Directives:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

SPECIAL CONSIDERATIONS:

