

**THE DIANA MERCER LAW GROUP
And
PEACE TALKS MEDIATION SERVICES, INC.**

PRELIMINARY ESTATE PLANNING QUESTIONNAIRE

Thank you for choosing to have our firm assist you with your estate planning. If you wish, please take the time to complete this questionnaire. It is designed to provide us with basic information that we will need in order to understand your particular situation. Do not be concerned if you are unable to answer all of the questions. All we really need are you spouse's information and your beneficiaries, their dates of birth, and contact information to get started. As for the rest of the questions, we will go over the questionnaire when we meet with you. If you experience any difficulty in completing the questionnaire, please call us at (310) 301-2100.

In order for us to adequately plan for your needs, as well as complete the necessary estate planning instruments, we may require you to provide us with: deeds, life insurance policies (including declarations page), recent brokerage and bank account statements, marital property and premarital agreements, business contracts, your present Will, Trust and any Codicils or Amendments, beneficiary designations for IRAs, pensions, annuities and insurance, and any previously filed Federal Gift Tax Returns, Form 709.

Dated: _____

[Signature of attorney]

1. Your name: _____

2. Spouse's name: _____

All names should be exactly as you wish them to appear in your documents. If you are known by other names, or by a nickname, please indicate.

3. Social Security Numbers

Yours: _____

Spouse's: _____

4. Addresses:

Residence: _____

Business: _____

Mailing (if different from residence): _____

5. Telephone numbers and E-mail addresses:

Yours: _____

Home: _____

Home fax: _____

Work: _____

Work fax: _____

Pager: _____

Cellular: _____

E-mail: _____

Spouse's:

Home: _____

Home fax: _____

Work: _____

Work fax: _____

Pager: _____

Cellular: _____

E-mail: _____

6. Date, place of birth and citizenship:

You: _____

Spouse: _____

7. Date came to California:

You: _____

Spouse: _____

8. Marriage

a. Date and place of marriage: _____

b. Approximate net worth at time of marriage:

You: _____

Spouse: _____

9. Prior marriages, if any, date, and how terminated:

You: _____

Spouse: _____

10. Children of this marriage, if any (indicate if any are adopted or are now deceased):

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

11. Children not of this marriage, if any (indicate if any are adopted or are now deceased):

You:

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Spouse:

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

12. Name, address and approximate age of a primary guardian and a secondary guardian to be appointed for minor children. Give relationship to you, if any:

Primary:

Name: _____

Address: _____

Age: _____

Relationship to you: _____

Secondary: _____

Name: _____

Address: _____

Age: _____
Relationship to you: _____

13. If any of your children are married, give the name of his or her spouse. List the and names and birth dates of all of your grandchildren.

14 Approximate yearly income:
You: _____
Spouse: _____

15. Location of safe deposit boxes (provide name of bank, branch and address): _____

16. Location of present wills, if any (provide place and address): _____

17. Name and address of attorney who drafted present wills: _____

18. Name, address and phone number of other professional advisors:

Attorney: _____
Accountant: _____
Investment advisor: _____
Insurance broker: _____

19. List your assets (if possible, indicate when acquired, cost, present value, liens or mortgages and how title is held).
a. Real estate (include address and general description of property, such as "residence" or "40 acres of avocados"):

b. Cash: savings and checking (include balance, account type and bank name and location):

c. Stocks and bonds (include balances and brokerages, if any):

d. Tangible personal property such as cars, boats, and paintings (include value):

e. Life insurance:

i. Name of Insured: _____

Beneficiary: _____

Owner: _____

Insurance company: _____

Policy number: _____

Face Value: _____

Double Indemnity? _____

ii. Name of insured: _____

Beneficiary: _____

Owner: _____

Insurance company: _____

Policy number: _____

Face Value: _____

Double Indemnity? _____
iii. Name of insured: _____
Beneficiary: _____
Owner: _____
Insurance company: _____
Policy number: _____
Face Value: _____
Double Indemnity? _____

f. Retirement, IRA and death benefits (from employment, lodge membership, and so on); indicate present value and identify beneficiary:
You: _____
Spouse: _____

g. Business interests:

h. Debts owed to you or your spouse:

i. Other assets (collections, heirlooms, and so on):

20. Have you or your spouse entered into an agreement regarding the community property/separate property character of any of the above assets (these are commonly referred to as "premarital" or "marital" property agreements)? If so, briefly describe it, and bring a copy of the agreement to our conference.

21. Give details of any gifts or inheritances you or your spouse have received in the past.

22. Give details of any gifts or inheritances you or your spouse might receive in the future.

23. List any major debts.

24. Have you or your spouse ever made any gifts of a substantial value (more than \$3,000 to one person in any year)? If so, list recipients, dates and amounts:

25. Name and address of a primary executor and a secondary executor to be named in your Will. Give relationship to you, if any.
You:
Primary: _____
Secondary: _____
Spouse:
Primary: _____
Secondary: _____

26. Name and address of a primary trustee and a secondary trustee to be named in your Trust. Give relationship to you, if any.
Primary: _____
Secondary: _____

Secondary: _____

27. Name and address of a primary agent and a secondary agent to be named in a Durable Power of Attorney for Property. (A person to assist you with certain property transactions). Give relationship to you, if any.

You:

Primary: _____

Secondary: _____

Spouse:

Primary: _____

Secondary: _____

28. Are you or your spouse the creator, the trustee, or the beneficiary of any trust (oral or written), or do you have a power of appointment (a right to direct the disposition of certain property)? If so, give details:

29. Name and address of your primary care physician:

You: _____

Spouse: _____

30. Name, address and phone number of a primary agent and a secondary agent to be named in a Durable Power of Attorney for Health Care. (A person to make your medical care decisions if you are incapacitated). Give relationship to you, if any.

You:

Primary: _____

Secondary: _____

Spouse:

Primary: _____

Secondary: _____

31. Names and addresses of persons to be notified of death of you and your spouse:

You:

Spouse:

32. Funeral or burial instructions, if any:

You: _____

Spouse: _____

33. Briefly, how do you now think you want your property disposed of at your death? Also, give any other information you think is pertinent to your estate plan.

34. Are there any internal family conflicts you wish to discuss?

35. Do you have any particular concerns that you wish to discuss?

36. We can keep your original documents in our office, or you can keep them in a safe deposit box. Where would you like to keep them?

37. Who referred you to our firm?
