FIDEA
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ESTATE PLANNING CLIENT QUESTIONNAIRE

Using this questionnaire will assist us in designing an estate plan that meets your goals. Please fill out the questionnaire to the fullest extent possible and send it back to our firm. If you are married, both you and your spouse can complete this questionnaire together.

ALL INFORMATION PROVIDED HERE IS STRICTLY CONFIDENTIAL.

A. Client Information

Full Legal Name	Other Names Known By
Date of Birth	US Citizen ☐ Yes ☐ No (citizen of)
Driver's License No.	
Telephone	Email
Primary Residence Address	
Employer, if Employed Position	

B. Family Information

Marital Status

☐ Single ☐ Married (Date of Marriage:) ☐ Divorced ☐ Widowed

Spouse, if Any

Full Legal Name	Other Names Known By
Date of Birth	US Citizen ☐ Yes ☐ No (citizen of)
Driver's License No.	
Telephone	Email
Primary Residence Address	
Employer, if Employed Position	

Children, if Any

Child #1

Child's Full Legal Name	Date of Birth
Child of: ☐ Both of us ☐ Husband ☐ Wife ☐ Adopted	Son ☐ Daughter ☐
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	No. of children(your grandchildren)
Telephone	Email
Occupation	
Primary Residence Address	

Child #2

Child's Full Legal Name	Date of Birth
Child of: ☐ Both of us ☐ Husband ☐ Wife ☐ Adopted	Son ☐ Daughter ☐
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed	No. of children (your grandchildren)
Telephone	Email
Occupation	
Primary Residence Address	

Child #3

Child's Full Legal Name	Date of Birth
Child of: ☐Both of us ☐Husband ☐Wife ☐Adopted	Son ☐ Daughter ☐
Marital Status: ☐ Single ☐Married ☐ Divorced ☐ Widowed	No. of children (your grandchildren)
Telephone	Email
Occupation	
Primary Residence Address	

Child #4

Child's Full Legal Name	Date of Birth
Child of: ☐Both of us ☐Husband ☐Wife ☐Adopted	Son ☐ Daughter ☐
Marital Status: ☐ Single ☐Married ☐ Divorced ☐ Widowed	No. of children (your grandchildren)
Telephone	Email
Occupation	
Primary Residence Address	

Deceased child, if any

Deceased Child's Full Legal Name	
Child of: ☐Both of us ☐Husband ☐Wife ☐Adopted	Son ☐ Daughter ☐
Is a deceased child survived by children? ☐ Yes ☐No	

C. Asset Information

This section is designed to help you list all the assets you own. If you do not own assets under a particular heading, leave that section blank.

Total Net Worth (the estimated value of total assets minus total liabilities)

☐ less than 1 million dollars
☐ 1 million to 3 million dollars
☐ 3 to 6 million dollars
☐ 6 to 12 million dollars
☐ Over 12 million dollars

(Attorney Note: ☐ All CPs ☐ All SPs ☐ Mixed (All CPs except)

1. Real Properties *(*Please provide us with a copy of the "grant deed" (not deed of trust) for each of your real properties)*

Address	
Owner(s) (name(s) shown on the deed)	

If co-ownership, the type of ownership (e.g., joint tenancy, community property with right of survivorship, tenancy in common) shown on the deed	
APN No.	

Address	
Owner(s) (name(s) shown on the deed)	
If co-ownership, the type of ownership (e.g., joint tenancy, community property with right of survivorship, tenancy in common) shown on the deed	
APN No.	

Address	
Owner(s) (name(s) shown on the deed)	
If co-ownership, the type of ownership (e.g., joint tenancy, community property with right of survivorship, tenancy in common) shown on the deed	
APN No.	

2. Cash Accounts (Indicate the name of each bank and the type of accounts (e.g., checking, saving, CDs, Money Market, Brokerage Accounts, etc.))

Name of Bank	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Bank	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Bank	

Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Bank	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

3. Retirement Plans (List all retirement plans such as traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.)

Name of Financial Institution	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Financial Institution	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Financial Institution	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

Name of Financial Institution	
Type of Account	
Owner	
Has a Designated Beneficiary?	☐ Yes ☐ No

4. Life Insurance

Company Name	
Owner	
Name of a beneficiary	Primary Beneficiary Contingency Beneficiary

Company Name	
Owner	
Name of a beneficiary	Primary Beneficiary Contingency Beneficiary

5. Business Enterprises

Name of Business	
Type of legal entity (sole proprietorship, corporation, LLC, LLP, or LP)	
Type of business	
Your Ownership (e.g., number of shares, % ownership)	

Name of Business	
Type of legal entity (sole proprietorship, corporation, LLC, LLP, or LP)	
Type of business	
Your Ownership (e.g., number of shares, % ownership)	

6. Personal Properties (List all personal properties such as motor vehicles, jewelry, watches, art, antiques, firearms, and other valuable items worth more than $5,000)

Type	Owner

7. Other Assets

Please list any other property or assets you own that does not fit into any other category (e.g., promissory note, safe deposit box, digital assets such as cryptocurrencies or NFTs, firearms, etc.)

Please describe _____

D. Current Estate Plan

If any, please provide copies of any of the below documents.

	Have you created…?	If yes,
Trust	☐Yes ☐No	Date What is the name of the trust?
Will	☐Yes ☐No	Date
Durable Power of Attorney	☐Yes ☐No	Date
Medical Directive	☐Yes ☐No	Date

E. Estate Planning Information - Fiduciaries

The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. If you have not made this decision yet, simply leave in blank. We will discuss the selection of your fiduciaries in detail in our first meeting.

[If married] **Do not put your spouse or yourself in this section.** You or your spouse will be automatically designated as your/his/her first fiduciary unless you decide otherwise.

1. Trustee/Durable Power of Attorney Agent (Who would you designate to make financial and business decisions for you if you become incapacitated? In which order of priority?)

First Successor Trustee(s)	Name	Relationship to you Phone: Address: City and State/Country *
Second Successor Trustee(s)	Name	Relationship to you Phone: Address: City and State/Country *
Third Successor Trustee(s)	Name	Relationship to you Phone: Address: City and State/Country *

**NOTE: While you can choose a non-citizen trustee, you should look for someone who is, at minimum, a resident of the United States to be your trustee to avoid the risk of your trust being classified as a foreign trust with potentially negative tax implication.*

2. Health Care Agent for you (Who would you designate to make medical decisions for your if you become incapacitated? In which order of priority?)

First Agent	Name	Relationship to you Phone: Address: City and State/Country
Second Agent	Name	Relationship to you Phone: Address: City and State/Country
Third Agent	Name	Relationship to you Phone: Address: City and State/Country

2-2.[If married] Health Care Agent for your spouse (Who would he/she designate to make medical decisions for him/her if he/she become incapacitated? In which order of priority?)

First Agent(s)	Name	Relationship to spouse Phone:

		Address: City and State/Country
Second Agent(s)	Name	Relationship to spouse Phone: Address: City and State/Country
Third Agent(s)	Name	Relationship to spouse Phone: Address: City and State/Country

3. Guardian for Minor Children, if Any (Who would you designate to take care of your children and be responsible for their health, education, money, and other daily needs in the event you die or become incapacitated while your children are minors? In which order of priority?)

First Alternative Guardian(s)	Name	Relationship to you Phone: Address: City and State/Country
Second Alternative Guardian(s)	Name	Relationship to you Phone: Address: City and State/Country
Third Alternative Guardian(s)	Name	Relationship to you Phone: Address: City and State/Country

F. Estate Planning Information – Inheritance Option and Beneficiaries

This section of the questionnaire is intended to introduce you to various inheritance options as you begin considering who you want as your beneficiary upon your death. If you have not made this decision yet, simply make the best selection for now or leave it blank. We will discuss the selection of your inheritance options and beneficiaries in detail in our first meeting.

1. [If married – skip if single] When either of you and your spouse dies (i.e., upon the first death), who should inherit the deceased spouse's estate? (For clarification, the surviving spouse continues to own and control his or her own portion of the trust assets upon the first death):

   Choose one of the following choices.

   (1) ☐ 100% of the deceased spouse's estates to the surviving spouse with full control (e.g., the surviving spouse may, at any time, revoke, amend or change any provision of the trust and dispose the trust assets at a sole discretion) *(*the default option for maximum protection of your surviving spouse and use of a marital deduction*);

   (2) ☐ 100% of the deceased spouse's estates to the surviving spouse in a separate trust with limited control (e.g., the surviving spouse may enjoy the deceased spouse's estate's principal and income for his or her health and maintenance, but cannot change the trust or beneficiaries)

(3) ☐ Special distribution of a specific sum or a specific asset to non-spouse beneficiaries (e.g., $10,000 to the deceased spouse's mother, $50,000 to a charity, a San Francisco condo to our daughter, etc.) and the rest of the deceased spouse's estate to the surviving spouse with full control. Please specify:

(4) ☐ %(0% to 99%) to the surviving spouse and % to non-spouse beneficiary(ies). Please specify:

2. [If single] When you die, who do you want to be your beneficiary(ies) and how will distribution be made?
[If married] When both of you and your spouse die (i.e., upon the second death), who do you want to be your beneficiary(ies) and how will distribution be made?

(a) **Specific Distribution (optional)**: If you want to make special gifts of a specific sum or a specific asset to an individual or an organization, complete the table below.

Gift amount (USD$) or specific assets	Primary beneficiary	Contingency beneficiary in case the primary beneficiary predeceases you or does not exist
	To individual Name Relationship to you	☐ Equally to primary beneficiary's descendants; or ☐ Other (Name Relationship to you)
	To Individual Name Relationship to you	☐ Equally to primary beneficiary's descendants; or ☐ Other.(Name Relationship to you)
	To charitable organization or for specific charitable cause: Name or cause of charitable organizations Address	To charitable organization or for specific charitable cause: Name or cause of charitable organizations Address

(b) **General Distribution (mandatory)**: Stated percentage to individuals or organizations. Complete the table below.

Percentage of gift % (1%-100%)	Primary beneficiary	Contingency beneficiary in case the primary beneficiary predeceases you
	Name Relationship to you	☐ Equally to the deceased primary beneficiary's descendants ☐ Other. Specify.
	Name Relationship to you	☐ Equally to the deceased primary beneficiary's descendants ☐ Other. Specify.
	Name Relationship to you	☐ Equally to the deceased primary beneficiary's descendants ☐ Other. Specify.

	Name Relationship to you	☐ Equally to the deceased primary beneficiary's descendants ☐ Other. Specify.

3. **Remote Contingency Beneficiaries (mandatory).** If all of your primary beneficiaries and contingency beneficiaries listed above predecease you, to whom do you want to distribute your property?
☐ Equally to living descendants (do not choose this option if you already mention them as your primary or contingency beneficiaries)
☐ Equally to living parents
☐ Equally to living siblings
☐ Equally to heirs at law (as California laws determines)
☐ Gift to a charitable organization(s): Name or cause of charitable organizations(s)
☐ Other (Specify) _____

4. If your beneficiary is a minor (under the age of 18), at what age do you want the minor beneficiary to receive the inheritance?
☐ 18 (default option) ☐ 21 ☐ 25 ☐ 30 ☐ Other Age(s).

Or if you want a percentage distribution at certain ages (e.g., 50% at 18 and the rest at 25), please describe:

G. Estate Planning Information – Health Care Decisions

Your Health Care Decisions	
End-of-life decision	☐ Do not prolong life if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, or ☐ Prolong life as long as possible within the limits of generally accepted health care standards.
Organ donation	☐ Yes ☐ No If yes, permitted uses of organ ☐ For transplant purposes only ☐ For all purposes (e.g., transplant, education, therapy, and research purposes)
Do you want to leave specific, written final disposition instructions? Do you have a funeral home or burial place arrangement?	☐ Yes ☐ No Details:

[If married]

Your Spouse's Health Care Decisions

End-of-life decision	☐ Do not prolong life if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, or ☐ Prolong life as long as possible within the limits of generally accepted health care standards.
Organ donation	☐ Yes ☐ No If yes, permitted uses of organ ☐ For transplant purposes only ☐For all purposes (e.g., transplant, education, therapy, and research purposes)
Do you want to leave specific, written final disposition instructions? Do you have a funeral home or burial place arrangement?	☐ Yes ☐ No Details:

H. Others

Please describe anything you want to include in your estate planning documents. Skip here if none. _____

[Attorney Note: ______]