



NANCY J. GOTTES
ATTORNEY AT LAW
 1716 Court Street, Suite 101
 Redding, California 96001
 (530) 244-1716 – Telephone
 (530) 244-1717 – Facsimile
 NancyGottes@yahoo.com

MARRIED COUPLE - ESTATE PLANNING QUESTIONNAIRE

Date: _____

Do either of you have Legal Insurance? If so, please complete

ARAG – We need

Member Number _____
 Case Assist confirmation for Trust _____
 Case assist confirmation for Will pkg _____

MET LAW – We need:

Member ID Number _____
 Name of Insured _____
 Case numbers: _____ / _____ / _____ / _____ / _____
 The last 4 numbers of the insured’s social security number _____

Husband’s Full LEGAL name:

Name _____
 Age _____
 Physical Address: _____
 City _____
 Zip Code _____
 County _____
 Email _____
 Profession/Retired: _____
 Mailing Address if different from physical address: _____
 Phone (home) _____ (work) _____ (cell) _____

Wife’s Full LEGAL name:

Name _____
 Age _____
 Physical Address (Same as above Yes ___ No ___) If not please provide:
 Address: _____

Email _____

Business or Profession: _____ Retired _____
(home) _____ (work) _____ (cell) _____

How long have you been married to each other? _____

Do Either of You have a Will or Living Trust? _____ ***

**LEGAL NAMES OF ALL CHILDREN FROM THIS MARRIAGE TO EACH OTHER,
which includes biological children and adopted children**

Legal Name (If minor child, need age)

1. _____ Age ____ (M/F) Does this child have children? Yes/No
2. _____ Age ____ (M/F) Does this child have children? Yes/No
3. _____ Age ____ (M/F) Does this child have children? Yes/No
4. _____ Age ____ (M/F) Does this child have children? Yes/No
5. _____ Age ____ (M/F) Does this child have children? Yes/No

Are any children minors? _____ (Guardianship provisions requested?) _____

**LEGAL NAMES OF HUSBAND'S CHILDREN FROM A PRIOR MARRIAGE OR
RELATIONSHIP, BOTH LIVING OR DECEASED (which includes biological and adopted
children)**

Legal Name (If minor child, need age)

1. _____ Age ____ (M/F) Does this child have children? Yes/No
2. _____ Age ____ (M/F) Does this child have children? Yes/No
3. _____ Age ____ (M/F) Does this child have children? Yes/No
4. _____ Age ____ (M/F) Does this child have children? Yes/No

Are any children minors? _____ (Guardianship provisions requested?) _____

**LEGAL NAMES OF WIFE'S CHILDREN FROM PRIOR MARRIAGE or
RELATIONSHIP, BOTH LIVING AND DECEASED (which includes biological and adopted
children)**

Legal Name (If minor child, need age)

1. _____ Age ____ (M/F) Does this child have children? Yes/No
2. _____ Age ____ (M/F) Does this child have children? Yes/No
3. _____ Age ____ (M/F) Does this child have children? Yes/No

4. _____ Age ____ (M/F) Does this child have children? Yes/No
Are any children minors? _____ (Guardianship provisions requested?) _____

DO EITHER OF YOU HAVE ANY DECEASED CHILDREN? _____?

DISTRIBUTION PLAN

On the death of one spouse, would the entire estate belong to the surviving spouse?

YES _____

NO _____

State who you wish to receive your estate upon your deaths. If the persons listed below are themselves deceased at your death, next to their names identify who would inherit their part of your estate – (ie to my son Jack, if he is deceased to his children):

1) _____ If deceased then who would inherit their share? _____

2) _____ If deceased then who would inherit their share? _____

3) _____ If deceased then who would inherit their share? _____

4) _____ If deceased then who would inherit their share? _____

5) _____ If deceased then who would inherit their share? _____

Are you **disinheriting** any of your children, if so which child(ren) _____ ***

EXECUTOR/TRUSTEE

If your spouse is your Trustee, who would be an alternative Trustee if your spouse was unable to act as Trustee

Legal Name 1st choice _____

Legal Name 2nd choice _____

Does Anyone Live With You other than your Spouse? _____

ASSETS:

APPROXIMATE VALUE OF YOUR ENTIRE ESTATE \$ _____

Real Estate (please bring a copy of the deed and property tax statement)

Real Estate _____ County _____ (deed) \$25.00 to obtain

_____ County _____ (deed) \$25.00 to obtain

_____ County _____ (deed) \$25.00 to obtain

Do You have multiple real properties? _____ (I need copy of property tax statement)

Are any assets in an LLC? _____

Do you have a Reverse Mortgage? _____

Have you done a LOT LINE ADJUSTMENT to any real property? _____

V.A. LOAN – Is your home financed with the Veterans Administration? Yes/No, if so will need the Veterans Administration to consent to said transfer.

Manufactured Home (Mobile Home) Do you have a manufactured home _____

If so, is it on a permanent foundation? _____ (Need recorded form 433a – Certificate of Occupancy)

If so, is there a loan on the home? _____

Investments _____

Bank Accounts (indicate if checking, savings, or certificate of deposit)

Names of Banks (do not include account numbers)

Other Assets: _____

JOINT TENANCY: Are any of your assets including real property owned in JOINT TENANCY with anyone other than your spouse? _____

PAY ON DEATH: Do any of your assets including BANK ACCOUNTS, have a “pay-on-death” designation? _____

Do either of you have **retirement accounts**? _____

Do you have an IRA _____ OR ROTH _____

Do either of you have any **life insurance**? _____

Do either of you have any **annuities**? _____

CALIFORNIA ADVANCED HEALTH CARE DIRECTIVE?

Who would serve as your agent on the California Advanced Health Care Directive if your spouse was unable to serve??

1st - _____

2nd _____

POWER OF ATTORNEY FOR MANAGING YOUR ASSETS:

1. Immediate _____ Upon Incapacity _____

Who would serve as your agent on the Power of Attorney if your spouse was unable to serve?

1st _____

2nd _____

FEE:

PAYMENT is due at the execution of your documents. At this time we are only accepting checks for payment, we cannot accept credit cards, debit cards, etc.

MISCELLANEOUS QUESTIONS

1. How did you hear of our services _____

2. Did either of you own property at the time you married each other? _____

3. Are any of your beneficiaries disabled/on public benefits such as SSDI (early social security) Medi-Cal or SSI? _____. If so, we may want to consider adding a paragraph on distributing or purchasing an exempt asset (include the distribution in cash or kind paragraph)

4. Have you ever executed a Prenuptial or Postnuptial Agreement? _____

5. Are any of your children or other persons on your bank accounts other than each other? _____

6. Have either of you been diagnosed with dementia or any memory related illness? _____

(signature of husband) _____ (signature of wife) _____