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SINGLE ADULT - ESTATE PLANNING QUESTIONNAIRE

Date _____

Do 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 _____

Full legal name: _____

Physical Address: _____

City _____ Zip Code _____

County of _____ (need deed)

Age _____

Mailing Address if different from physical address _____ *

Phone (home) _____ (work) _____ (cell) _____

Email _____

Best Way to Contact you Phone _____ Email _____

Profession: _____ Retired _____

Current marital status: Single () Married () Widowed () Divorced ()

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

LEGAL NAMES OF ALL CHILDREN LIVING AND DECEASED which includes Biological and Adopted Children

Legal Name

1. _____ M/F Age__ Does this child have children? Yes/No

2. _____ M/F Age__ Does this child have children? Yes/No

3. _____ M/F Age__ Does this child have children? Yes/No

4. _____ M/F Age__ Does this child have children? Yes/No

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

Do You have any deceased children? _____

DISTRIBUTION PLAN

State who you wish to receive your estate upon your death. 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? _____

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

SUCCESSOR TRUSTEES AND EXECUTORS

Successor Trustees and/or Executors (Can be more than 1 person)

Names:

Legal name of 1st choice _____

Legal name of 2nd choice _____

ASSETS:

Real Estate (address)

_____ County _____

_____ County _____

_____ County _____

Are any assets in a business (Corporation, LLC, partnership, etc) _____

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

PAY ON DEATH: Do any of your assets have a “pay-on-death” designation? _____
If so, describe:

Investments

Name of Investment

Is this investment a retirement account _____

Bank Accounts (Do not include account numbers)

Name of Bank(s)

Other Assets

Do you have any:

1. Retirement accounts _____
2. IRA accounts _____
3. ROTH retirement accounts (tax deferred?) _____
4. Annuities _____
5. Life insurance _____

Are Any Assets in Joint Tenancy or designated as Pay-On-Death with anyone? _____

Does Anyone Live With You? _____

(Conditional Life Estate)

CALIFORNIA ADVANCED HEALTH CARE DIRECTIVE

Who would serve as your agent?

1st - _____

2nd _____

POWER OF ATTORNEY FOR ASSET MANAGEMENT:

Immediate _____ OR only upon Incapacity _____

Name of Agents: _____

FEE:

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

MISCELLANEOUS QUESTIONS

1. How did you hear of our services _____

2. 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)

Signature