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*Reply to Oxnard Office*

## **ESTATE PLANNING QUESTIONNAIRE**

### **SECTION ONE - TRUSTOR INFORMATION**

\_\_\_\_\_  
**Name** (First, Middle, Last) **Social Security No.** **Date of Birth**

\_\_\_\_\_  
**Home Address** (Number, Street)

\_\_\_\_\_  
**City** **State** **Zip** **County**

\_\_\_\_\_  
**Home Phone** **Work Phone** **Facsimile Number**

\_\_\_\_\_  
**Email Address**

**Marital Status:**  Married  Single  Widowed  Divorced  Remarried

Is either spouse a non-U.S. citizen? \_\_\_\_\_

If so, please identify the spouse and country of citizenship: \_\_\_\_\_

Date of Marriage to Current Spouse \_\_\_\_\_

Name and Date of Previous Marriage(s): \_\_\_\_\_

\_\_\_\_\_  
**Name** (First, Middle, Last) **Social Security No.** **Date of Birth**

\_\_\_\_\_  
**Home Address** (Number, Street)

\_\_\_\_\_  
**City** **State** **Zip** **County**

\_\_\_\_\_  
**Home Phone** **Work Phone** **Facsimile Number**

\_\_\_\_\_  
**Email Address**

**Marital Status:**  Married  Single  Widowed  Divorced  Remarried

Date of Marriage to Current Spouse \_\_\_\_\_

Name and Date of Previous Marriage(s): \_\_\_\_\_

*Serving Our Clients & Our Community*

**CHILDREN:**

**Child's Name**

**Date of Birth**

**Date of Death**

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Any children of a predeceased child?  Yes  No  
If yes, do you want the children of the predeceased child to receive his/her share?  Yes  No - Disinherit

Children of Previous Marriage(s) - **HUSBAND:**

**Child's Name**

**Date of Birth**

**Date of Death**

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Any children of a predeceased child?  Yes  No  
If yes, do you want the children of the predeceased child to receive his/her share?  Yes  No - Disinherit

Children of Previous Marriage(s) - **WIFE:**

**Child's Name**

**Date of Birth**

**Date of Death**

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Any children of a predeceased child?  Yes  No  
If yes, do you want the children of the predeceased child to receive his/her share?  Yes  No - Disinherit

**TRUSTEE(S)** - One to manage your trust when you and/or your spouse cannot.

**#1 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**#2 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Individually in Order Set Forth

Co-Successor Trustees

**DURABLE POWERS OF ATTORNEY - ASSETS**

The attorney-in-fact for husband and wife are generally each other. If your spouse cannot act in said capacity:

**#1 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**#2 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Individually in Order Set Forth

Co-Attorneys-in-Fact

**ADVANCE HEALTH CARE DIRECTIVE - HEALTH CARE DECISIONS**

The agent for health care decisions for husband and wife are generally each other. If your spouse cannot act in said capacity:

**#1 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**#2 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Individually in Order Set Forth

Co-Successor Trustees

Name, address and telephone number of primary care physician: \_\_\_\_\_

\_\_\_\_\_

Specific instructions regarding funeral, memorial service, burial, or cremation, if any: \_\_\_\_\_

\_\_\_\_\_

Do you want your agent to have authority to make anatomical gifts?  Yes  No

Do you want to direct your agent to maintain your affiliation with a particular church?  Yes  No. If yes, state the Name of the church and the city in which it is located: \_\_\_\_\_

\_\_\_\_\_

**POUR-OVER WILL**

Governs assets outside of the Trust. An Executor will administer the terms of the Pour-Over Will.

Husband and wife are generally each other's first choice Executor. If your spouse cannot act in said capacity. For the most part, the order of choice for your Trustees are followed in the pour-over Will:

**#2 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**#3 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

[ ] Individually in Order Set Forth [ ] Co-Successor Executors

**GUARDIANS FOR MINOR CHILDREN**

Responsible Adult who will raise your children should something happen to you.

**#1 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**#2 Choice:** Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

[ ] Individually in order set forth [ ] Co-Guardians

**BENEFICIARIES**

In the case of minor beneficiaries, unless otherwise advised, no distribution will take place until they reach the age of 25, except for health, education and the well-being of the minor beneficiaries at the Trustee's Discretion.

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Amount/Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ALTERNATE BENEFICIARIES** - in the event the above named beneficiary(ies) predecease you, how do you want the deceased beneficiary(ies) portion to be distributed:

[ ] Issue (children) of a deceased beneficiary [ ] To the surviving beneficiary(ies)

**SPECIAL CARE/NEEDS** - Name any beneficiary(ies) who received Supplemental Security Income (SSI), Medicaid or Medi-Cal:

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**DISINHERITING** - Are there any relatives that you specifically do not want to receive anything from your estate?

If yes, provide name and relationship: \_\_\_\_\_

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### **SPECIAL BEQUESTS OF PROPERTY**

If there are certain items of property, real or personal that you wish an individual or charity to have please give name of beneficiary and item to be gifted:

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In the event the above named beneficiary(ies) predecease you, how do you want the deceased beneficiary(ies) specific gift to be distributed:

Issue (children) of a deceased beneficiary                       Return to remainder estate for distribution

### **CHARITABLE BEQUESTS OF PROPERTY**

If there are gifts you would like to leave to a charity, school, or religious institution, please give the names and addresses of each and the item or amount to be gifted.

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In the event one of the above-named charities are not in existence, how do you want to handle the gift:

to remaining charities listed                       lapse, return to remainder estate for distribution

## **SECTION TWO - LIST OF ASSETS**

**REAL ESTATE** - (include Residence, Time Shares, Investment Properties. Also include current title, Assessor Parcel Numbers and approximate valuation)

**REAL ESTATE IN OTHER STATES** – (include current title, Assessor Parcel Numbers and approximate valuation)

**CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET** - (include bank name address, account numbers and approximate valuations)

**ANNUITIES - NON-QUALIFIED (FIXED AND VARIABLE)** - (include name, address of owner, policy number and beneficiary)

**INSURANCE** - (type, face amount, cash value, name of insurance company and policy no.)

**RETIREMENT PLANS** - (IRA, 401K, qualified plans)

**MISCELLANEOUS ITEMS OF VALUE** - (*i.e.* jewelry, coin collections, paintings and other art work, etc.)