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ESTATE PLANNING OUESTIONNAIRE - COUPLE SECTION ONE - TRUSTOR INFORMATION

<u>Marital Status</u> :	[] Married	[] Widowed	[] Divorced	[] Remarried	[] Registered Domestic Par	tne
Is either spouse a	non-U.S. citizen?					
If so, please identi	ify the spouse and c	ountry of citizenship:				
Date of Marriage	to Current Spouse _					
SPOUSE 1:						
Name (First, Mid	dle, Last)		So	cial Security No.	Date of Birth	
Home Address (N	lumber, Street)					
City	Сс	unty		State	Zip	
Home Phone		Work Phone	F	acsimile Number		
Email Address						
Name and Date of	f Previous Marriage	(s):				

300 E. ESPLANADE DRIVE SUITE 1980 OXNARD, CA 93036

2945 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361

> Reply to Oxnard Office WWW.RSTLEGAL.COM

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SPOUSE 2:

	Last)			Date of Birth
Home Address (Numb	er, Street)			
City	County		State	Zip
Home Phone	Work Phone	Facsi	mile Number	
Email Address				
Name and Date of Prev	viousMarriage(s):			
CHILDREN:				
Child's Name		Date of Birth		Date of Death
	ed child? [] Yes [] No ren of the predeceased child to receive	his/her share? []]	Yes []	No - Disinherit
f yes, do you want the child	ren of the predeceased child to receive	his/her share? [] Y	Yes []]	No - Disinherit
f yes, do you want the child Children of Previous Marriag	ren of the predeceased child to receive	his/her share? []] Date of Birth	Yes []	No - Disinherit <u>Date of Death</u>
Any children of a predecease If yes, do you want the child Children of Previous Marriaş <u>Child's Name</u>	ren of the predeceased child to receive		Yes []	
f yes, do you want the child Children of Previous Marriag <u>Child's Name</u>	ren of the predeceased child to receive		Yes []	
f yes, do you want the child Children of Previous Marriag Child's Name	ren of the predeceased child to receive	Date of Birth		
If yes, do you want the child Children of Previous Marriag Child's Name	ren of the predeceased child to receive a ge(s) - SPOUSE 1:	Date of Birth		Date of Death

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 spouses are generally each other. If your spouse cannot act in said capacity:

SPOUSE 1

#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	
SPOUSE 2		
#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 SPOUSE 1

The agent for health care decisions for spouses 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 Agents			
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 mak Do you want to direct your agent to maintain you	e anatomical gifts? [] Yes [] No Ir affiliation with a particular church? [] Yes [] No. If yes, state the eated:			
HEA	NCE HEALTH CARE DIRECTIVE – LTH CARE DECISIONS SPOUSE 2 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 Agents			
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 mak Do you want to direct your agent to maintain you Name of the church and the city in which it is loc				

POUR-OVER WILL

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

Spouses 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:

SPOUSE 1

#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 Executors
SPOUSE 2	
#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 Executors
GUARD	DIANS 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-Guardian

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.

Name of Beneficiary	Relationship	Amount/Percentage
ALTERNATE BENEFICIARIES - in the event the deceased beneficiary(ies) portion to be distrib		decease you, how do you want
[] Issue (children) of a deceased beneficiary	, [] To the surviving beneficiary(ies)
SPECIAL CARE/NEEDS - Name any beneficia Medi- Cal:	ary(ies) who received Supplemental Sec	curity Income (SSI), Medicaid or
DISINHERITING - Are there any relatives that If yes, provide name and relationship:	you specifically do not want to receive	e anything from your estate?
_		
SPECIA	AL REOUESTS OF PROPER'	ГҮ

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:

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 REOUESTS 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.

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, ONLINE ACCOUNTS - (include bank name address, account numbers and approximate valuations)

INVESTMENT ACCOUNTS – (include name and address of broker and investment advisor, account numbers and approximate valuations)

CRYPTOCURRENCY (**Digital Currency**) – (include currency name (i.e. Bitcoin), account information 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)

OWNERSHIP INTERESTS IN PRIVATELY HELD CORPORATIONS, LLCS, OR PARTNERSHIPS - (include name of entity and percentage interest owned)

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