

# SCHNEIDERS & ASSOCIATES, L.L.P.

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## **ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON** **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:** [ ] Single [ ] Divorced [ ] Widowed [ ] Remarried

Are you a non-U.S. citizen? \_\_\_\_\_

If so, please identify your country of citizenship: \_\_\_\_\_

Name of Prior Spouse(s), Date of Previous Marriage(s), Date(s) of Termination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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):

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 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**

If you do not have 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**

If you do not have 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 Agent

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: \_\_\_\_\_

\_\_\_\_\_



**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.

<b><u>Name of Beneficiary</u></b>	<b><u>Relationship</u></b>	<b><u>Amount/Percentage</u></b>
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**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, 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, etc.)