



LAW OFFICES OF TRICIA A. SHINDLEDECKER
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Estate Planning Questionnaire

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary please use additional sheets of paper to answer the questions.

GENERAL CLIENT INFORMATION				
CLIENT 1 NAME (LAST)	FIRST	MI	BIRTH DATE / /	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
CLIENT 2 NAME (LAST)	FIRST	MI	BIRTH DATE / /	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
STREET ADDRESS		CITY		STATE ZIP CODE
HOME TELEPHONE	HOME FAX	CELLULAR PHONE		
WORK TELEPHONE	WORK FAX	EMAIL ADDRESS		
DATE OF MARRIAGE/REGISTERED PARTNERSHIP (IF APPLICABLE) / /				

I. PERSONAL AND FAMILY DATA			
A. Does either party have assumed or former names (i.e. maiden names or nicknames), that should be included? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what are they? _____ _____			
B. Do you have a prenuptial agreement or other property agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide our office with a copy.			
C. List full names and dates of birth of living children, if any. Please indicate if children are from former relationships.			
NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
NAME	BIRTH DATE / /	NAME	BIRTH DATE / /
NAME	BIRTH DATE / /	NAME	BIRTH DATE / /

II. PROFESSIONAL ADVISORS DATA			
A. List full name and address of Accountant, if any.			
NAME	COMPANY	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
B. List full name and address of Investment Advisor/Stockbroker, if any.			
NAME	COMPANY	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
C. List full name and address of Life Insurance Agent, if any.			
NAME	COMPANY	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

D. List full names and addresses of any other key advisors.			
NAME	COMPANY	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

III. ESTATE PLANNING DESIRES

A. List full names and addresses of proposed Guardian(s) for minor children, if any.

NAME (1 ST CHOICE)	RELATION	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME (2 ND CHOICE)	RELATION	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

B. List full names and addresses of proposed Fiduciary (the person who will handle financial affairs in the event of incapacity or death) and alternates.

CLIENT 1 FIDUCIARY LIST		CLIENT 2 FIDUCIARY LIST	
NAME (1 ST CHOICE)	PHONE	NAME (1 ST CHOICE)	PHONE
ADDRESS		ADDRESS	
NAME (2 ND CHOICE)	PHONE	NAME (2 ND CHOICE)	PHONE
ADDRESS		ADDRESS	
NAME (3 RD CHOICE)	PHONE	NAME (3 RD CHOICE)	PHONE
ADDRESS		ADDRESS	

C. List full names and addresses of proposed Health Care Power of Attorney (the person who will handle medical decision making in the event of incapacity) and alternates.

CLIENT 1 HEALTH CARE POWER OF ATTORNEY LIST		CLIENT 2 HEALTH CARE POWER OF ATTORNEY LIST	
NAME (1 ST CHOICE)	PHONE	NAME (1 ST CHOICE)	PHONE
ADDRESS		ADDRESS	
NAME (2 ND CHOICE)	PHONE	NAME (2 ND CHOICE)	PHONE
ADDRESS		ADDRESS	
NAME (3 RD CHOICE)	PHONE	NAME (3 RD CHOICE)	PHONE
ADDRESS		ADDRESS	

D. Designate funeral preferences, if known (including location of any advance arrangements or preferred place of disposition).

CLIENT 1 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION	CLIENT 2 <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION
_____	_____
_____	_____
_____	_____

E. To whom would you like your estate distributed? (i.e. my children, then my grandchildren, then my siblings) If the people you list in this section are not also listed above, please provide us with their full legal names.

F. Is there any specific person you wish to disqualify from inheriting from your estate? YES NO

G. Do any of your beneficiaries have special needs? YES NO