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ESTATE PLANNING QUESTIONNAIRE

1. GENERAL INFORMATION Referred by: _____ Date: _____

Marital Status: (Circle one) Married Single Divorced Widowed

Your Name (First, Full Middle, Last) *Soc. Sec. No.* *Date of Birth*

Spouse's Name (First, Full Middle, Last) *Soc. Sec. No.* *Date of Birth*

Home Address (Number, Street) *City* *State* *Zip*

Mailing Address If Different From Above (Number, Street) *City* *State* *Zip*

() () ()
Home Phone *Your Work Phone* *Spouse's Work Phone*

() ()
Email address *Your Cell Phone* *Spouse's Cell Phone*

Your Employer *Your Occupation*

Employer's Address (Number, Street) *City* *State* *Zip*

Spouse's Employer *Spouse's Occupation*

Spouse's Employer's Address (Number, Street) *City* *State* *Zip*

Your Insurance Agent *Your C.P.A.*

2. PERSONAL INFORMATION

- | | <u>You</u> | | <u>Your Spouse</u> | |
|---|-------------------------------------|----|-------------------------------------|----|
| 1. Are you a U.S. Citizen? | Yes | No | Yes | No |
| 2. Do you have a will or trust now? | Yes | No | Yes | No |
| 3. Are you a Veteran? | Yes | No | Yes | No |
| 4. Are you expecting to receive property or money from
(circle all that apply) | Gift, Lawsuit
Inheritance, Other | | Gift, Lawsuit
Inheritance, Other | |
| If so, approximately how much? | _____ | | _____ | |
| 5. Please list your children. | | | | |

Children (First, Full Middle, Last Name)	Age	M/F	Married/Single/ Divorced	No. of Grandchildren	Adopted ?	Husband/Wife/ Joint

- | | | | | |
|--|-------|----|-----|----|
| 6. Do you have any deceased children? | Yes | No | Yes | No |
| 7. Do you have any dependents who require special care? | Yes | No | Yes | No |
| If so, how are they related to you and how old are they? | _____ | | | |

3. FINANCIAL INFORMATION

1. Please list all of your personal property and real property.

Description and Location	Title In Whose Name (H/W/J)	Purchase Price	Market Value	Mortgage
Residence				

<i>Description and Location</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Purchase Price</i>	<i>Market Value</i>	<i>Mortgage</i>
Other Real Estate				
Other Real Estate				
Other Real Estate				
Other Real Estate				
Automobile				
Automobile				
Boat				
Others (coin collection, stamp collection, antiques, jewelry, etc.)				

TOTAL NET VALUE.....\$ _____

2. Please list all of your financial accounts.

<i>Name of Financial Institution</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Market Value</i>
Checking		
Checking		
Savings		
Savings		
CD		
Money Market		

<i>Description</i>	<i>Title In Whose Name (H/W/J)</i>	<i>Market Value</i>
Money Market		
Municipal Bonds		
Series E Savings Bonds		
Closely Held or Professional Corporation		
Mutual Funds		
Stocks		
Profit Sharing		
IRA		
Pension Plan		
Annuities		

TOTAL NET VALUE.....\$ _____

3. Please list all of your life insurance policies.

<i>Name of Insurance Company</i>	<i>Policy Owner</i>	<i>Type of Policy</i>	<i>1st Beneficiary</i>	<i>2nd Beneficiary</i>	<i>Death Benefit</i>

TOTAL VALUE.....\$ _____

3. Add lines 1, 2 and 3.

TOTAL NET ESTATE VALUE = \$ _____

4. Do you have a **safe deposit box**? Whose name is it under and where is it located? _____

I/We have reviewed all 5 pages of this Estate Planning Questionnaire and I/we find it to be accurate and complete. I understand that this information will be used in the preparation of my estate plan and my attorney and advisors may rely solely on this statement.

Signature

Signature

Date

Date

SUPPLEMENT TO ESTATE PLANNING QUESTIONNAIRE

1. TRUST DECISIONS

Referred by: _____

Date: _____

1. **Trustee(s)** - You will be the initial trustee and, if married, your spouse is typically named as successor trustee (but not required). In the event of your (and your spouse's) disability or death, who would be your back-up trustees? They can be your adult children, trusted friends and/or a corporate trustee.

#1 Choice: Name _____

Address _____

#2 Choice: Name _____

Address _____

#3 Choice: Name _____

Address _____

2. **Guardians and Conservators For Minor Children** - Responsible adult who will raise your children until age 18 if something happens to you and your spouse.

#1 Choice: Name _____

Address _____

#2 Choice: Name _____

Address _____

#3 Choice: Name _____

Address _____

2. BENEFICIARIES

1. **Special Gifts To Individuals or Organizations.** Do you want to make a gift (cash or a specific item) to an individual, charity, foundation, religious or fraternal organization?

<i>Name of Person or Organization</i>	<i>Description of Gift</i>

2. **Beneficiaries.** Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Alternate Beneficiaries. Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

<i>Name of Child/Person</i>	<i>Amount/Percentage</i>
Beneficiary	
Beneficiary	
Beneficiary	
Alternate Beneficiary	
Alternate Beneficiary	
Alternate Beneficiary	

3. **Inheriting Instructions.** Do you want your children to receive their inheritance in installments, at certain ages, or all at once? _____

4. **Dependents Who Require Special Care.** Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits? _____

5. **Disinheriting.** Are there any relatives that you specifically do not want to receive anything from your estate? _____

3. SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. **Keeping/Selling Assets.** If necessary to pay for your care, do you want certain assets sold first? _____

2. **Medical Care.** How do you feel about blood transfusions, organ transplants, life support, etc.?

You _____

Your Spouse _____

3. **An Advance Health-Care Directive** gives the person you choose the power to make medical decisions.

Please name who you would like to give this power to:

You:

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

Your Spouse:

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

4. **A Durable Power of Attorney** gives the person you choose the power to manage all of your financial affairs now, while you are competent, and if you become disabled or incompetent, whereas a **Durable Springing Power of Attorney** only becomes effective when you become disabled or incompetent.

Please name who you would like to give this power to:

You:

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

Your Spouse:

#1 Choice: Name _____
Address _____

#2 Choice: Name _____
Address _____

4. SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation? If you have a cemetery lot, where is it located? _____

5. QUESTIONS TO ASK YOUR ATTORNEY ABOUT YOUR LIVING TRUST

I/We have reviewed all 4 pages of this Estate Planning Supplemental Questionnaire and I/we find it to be accurate and complete. I understand that this information will be used in the preparation of my estate plan and my attorney and advisors may rely solely on this statement.

Signature

Signature

Date

Date