

**ANTHONY DELAS, ESQ.**

Foothill Law Group

1625 The Alameda, Ste. 400  
San Jose, CA 95126

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Tel: (408) 753-9526 Fax: (408) 899-2269 tdelas@tdelaslaw.com

**Caution: The following questionnaire contains confidential information. When completed it must be returned to me in person, by a facsimile to 408-899-2269, or mailed to the above address by the U.S. Postal Service or another carrier you deem reliable. It MUST NOT under any conditions be transmitted electronically, such as an email message.**

**CONFIDENTIALITY**

**All the information submitted to an attorney is forever protected by the attorney – client duty of confidentiality.**

Wills and Trusts Questionnaire

(if not married ignore the “SPOUSE”/Marriage Questions)

Date Prepared \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**1. YOUR NAME**

Full Name \_\_\_\_\_

Other Names (Former Marriage, Maiden, etc.) \_\_\_\_\_

\_\_\_\_\_

Date the former marriage ended \_\_\_\_\_ Divorce? Death? Annulment? \_\_\_\_\_

U.S. Citizen Yes/No \_\_\_\_\_

Address \_\_\_\_\_

California resident ? \_\_\_\_\_ Approx. how long? \_\_\_\_\_

Birth date \_\_\_\_\_

**2. SPOUSE’S NAME**

Full Name \_\_\_\_\_

Date the former marriage ended: \_\_\_\_\_ Divorce? Death? Annulment? \_\_\_\_\_

U.S. Citizen Yes/No \_\_\_\_\_

Address \_\_\_\_\_

California resident? \_\_\_\_\_ Approx. how long? \_\_\_\_\_

Birth date \_\_\_\_\_

**3. CHILDREN**

Names/Nicknames/Birthdates/Sex \_\_\_\_\_

\_\_\_\_\_

4. Deceased Children's Names and Birth dates: yours \_\_\_\_\_

\_\_\_\_\_ spouse's \_\_\_\_\_

5. Children from prior marriages: Yours \_\_\_\_\_

\_\_\_\_\_

Spouse \_\_\_\_\_

6. Name(s) of Parents for Each Child From Previous Marriages: Yours \_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

7. Do you want the Will/Trust to provide for any **future** children, your own or adopted?

\_\_\_\_\_

8. Do any of your children have "special needs", e.g., a disability that may qualify them for government benefits now or in the future? Describe as well as you can. \_\_\_\_\_

\_\_\_\_\_

9. Who owns your life insurance policies, i.e., who pays the premiums, designates the beneficiaries, has the right to borrow against it?

You: \_\_\_\_\_

Spouse: \_\_\_\_\_

Approximate value of separate property, i.e., the property owned before this marriage or inherited since, or that it was a gift to either one of you alone regardless of when it took place.

You \_\_\_\_\_

Spouse \_\_\_\_\_

**10. PROPERTY DISPOSITION**

**Community Property:** all the property acquired during THIS marriage with the funds EARNED during THIS marriage.

**Separate Property:** all property held in the name of one person alone. This is typically the property acquired before THIS marriage or inheritance, gifts, and similar items even if during THIS marriage.

**YOU**

Do you want to leave any portion of your **separate property** or your share of **community property** (property acquired during this marriage) to anyone else other than your spouse? If so: to whom (full name and address) what, how much, e.g. jewelry, tools, cash, stock, bonds, cars, furnishings, art, e.g. “All my jewelry to my daughter Jane”, “My wedding ring to my daughter Kim.” List alternates in case the person you name passes away before you. Use additional sheets if necessary

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Do you want to include a provision that would prevent your spouse’s FUTURE SPOUSE (in case of your death) from gaining control of your share of the estate and designate that share to your children? YES/NO

Is there anything else you’d like to accomplish?

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**SPOUSE**

Do you want to leave any portion of your **separate property** or your share of **community property** to anyone else other than your spouse? If so, to whom (full name and address), what, how much: jewelry, tools, cash, stock, bonds, cars, furnishings, art, e.g., “All my tools to my son Mike.” List alternates in case the person you name passes away before you. Use additional sheets if necessary

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11. Do you want to include a provision that would prevent your spouse's FUTURE SPOUSE (in case of your death) from gaining control of your share of the estate and designate that share to your children? YES/NO

Is there anything else you'd like to accomplish?

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12. At what age should the children have total control of the inherited assets ? (at the designated age the trust assets would be divided equally unless specified otherwise, 25 is the most common age chosen, however, the age can vary with each child. The inheritance can also be staggered, e.g., 1/3 at 25, 1/3 at 30, 1/3 at 35)

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13. Should all the children share equally in the estate?

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14. If other, please specify (e.g., 20% to Mike, 30% to Mary, etc)

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15. Do you want to **skip** some or all of the children and have the assets go directly to your grandkids?

How many pieces of REAL PROPERTY do you own:

You \_\_\_\_\_

Spouse \_\_\_\_\_

Together \_\_\_\_\_

Provide copies of the most recent Grant Deed(s) of the properties and time sharing arrangements that will be transferred to the trust and any lease/rental contracts/LLP's/Family Partnerships, etc., for income producing properties.

**16. GIFTS** (to individuals, charities, churches, etc.)

Any special cash gifts at first death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any special personal property gifts at first death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any special real property gifts at first death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any special cash gifts at second death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any special personal property gifts at second death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any special real property gifts at second death?

YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

**17. TRUST ADMINISTRATION**

**Definitions:**

**Guardian:** one who is responsible for children under 18 years of age.

**Settlor:** you, the person who creates the trust.

**Trustee:** the trust administrator, initially usually you.

List the names and addresses of the primary and the secondary (if possible) **guardian** for your minor children (those under 18 years of age).

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

List the names and addresses of the primary and secondary (if possible) **successor trustee** (in case both of you are deceased. This can be an individual, a bank, a corporation, an attorney who will assure that the assets are distributed according to your wishes.)

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List the names and addresses of the primary and secondary (if possible) **financial decision maker** (in case you are incapacitated). This person becomes your **Attorney in Fact** and has the power to make the same financial decisions as you would while you're still alive but unable to act competently. The spouse is a typical first choice and the successor trustee may be an appropriate second choice.

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18. Do you have a stock option plan at your place of employment? If so, check to see if the beneficiary is authorized to exercise the option! You may do this at a later date as the Power of Attorney/Trust we prepare will address this issue.

Is either one of you a patient in a skilled nursing care facility presently or expects to enter one in the near future?

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19. Are either one of you or any of the beneficiaries presently under a conservatorship order?

Yes/NO. If YES, please bring the documents.

20. List the names, addresses and ***phone numbers*** of the primary and secondary (if possible) **health care agent** (spouse is usually the first choice, the successor is needed in case your spouse is deceased, incapacitated or otherwise unavailable). This person will make **end of life decisions** according to your wishes.

If a different person for each one of you, please specify.

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21. Do you want your remains to be disposed of by cremation or burial (you can defer the decision if not sure.....just don't totally forget it). YOU \_\_\_\_\_

SPOUSE \_\_\_\_\_

If cremation, what do you want to do with the remains? OK if you don't know now.

Husband \_\_\_\_\_

Wife \_\_\_\_\_

22. Do you want to prohibit donation of your organs? Husband \_\_\_\_\_

Wife \_\_\_\_\_ (if you agree to a donation, your remains may become unavailable to your heirs for several weeks or longer....may not matter to you, but it keeps delaying their healing process)

**23. IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO ACCOMPLISH? YOU SHOULD INCLUDE HERE GIFTS TO GRANDCHILDREN, RELATIVES, ETC.** (Please use additional sheets if necessary)