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Family Estate Planning Questionnaire

FAMILY BACKGROUND INFORMATION

1.	Your Name:				
	Spouse:				
	Other Names:				
	Client: USA Citizen: Yes	No	If no, where:		
	Spouse: USA Citizen: Yes	No	If no, where:		
2.	Resident Address:				
	Street:				
	City:		_ State: Zip:		
	Business Address:				
	Street:				
	City:		_ State:Zip		
3.	Telephone: Residence:		Cell:		
	Business:		Cell:		
	Email(s):				
4.	Date of Marriage:		Place:		
5.	Birth Date: Yours:	Spouse's:			
6.	Social Security Number:				
	Yours: N/A		Spouse's:		

Children of this marriage, if any:			
	D.O.B		
Prior Marriage(s) if any: List name of former spouse(s):			
Client:			
Spouse:			
Children of prior marriage(s), if any:			
	D.O.B		
	D.O.B		
	D.O.B		
Spouses of children:			
Name(s) of your child	Name of child's spouse		
0. Deceased children, if any:			

11. Grandchildren:	
Name:	Parent:
Name:	Parent:
Name:	Parent:
12: Living Parents:	
Yours:	
Spouses:	
13: Brothers and Sisters:	
Yours:	
	,
Spouse's:	.,
	, ,
14. Marriage Agreements: (If yes, give	copy to attorney)
Before Marriage: ☐ Yes ☐ No	After Marriage: ☐ Yes ☐ No
15. Any Obligations From Prior Marria (If Yes, provide copy of divorce dec	
Child Support ☐ Spousal Support	□ Life Insurance □ Ret. Plan □
ASSET CLASSIFICATION INFORMA	TION
16. How is title held on your home?	
Joint Tenancy (JT)	
Other:	
What is the approximate fair man	rket value: \$

	a) Name of property and/or address:
	Joint Tenancy (JT)
	Other:
	What is the approximate fair market value: \$
	b) Name of property and/or address:
	Joint Tenancy (JT)
	Other:
	What is the approximate fair market value: \$
W	What other assets do you have? Please list approximate values:
	Stocks and Bonds: \$
	How many different brokerage accounts do you have?
	Name of brokerage companies:
	Do you have physical possession of any stock certificates? ☐ Yes ☐ No
	If Yes, what companies and how many shares:

Life Insurance Policies:	A
	\$
	\$
IRA, 401K and other Retirement Acco	unts:
	\$
	\$
	\$
Davila A a a control	
Bank Accounts:	\$
	\$
Money Markets and CD's:	
	 \$
Other Assets: (Please describe below)	
	\$
ESSOR TRUSTEES, EXECUTORS A	ND GUARDIANS FOR MINOR CHIL
ccessor Trustees: Who is to manage the	e trust after both of you are deceased?

NOTE: YOUR NAMES DO NOT APPEAR IN ITEMS 20-25. THESE ARE THE TWO ALTERNATES FOR EACH OF YOU AS YOU ARE THE PRIMARY NAMED PERSON FOR EACH OTHER.

20.	Executor of Your Will: Who will administer your probate estate and file a guardianship petition with the probate court after you and your spouse are deceased?		
	1 st	2 nd	
21.	Executor of Spouse's Will: Same question	as 20 for spouse to answer	
	1 st	2 nd	
22.	Durable Power of Attorney – Property for	YOU:	
	1 st	2 nd	
23.	Durable Power of Attorney – Property for	YOUR SPOUSE:	
	1 st	2 nd	
24.	Advanced Directive: Health Care Decisions- Alternates for YOU:		
	1 st	$2^{nd} \underline{\hspace{1cm}}$	
25.	Advanced Directive: Health Care Decisions- Alternates for YOUR SPOUSE:		
	1 st	2 nd	
26.	Nomination of GUARDIANS for MINOR CHIDREN:		
	1 st a	and/or	
	2 nd a	and/or	

27. Distribution of your estate:
A. Do you wish to make any gifts of specific items of tangible personal property?
B. Do you wish to make gifts to any churches or charities?
C. Do you wish to make any specific gifts of cash or other property to any one specific person?
D. How do you wish to distribute the rest of your estate and under what terms and/or conditions (age, college etc.)?
conditions (age, conege etc.).
28. Burial/Cremation Instructions:
29. Are there any other issues that are of concern to you that you wish to address with me
at our next meeting?