

# FULLINGTON GROUP/LAW BREEZE LAW OFFICE

Telephone Number (805) 644-7139  
Fax Number (805) 364-5171  
30700 Russell Ranch Rd.# 250, Westlake Village, CA 91362

[vfullington@lawbreeze.com](mailto:vfullington@lawbreeze.com)  
Attorney Vicki Fullington

---

## ESTATE PLANNING QUESTIONNAIRE FOR COUPLE

---

### YOUR FAMILY INFORMATION

Date Completed: \_\_\_\_\_

When were you and your spouse married?      Where?

**CLIENT 1** - Your Full Name:

Do you want to sign your name with your middle initial?

Nicknames and/or prior names:

Date of Birth:

Social Security Number:

U.S. Citizen?

Telephone Numbers:

Email Address:

Home Address:

Health Status:

Prior Marriage?      To Whom?

Did Marriage end by Divorce or Death?      Year ended:

**CLIENT 2** - Your Full Name:

Do you want to sign your name with your middle initial?

Nicknames and/or prior names:

Date of Birth:

Social Security Number:

U.S. Citizen?

Telephone Numbers:

Email Address:

Home Address:

Health Status:

Prior Marriage?      To Whom?

Did Marriage end by Divorce or Death?      Year ended:

### Children: Names, Birthdates, Gender, Contact Information:

Name of Your Child:

Boy or girl? \_\_\_\_\_

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Are You and Your Spouse the Joint Parents of this child?

If not, who are the parents?

Name of Your Child: \_\_\_\_\_ Boy or girl? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Are You and Your Spouse the Joint Parents of this child?  
If not, who are the parents? \_\_\_\_\_

Name of Your Child: \_\_\_\_\_ Boy or girl? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Are You and Your Spouse the Joint Parents of this child?  
If not, who are the parents? \_\_\_\_\_

Name of Your Child: \_\_\_\_\_ Boy or girl? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Are You and Your Spouse the Joint Parents of this child?  
If not, who are the parents? \_\_\_\_\_

Name of Your Child: \_\_\_\_\_ Boy or girl? \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone Numbers: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Are You and Your Spouse the Joint Parents of this child?  
If not, who are the parents? \_\_\_\_\_

---

## WHO DO YOU WANT IN CHARGE OF YOUR ESTATE IF YOU CAN NO LONGER HANDLE YOUR AFFAIRS

---

**IMPORTANT! PLEASE READ:** YOUR TRUST IS THE MAIN DOCUMENT THAT WILL DISTRIBUTE YOUR ASSETS AFTER YOUR DEATH. IT ALSO WORKS WHILE YOU ARE ALIVE. YOU PLACE YOUR ASSETS IN YOUR TRUST, THEN YOU USE THOSE ASSETS AS TRUSTEE OF YOUR TRUST. IF YOU BECOME INCOMPETENT, YOUR BACK UP TRUSTEE CAN CONTINUE TO TAKE CARE OF YOU WITH THE ASSETS IN YOUR TRUST.  
YOUR WILLS BACK UP THE TRUST BY POURING ALL OTHER ASSETS IN YOUR TRUST AFTER YOU PASS AWAY.  
YOUR DURABLE POWER OF ATTORNEY IS USED TO HANDLE ASSETS OUTSIDE OF YOUR TRUST, TO NAME A PERSON TO REPRESENT YOU IN COURT IF NEEDED, TO SET UP INSURANCE AND GOVERNMENT BENEFITIS IF NEEDED.

YOUR ADVANCE HEALTH CARE DIRECTIVES NAME THE PERSONS YOU WANT TO MAKE YOUR MEDICAL DECISIONS IF YOU ARE INCAPACITED AND CAN'T MAKE THE DECISIONS YOURSELF.

**Below, indicate who you want in charge of your estate.**

**TRUST:**

**You and Spouse, first?**

Second choice:

Third choice:

**WILL:**

**Client 1**

**Client 2**

**Spouse first?**

Second choice:

Third choice:

**DURABLE POWER OF ATTORNEY:**

**Client 1**

**Client 2**

**Spouse first?**

Second choice:

Third choice:

**ADVANCE HEALTH CARE DIRECTIVE:**

**Client 1**

**Client 2**

**Spouse first?**

Second choice:

Third choice:

WHO SHOULD BE THE GUARDIAN FOR MINOR CHILDREN?

NAME ANYONE YOU DON'T WANT IN CHARGE OF ANYTHING:

ANYONE YOU WANT TO DISINHERIT:

---

**CONTACT INFORMATION FOR OTHER PEOPLE YOU MENTIONED ABOVE**

---

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

Name: U.S. Citizen?  
Telephone Number:  
Email Address:  
Home Address:  
Relationship? To who?

---

## WHERE DO YOU WANT YOUR ESTATE TO GO WHEN YOU PASS AWAY

---

**NOTE:** WHEN YOU PASS AWAY, YOUR SPOUSE CONTINUES TO USE THE TRUST ASSETS TO TAKE CARE OF THEMSELF.

**CHOOSE WHERE YOU WANT YOUR ASSETS TO GO AFTER BOTH OF YOU PASS AWAY:**

All to your Children in Equal Shares?

If a Child predeceases you, should that deceased child's share go to your other children in equal shares or should it go to the deceased child's children?

Any special gifts to a particular person or charity? If so, list them:

Want any gift to go to a beneficiary when only one of you have passed away but your spouse is still living?

If so, please list the beneficiary and the settlor and settlor's asset:

After you pass away, do you want the trustee to hold your child's assets in the trust until your child reaches a certain age, then give those assets to them? For example, half of that child's share of the assets at age 21, and half at age 25.:

Should the trustee also sprinkle money out for each child's needs until that child receives their full share? (The trustee would decide what is an appropriate need.):

---

## MEDICAL AND BURIAL/CREMATION DECISIONS

---

**CLIENT 1-** PRIMARY PHYSICIAN NAME, ADDRESS, TELEPHONE NUMBER:

**CLIENT 2-** PRIMARY PHYSICIAN NAME, ADDRESS, TELEPHONE NUMBER:

**PLEASE NOTE:** LIST THE POWERS YOU WANT TO GIVE YOUR AGENT UNDER YOUR ADVANCE HEALTH CARE DIRECTIVE BY ANSWERING THE QUESTIONS BELOW

**CLIENT 1:**

If your doctor has determined that you are in an irreversible coma or terminal condition and not expected to live long, do you want your agent to authorize the doctors to remove life support?

Do you want to donate your organs? Any limitations to that?

Ok to authorize an autopsy?

Burial or cremation? Where do you want your remains placed?

Do you want a funeral or ceremony? If so, list what you want:

**CLIENT 2:**

If your doctor has determined that you are in an irreversible coma or terminal condition and not expected to live long, do you want your agent to authorize the doctors to remove life support?

Do you want to donate your organs? Any limitations to that?

Ok to authorize an autopsy?

Burial or cremation? Where do you want your remains placed?

Do you want a funeral or ceremony? If so, list what you want:

---

**ASSET LIST AND OTHER DECISIONS**

---

(Add rows as needed)

<b>ASSET</b>	<b>WHO WITH/WHERE</b>	<b>APPROXIMATE NET VALUE</b>
Real Property:		
Bank Accounts:		
Investments:		
Vehicles:		
Heirlooms, collectibles:		
Insurance Policies:		
Pensions/Retirements:		
Businesses Owned:		
Money other people owe you:		

---

**DEBTS**

---

(List name of credit card debts, mortgages, loans, etc. Add rows if needed.)

Type of Debt	Who with	Amount owed

Do you want to be referred to a Financial Planner to help you with Retirement Planning or Investing?

*Thank you very much for completing this questionnaire!*