

# FULLINGTON GROUP/LAW BREEZE LAW OFFICE

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## ESTATE PLANNING QUESTIONNAIRE FOR SINGLE

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### YOUR FAMILY INFORMATION

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

Your full name:

How do you want to sign your name on your estate plan documents?

Nicknames and 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:

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

Name of Your Child:

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

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Name of other parent?

Name of Your Child:

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

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Name of other parent?

Name of Your Child:

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

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Name of other parent?

Name of Your Child:

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

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Name of other parent?

Name of Your Child:

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

Date of Birth:

Telephone Numbers:

Email Address:

Home Address:

Name of other parent?

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

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**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 BENEFITS 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 first?**

Second choice:

Third choice:

WILL:

First choice:

Second choice:

DURABLE POWER OF ATTORNEY:

First choice:

Second choice:

ADVANCE HEALTH CARE DIRECTIVE:

First choice:

Second choice:

WHO SHOULD BE THE GUARDIAN FOR MINOR CHILDREN?

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

ANYONE YOU WANT TO DISINHERIT:

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**CONTACT INFORMATION FOR ALL OF PEOPLE YOU MENTIONED ABOVE**

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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?

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

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CHOOSE WHERE YOU WANT YOUR ASSETS TO GO AFTER 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:

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.):

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## MEDICAL AND BURIAL/CREMATION DECISIONS

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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

If 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:

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## ASSET LIST AND OTHER DECISIONS

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(Add rows as needed)

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

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## DEBTS

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(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!*