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Unmarried Person Estate Planning Questionnaire

Date Prepared: _____

BACKGROUND INFORMATION

1. Your Name: _____

USA Citizen: Yes No If no, where: _____

2. Residence:

Street: _____

City: _____ State: _____

Country: _____ Zip: _____

3. Business Address:

Street: _____

City: _____ State: _____

Country: _____ Zip: _____

4. Telephone: Residence: _____ Cell: _____

Business: _____

Email(s): _____

5. Date of Birth: _____

6. Social Security Number: _____ N/A _____

7. Children, if any:

_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____
_____	D.O.B. _____

8. Prior Marriage(s) if any:

Name of Former Spouse: _____

How long were you married: _____

Name of Former Spouse: _____

How long were you married: _____

9. Spouses of children:

Name(s) of your child	Name of child's spouse
_____	_____
_____	_____
_____	_____

10. Deceased children, if any: _____

11. Grandchildren:

Name: _____ Parent: _____

Name: _____ Parent: _____

Name: _____ Parent: _____

12: Living Parents:

13: Brothers and Sisters:

14. Any Obligations From Prior Marriages?: Yes No

(If Yes, provide copy of divorce decree and property settlement.)

Child Support Spousal Support Life Insurance Ret. Plan

ASSETS CLASSIFICATION INFORMATION

15. How is title held on your home? _____

What is the approximate fair market value: \$ _____

16. Do you own any other real property assets?

Name of property and/or address: _____

What is the approximate fair market value: \$ _____

Name of property and/or address: _____

What is the approximate fair market value: \$ _____

17. 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:

_____ \$ _____

_____ \$ _____

IRA, 401K and other Retirement Accounts:

_____ \$ _____

_____ \$ _____

Bank Accounts:

_____ \$ _____

_____ \$ _____

Money Markets and CD's:

_____ \$ _____

_____ \$ _____

Other Assets: (Please describe below)

_____ \$ _____

_____ \$ _____

SUCCESSOR TRUSTEES, EXECUTORS AND GUARDIANS OF MINOR CHILDREN

18. Successor Trustees: Who is to manage the trust after you are deceased?

1st _____ 2nd _____

3rd _____

19. Executor of Your Will:

1st _____ 2nd _____

3rd _____

20. Durable Power of Attorney for Financial Management:

1st _____ 2nd _____

3rd _____

21. Advanced Directives: Agents for Health Care:

1st _____ 2nd _____

3rd _____

22. Nomination of GUARDIANS for MINOR CHILDREN: (If applicable)

1st _____ and/or _____

2nd _____ and/or _____

23. Burial/Cremation Instructions: _____

24. 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.)? _____

25. Are there any other issues that are of concern to you that you wish to address with me at our next meeting? _____
