

# ***LAW OFFICE OF TODD W. MOELLER***

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There are a number of aspects of estate planning that you should consider prior to meeting with your attorney. Some of the information you will need consists of names and addresses. Decisions with respect to who will make medical decisions for you if you become incapacitated or unable to make those decisions for yourself may require additional thought or advice from close friends or relatives.

The attached questionnaire addresses both types of information. Because estate planning deals primarily with property, and who will eventually receive your property, you should consider who is to receive what and when.

Additionally, you will be asked to decide who will be responsible for making the decisions regarding your estate when you are no longer able to do so due to incapacity or death. With respect to the health care directive, you should choose someone who is emotionally capable of carrying out your decisions in the appropriate circumstances.

Please do not be concerned if you are unable to provide all of the information. We will address unanswered questions during your appointment.

Please give us a call if you have any questions.

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**Estate Planning**  
**Client Information Questionnaire**  
(Individual Client)

Many of our best clients come by referral. Who referred you? \_\_\_\_\_

**I. Date of Appointment:** \_\_\_\_\_

**II. Client Information**

Full legal name: \_\_\_\_\_

Assumed or other names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate: \_\_\_\_\_

U.S. citizen? [ ] Yes [ ] No      Email Address: \_\_\_\_\_

Are you currently married? [ ] Yes [ ] No    If yes, name of spouse \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City, County, & State of Marriage: \_\_\_\_\_

Any previous marriages? [ ] Yes [ ] No    Children from previous marriage? [ ] Yes [ ] No

	<u>Full Name of previous spouse</u>	<u>Date of Divorce</u>	<u>Date of Death</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**III. Children (if any)**

**Instructions:** Please indicate Y(es) or N(o) for “Living”, M(ale) or F(emale) for “Sex”, C(lient) and/or # above (for ex-spouse) for “Parent”, and the date of birth/death if appropriate.

**Note: Include adopted and/or other children with whom a parent/child relationship exists.**

	<u>Full legal name of child</u>	<u>Living:</u> (Y/N)	<u>Sex:</u> (M/F)	<u>Parent:</u> (C/#?)	<u>Date of Birth/Death:</u>
1.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
2.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
3.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
4.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
5.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
6.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		

**IV. Grandchildren (if any)**

Instructions: Please indicate (# above, the one in front of your child’s name) for “Child of”, M(ale) or F(emale) for “Sex”, Y(es) or N(o) for “Living”, and the date of birth/death.

<u>Full legal name of child</u>	<u>Child of:</u> (# above)	<u>Sex:</u> (M/F)	<u>Living:</u> (Y/N)	<u>Date of Birth/Death</u>
1. _____	[ ]	[ ]	[ ]	_____
2. _____	[ ]	[ ]	[ ]	_____
3. _____	[ ]	[ ]	[ ]	_____
4. _____	[ ]	[ ]	[ ]	_____
5. _____	[ ]	[ ]	[ ]	_____
6. _____	[ ]	[ ]	[ ]	_____

**V. Executors, Successor Trustees & Agents for Durable Power of Attorney for Property, (to manage your assets upon incapacity/death)**

<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Phone No.</u>
1. _____	_____	_____
	_____	
2. _____	_____	_____
	_____	
3. _____	_____	_____

**VI. Guardian of Minor Children (if applicable)**

<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Relationship</u>
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1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**VII. Agents for Advance Health Care Directive** (to make health care decisions upon your incapacity)

	<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Phone No.</u>
1.	_____	_____	_____
		_____	
2.	_____	_____	_____
		_____	
3.	_____	_____	_____
		_____	

**VIII. Estate Planning Questions**

1. Is there anyone you want to specifically ban from acting as executor, trustee or agent under durable power of attorney? \_\_\_\_\_ If so, who?  
\_\_\_\_\_  
\_\_\_\_\_
2. Are there any special cash or property gifts to be given to anyone upon your death? \_\_\_\_\_  
\_\_\_\_\_ If so, what and to whom?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When you die, who is to inherit the remainder of your property? (specific family, friends, charity)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Are these people to inherit equally? If not, what percentage goes to each individual?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Should your property be retained after your death for the benefit (i.e. health, education, support and maintenance) of a beneficiary for a specified period of time? (Example: till a child attains age 21 or 25) \_\_\_\_\_ If yes, what age? \_\_\_\_\_
6. Should any retained property be distributed in stages? (Example: 1/2 at age 21, remainder at age 25.) \_\_\_\_\_
7. Should a beneficiary of retained property be allowed to help manage the property for a period of time prior to the ultimate distribution? (Example: as a co-trustee with a successor trustee to gain experience and responsibility)
- \_\_\_\_\_
8. Are any of your beneficiaries disabled? \_\_\_\_\_
9. If one of your beneficiaries dies before you, do you want his or her share to go to his or her children (if there are any), or should the share be divided between the survivors of your initial beneficiaries?  
 (For example, your children are your beneficiaries. If one of them dies first, that share would go to (1) his or her children or (2) your other remaining children) (1) \_\_\_\_\_ (2) \_\_\_\_\_
10. Do you want to designate a primary physician?  
 Name, address & phone: \_\_\_\_\_
- \_\_\_\_\_
11. Is there a specific church or religion that you want mentioned for your agent to continue your involvement as much as possible if you lack capacity to do it yourself? \_\_\_\_\_  
 If yes, what is it? \_\_\_\_\_
- \_\_\_\_\_
12. Is there any cultural or religious ceremony that you want your successor to be instructed to perform upon your incapacity or death? \_\_\_\_\_  
 If so, what is it? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Regarding end of life decisions, which instructions do you prefer? (see attached for specific descriptions)
- (a) No Treatment Which Merely Prolongs Inevitable Death \_\_\_\_\_

- (b) Treat Unless in Irreversible Coma \_\_\_
- (c) Treat Unless End Stage of Terminal Condition \_\_\_\_\_
- (d) Treat to Allow Life as Long as Possible \_\_\_\_\_
- (e) Other \_\_\_\_\_
- (f) Additional Other Wishes (see attached for examples)  
\_\_\_\_\_

14. Do you have a strong preference for burial or cremation, or do you want to allow your agent to make this decision at his/her discretion when the time comes?  
\_\_\_\_\_

15. Do you want to donate any organs upon your death? \_\_\_\_\_

16. Do you wish to restrict organ donation to the purpose of transplant only, or for any purpose (research, education, etc.)? \_\_\_\_\_

17. May your agent authorize an autopsy? \_\_\_\_\_

18. Do you have Long Term Care Insurance? \_\_\_\_\_ If yes, describe terms:

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

19. Is there anything else of concern to you that has not been addressed?

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

Notes

**END OF LIFE DECISIONS**  
**(Paraphrased examples of common requests)**

- a. If I am in an irreversible coma, or persistent vegetative state, if I am at the end stage of a terminal illness, and treatment will only prolong the dying process, or if the burdens of treatment substantially outweigh the expected outcome of receiving the treatment, then I do not want any treatment to artificially sustain my life.
- b. If I am in an irreversible coma, or persistent vegetative state, then I do not want any treatment to artificially sustain my life. Under all other circumstances, I want all treatment to continue.
- c. If I am at the end stage of a terminal illness, and treatment will only prolong the dying process, then I do not want any treatment to artificially sustain my life. Under all other circumstances, I want all treatment to continue.
- d. I want all treatment that will prolong and sustain my life no matter what condition I am in or the chance I have of recovery.

**OTHER WISHES**  
**(Common examples)**

- a. If I ever fall into a persistently vegetative state, you are directed to reduce my misery as painlessly as possible.
- b. If I become senile, you are directed to let me die naturally and without any extraordinary medical treatment.
- c. In the event I suffer from an injury, disease, illness or other physical or mental condition that renders me unable to make medical decisions on my own behalf, that leaves me unable to communicate with others meaningfully, and from which there is no reasonable prospect of recovery to a cognitive and sentient life, I direct that no medical treatments or procedures (except as otherwise authorized in this instrument) can be utilized in my care or, if begun, that they be discontinued.
- d. Notwithstanding the preceding subparagraph, if withholding or withdrawing nutrition and hydration will cause me to experience substantial pain or discomfort, I want to be provided with nutrition and hydration.
- e. My agent shall also consider the financial and emotional effects upon my spouse and children in deciding whether such treatment should be provided, continued, withheld, or withdrawn.

**IX. Financial Information**

	<b>Est. of Value</b>	<b>Name of Institution &amp; Account Number</b>
• Cash and Equivalents:		
Checking Accounts	\$ _____	_____
Savings Accounts	\$ _____	_____
Money Markets	\$ _____	_____



