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QUESTIONNAIRE FOR DRAFTING A WILL

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1. CLIENT INFORMATION (THE PERSON WHOSE WILL IS BEING DRAFTED)

Full name:

Other names used

Home address:

Home telephone:

Business occupation:

Employer:

Work address:

Work telephone number:

Work fax number:

Social security number:

Birth date:

Birthplace:

Citizenship:

Period of residence in California:

State of health:

If veteran, supply I.D. number, branch of service, and discharge date:

2. SPOUSE INFORMATION (IF THE CLIENT IS CURRENTLY MARRIED)

The Client is ___ or is not ___ currently married.

Full name:

Other names used:

Home address:

Home telephone:

Business or occupation:

Employer:

Work address:

Work telephone number:

Social security number:

Birth date:

Birthplace:

Citizenship:

Period of residence in California:

State of health:

If veteran, supply I.D. number, branch of service, and discharge date:

3. DOMESTIC PARTNER INFORMATION (IF THE CLIENT CURRENTLY HAS A DOMESTIC PARTNER)

The Client does ___ or does not ___ have a current domestic partner.

Full name:

Other names used:

Home address:

Home telephone:

Business or occupation: - Employer:

Work address:

Work telephone:

Social security number:

Birth date:

Birthplace:

Citizenship:

Period of residence in California:

State of health:

Have you adopted your partner or has your partner adopted you? Yes: ___ No: ___

If yes, attach copy of decree of adoption

4. MARITAL RELATIONSHIPS

4.1. CURRENT SPOUSE

(1) If you are currently married, please give the date and place of marriage:

(2) Since your marriage, have you and your spouse resided outside California?
Yes: ___ No: ___ If yes, please list the dates and place(s) of your out-of-state residence(s):

(3) Have you and your spouse executed a prenuptial agreement or post marital agreement? Yes: ___ No: ___ If yes, please attach a copy of the agreement

(4) Are you in the process of getting a divorce? Yes: ___ No: ___

Are you and your spouse separated? Yes: ___ No: ___

If separated, please give the date of separation:

4.2. PRIOR MARRIAGES

(1) Have you ever been married before? Yes: ___ No: ___

(2) If yes, give the following information for each former marriage (please attach sheets, if necessary):

(a) Name of former spouse:

(b) Dates of marriage:

(c) Was the marriage ended by death or divorce?

- (d) If the marriage ended in divorce, please attach copies of the following:
- (i) Interlocutory judgment if entered before July 1, 1984, or judgment if entered on or after that date;
 - (ii) Any order modifying the interlocutory judgment or judgment;
 - (iii) Marital termination agreement if not expressly set out in, or physically attached to, the interlocutory judgment or judgment; and
 - (iv) Any agreements modifying the terms of the marital termination agreement

4.3. MARRIAGE PLANS

If you are unmarried, do you plan to marry in the near future? Yes: ___ No: ___

If yes, please give the name of your intended spouse:

5. NON-MARITAL RELATIONSHIPS

a. If you currently have a domestic partner, please indicate how long you have been in this relationship:

b. During your relationship, have you and your domestic partner resided outside California? Yes: ___ No: ___

If yes, please list the dates and place(s) of your out-of-state residence(s):

c. Have you and your domestic partner signed any agreement describing rights and obligations with respect to each other? Yes: ___ No: ___

If yes, please attach a copy of the agreement.

d. Have you and your domestic partner (or former domestic partner) filed a declaration of domestic partnership with the Secretary of State (or filed a notice of termination of domestic partnership before January 1, 2005)? Yes: ___ No: ___

If yes, please attach a copy of the filed document(s).

e. Do you have any financial obligation to any former domestic partner from a domestic partnership for which no declaration of domestic partnership was filed with the Secretary of State (or for which a notice of termination was filed with the Secretary of State before January 1, 2005), or does any former domestic partner from such a domestic partnership have any financial obligation to you? Yes: ___ No: ___

If yes, please describe:

f. Prior post-2004 domestic partnerships of client

(1) Have you ever been in a domestic partnership before for which a declaration of domestic partnership was filed with the Secretary of State at any time and for which a notice of termination was not filed before January 1, 2005? Yes: ___ No: ___

(2) If yes, give the following information for each former domestic partner (please attach sheets, if necessary):

(a) Name of former domestic partner:

(b) Dates of domestic partnership:

(c) Was the partnership ended by death or dissolution?

(d) If the partnership ended in dissolution or termination, please attach copies of the following:

(i) Judgment of dissolution or notice of termination;

(ii) Any order modifying the judgment;

(iii) Partnership termination agreement if not expressly set out in, or physically attached to, the judgment; and

(iv) Any agreements modifying the terms of the partnership termination agreement

g. If you do not have a registered domestic partner, do you plan to register as a domestic partner in the near future? Yes: ___ No: ___ If yes, please give the name of your intended domestic partner:

6. CHILDREN

a. Does the Client have any living children of current marriage / relationship? Yes: ___ No: ___ . If Yes, please provide the following information, and attach additional sheets for additional children as needed.

(1) Child 1

(a) Name:

(b) Address:

(c) Birth date:

(d) Place of birth:

- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:

(2) Child 2

- (a) Name:
- (b) Address:
- (c) Birth date:
- (d) Place of birth:
- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:

b. Does the Client have any living children of a prior marriage / relationship?
Yes: ____ No: ____ . If Yes, please provide the following information, and attach additional sheets for additional children as needed.

(1) Child 1

- (a) Name:
- (b) Address:
- (c) Birth date:
- (d) Place of birth:
- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:
- (h) Name of parent other than client:

(2) Child 2

- (a) Name:

- (b) Address:
- (c) Birth date:
- (d) Place of birth:
- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:
- (h) Name of parent other than client:

c. Does the Client's current spouse have any living children (that are not also the children of the Client)? Yes: ____ No: ____ . If Yes, please provide the following information, and attach additional sheets for additional children as needed.

(1) Child 1

- (a) Name:
- (b) Address:.
- (c) Birth date:
- (d) Place of birth:
- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:
- (h) Name of natural parent other than spouse or domestic partner:
- (i) Have you legally adopted this child?

(2) Child 2

- (a) Name:
- (b) Address:
- (c) Birth date:
- (d) Place of birth:

- (e) Citizenship
- (f) Marital status and/or name of spouse:
- (g) Occupation:
- (h) Name of natural parent other than spouse or domestic partner:
- (i) Have you legally adopted this child?

d. Please list all of the deceased children of the Client and current spouse or domestic partner (please attach additional sheets for additional children)

_____ None

(1) Child 1

- (a) Name:
- (b) Birth date:
- (c) Parents' names:
- (d) Did this child have any children? If yes, please list their names and ages:

(2) Child 2

- (a) Name:
- (b) Birth date:
- (c) Parents' names:
- (d) Did this child have any children? If yes, please list their names and ages:

e. Do any of the living children listed above have any special needs (e.g., caused by a physical or mental disability)? Yes: ____ No: ____ . If Yes, please list the name of the child and describe the problem:

f. Do you or your spouse or domestic partner have any child support obligations to a former spouse or domestic partner? Yes: ____ No: ____ . If yes, please list the name of the child involved, the person who is obligated, and the person to whom he or she is obligated. Describe the nature and extent of the obligation:

7. GRANDCHILDREN

Please list the names of your grandchildren. For each living grandchild, provide the address, approximate age, and parents' names. For each deceased grandchild, provide the parents' names:

8. PARENTS

The Client does ___ or does not ___ have any living parents.

The Client's spouse does ___ or does not ___ have any living parents.

a. Living parents of Client

(1) Names:

(2) Addresses:

(3) Ages:

b. Living parents of spouse or domestic partner

(1) Names:

(2) Addresses:

(3) Ages:

c. Do any of the parents listed above have special needs? If yes, please indicate which parent and describe the needs:

9. SIBLINGS (BROTHERS AND SISTERS)

a. Siblings of client (please attach additional sheets for additional siblings)

(1) Sibling 1

- (a) Name:
- (b) Living or deceased?
- (c) Address:
- (d) Age:
- (e) Names and ages of children:

(2) Sibling 2

- (a) Name:
- (b) Living or deceased?
- (c) Address:
- (d) Age:
- (e) Names and ages of children:

b. Siblings of spouse or domestic partner (please attach additional sheets for additional siblings)

(1) Sibling 1

- (a) Name:
- (b) Living or deceased?
- (c) Address:
- (d) Age:
- (e) Names and ages of children:

(2) Sibling 2

- (a) Name:
- (b) Living or deceased?
- (c) Address:
- (d) Age:
- (e) Names and ages of children:

Financial Information

10. ASSETS

a. Real property (please attach copies of all deeds for, and buyout agreements affecting, parcels of real property listed below)

(1) Parcel 1

(a) Address:

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? If yes, please explain:

(c) Type of property (e.g., your residence, rental property, vacation property):

(d) Date of acquisition and purchase price:

(e) Approximate fair market value:

(2) Parcel 2

(a) Address:

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? If yes, please explain:

(c) Type of property (e.g., your residence, rental property, vacation property):

(d) Date of acquisition and purchase price:

(e) Approximate fair market value:

(3) Parcel 3

(a) Address:

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? If yes, please explain:

(c) Type of property (e.g., your residence, rental property, vacation property):

(d) Date of acquisition and purchase price:

(e) Approximate fair market value:

b. Cash (e.g., checking accounts, savings accounts, CDs, money market accounts; please attach additional sheets for additional accounts)

(1) Account 1

(a) Name of financial institution:

(b) Location of financial institution:

(c) Type of account (e.g., checking, savings):

(d) Approximate balance: \$

(e) How is title to this account held?

(2) Account 2

(a) Name of financial institution:

(b) Location of financial institution:

(c) Type of account (e.g., checking, savings):

(d) Approximate balance: \$

(e) How is title to this account held?

(3) Account 3

(a) Name of financial institution:

- (b) Location of financial institution:
- (c) Type of account (e.g., checking, savings):
- (d) Approximate balance: \$
- (e) How is title to this account held?

(4) Account 4

- (a) Name of financial institution:
- (b) Location of financial institution:
- (c) Type of account (e.g., checking, savings):
- (d) Approximate balance: \$
- (e) How is title to this account held?

(5) Account 5

- (a) Name of financial institution:
- (b) Location of financial institution:
- (c) Type of account (e.g., checking, savings):
- (d) Approximate balance: \$
- (e) How is title to this account held?

c. Securities (e.g., common stock, preferred stock, corporate bonds, commodities, municipal bonds, government savings bonds, treasury bills, limited partnership interests, mutual funds)

(1) Please list each security that you own. Indicate how many you own, the current value of your holdings, and how title to the security is held (e.g., 200 shares of International Paper common stock; \$10,000; John Smith and Kevin Daniels as joint tenants):

(2) Do you own any stock in a professional corporation? If yes, give the name of the corporation

(3) Do you own stock in a close corporation? If yes, list the name of the corporation:

(4) Do you own ESOP stock?

(5) Have you entered into any shareholders' agreements affecting your stocks? If yes, please attach a copy of the agreement

d. Client-owned business

(1) Name of business:

(2) Type of business (e.g., sole proprietorship, partnership, corporation):

(3) Nature of business and location:

(4) Co-owners and ownership interest of each:

(5) Fair market value of business:

(6) Have you entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension or profit-sharing plan? If yes, please attach a copy of each agreement and plan.

e. Retirement and other employee benefits (please attach a copy of employee benefits statement; for benefits provided by your employer, the benefits, human resources, or personnel department may be able to provide the requested information)

(1) Please list all retirement assets, including IRA accounts, Keogh plans, pension plans, profit-sharing plans, annuities, deferred compensation plans, and social security benefits. In your description of each asset, include its value (assuming a current date of death). If you have designated a death beneficiary for the asset, indicate who the beneficiary is:

(2) Please list all currently owned benefits (other than retirement assets) relating to your present and/or former employment, including stock purchase plans, stock options, and bonus plans. Include the value of each benefit and the name of its death beneficiary, if one has been designated:

f. Life insurance (policies in which client, spouse, or domestic partner is the insured party; please attach copies of all beneficiary designation statements)

(1) Policy 1

(a) Insurance company:

(b) Life insured:

(c) Owner of policy:

(d) Type of policy (e.g., whole life, term):

(e) Face value of each policy less borrowed amounts:

(f) Surrender value:

(g) Beneficiary:

(2) Policy 2

- (a) Insurance company:
- (b) Life insured:
- (c) Owner of policy:
- (d) Type of policy (e.g., whole life, term):
- (e) Face value of each policy less borrowed amounts:
- (f) Surrender value:
- (g) Beneficiary:

g. Promissory notes

For each promissory note in which you have an ownership interest, list the name of the payer, the name(s) of the payee(s), and the current outstanding balance on the note. Please attach a copy of each note and security agreement or deed of trust, if any:

h. Beneficial interest in trust

(1) Are you a beneficiary of a trust?

(2) If yes, please provide a copy of the trust document and all amendments to it and complete the following:

- (a) Name of trust:
- (b) Name of trustee:
- (c) Value of trust principal and income:

i. For each automobile, truck, trailer, recreational vehicle, boat, and airplane that you own, please list the model and year, the current value, and the title as shown on the ownership document:

j. Tangible personal property

Please list all tangible personal property of significant value that you own, including, e.g., artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs. Indicate the approximate fair market value of each item. If the item is not entirely owned by you, list the co-owners and their ownership interests in the item:

k. Other assets

(e.g., interest in lawsuit, copyrights, patents, mineral rights)
Please list any asset you own that has not been listed above, except for tangible personal property of an ordinary nature. Describe each asset and state its current value:

l. Do you believe that your actual ownership interest in any asset listed above is not accurately reflected by the title document for the asset? If yes, list all assets whose title documents do not conform to actual ownership interests and describe the actual interests:

11. LIABILITIES

Please list all your liabilities and provide the name of the creditor, the amount owed, the names of any co-debtors, and the property that secures the debt, if any, for each (you need not list a revolving or charge account unless the outstanding balance exceeds \$5000):

12. MISCELLANEOUS

(a) Do you have a safe-deposit box? If yes, please give the box number and the name and address of the financial institution where the box is located:

(1) Provide the name of any person who has direct access to your safe-deposit box:

(2) Do you intend this person to receive the contents of the safe-deposit box at your death?

(3) Where do you keep the keys to the safe-deposit box?

(b) Do you expect to inherit some property in the near future? Yes: ___ No: ___
If yes, please describe what you expect to inherit and from whom:

(c) What is the approximate net worth of your spouse or domestic partner?

(d) Have you made gifts to anyone of over \$10,000? Yes: ___ No: ___ If yes, please provide the name of the person to whom you made the gift, a description of what was given, the value of the gift when the gift was made, and the year in which the gift was made. If you filed gift tax returns, please attach a copy:

13. PREVIOUS WILLS & TRUSTS

(a) If you currently have a will (including any codicils and letters of instructions) and/or a revocable living trust, please attach copies. If you have executed a durable power of attorney of any sort, attach a copy of it

(b) Do you wish to revoke all previous wills & codicils?

14. FINAL ARRANGEMENTS

(a) Do you have an "advanced directive" for health care in case you are no longer able to make decisions for yourself including medical and financial?

(1) Have you informed your family of your advanced care wishes?

(2) If you have an advanced directive, please attach a copy.

(b) If you wish to be an organ and tissue donor, have you executed an organ donor card or indicated your donative intent in a durable power of attorney for health care or on your driver's license?

(1) Have you informed your family of your donative intent? Yes: ____ No: ____
(Many physicians will not carry through on organ removal, even if the decedent expressed donative intent in writing, unless authorization is obtained from the decedent's next of kin at the time of death.)

(c) Please indicate any burial or funeral instructions you wish to be followed. If you have already prepared such instructions, please attach.

Please let us know of any questions you may have concerning the above. Thank you.