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There are many aspects of estate planning that are often not considered before seeing your attorney. Some of the information is straight-forward, such as names and addresses. Other information (such as who will make medical decisions for you if you become incompetent) requires a great deal of thought, and perhaps contacting a close relative or a trusted friend.

The attached questionnaire requests both types of information. Some of the information requested may not apply to you specifically. If you don't have minor children you need not consider naming a guardian. But everyone will consider who is to act as executor or trustee to administer their estate.

Of course, estate planning is primarily concerned with property, and who will eventually receive that property. Estate planning is the mechanism for preserving the property and delivering it to your beneficiaries. Think about who is to receive what and when. What happens if that person has predeceased you? Will that property go to his or her children, or will it go to someone else? Do you have specific property or cash amounts to be passed on to a favorite relative or charity? What about young people: should an 18 year old receive your property, or should we wait until he or she becomes older and more responsible? Are there certain people who should never receive anything from your estate, no matter the circumstances?

Additionally, who will be responsible for making all the decisions for your estate when you are no longer able to due to incapacity or death? Who can you trust with finances and investments? Perhaps it is one person, or maybe it is two people acting together. Think about who works well together, and whether geography (i.e. living in another state or country) will interfere.

If you have minor children, who should look out for their welfare until they are old enough to do so for themselves? Remember, this is the person who will raise your children—does he or she have the same values as you, and does geography matter? Do you have a second choice if your first is unavailable?

For the health care directive you should consider whether your proposed agent will be emotionally able to carry out your desires and make significant decisions regarding surgery or the cessation of life-sustaining procedures in the appropriate circumstances. What are those circumstances? Should we instruct your agent in regards to religious activities? Do you want to donate your organs after death? For transplant and/or research and education? Do you have strong feelings about cremation or burial?

Do the best you can filling in the form. Do not worry if you are unable to provide all of the information; we will cover it at your appointment. Call us if you have any questions.

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**Estate Planning**  
**Client Information Questionnaire**  
(for Domestic Partners)

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

**II. Information About First Partner**

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: \_\_\_\_\_

Date of Partnership Registration with Secretary of State: \_\_\_\_\_

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. Information About Second Partner**

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: \_\_\_\_\_

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.	_____	_____	_____

**IV. Information About Children (if any)**

**Instructions:** Please indicate Y(es) or N(o) for “Living”, M(ale) or F(emale) for “Sex”, 1<sup>st</sup> (Partner), 2<sup>nd</sup> (Partner) or B(oth) 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> (1st/2nd/B)	<u>Date of Birth/Death:</u>
1.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
2.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		
3.	_____	[ ]	[ ]	[ ]	_____
	Address: _____		Phone: _____		

4. \_\_\_\_\_ [ ] [ ] [ ] \_\_\_\_\_

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

5. \_\_\_\_\_ [ ] [ ] [ ] \_\_\_\_\_

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

6. \_\_\_\_\_ [ ] [ ] [ ] \_\_\_\_\_

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

**V. Information About Grandchildren**

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. _____	[ ]	[ ]	[ ]	_____

**VI. 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. _____	_____ _____	_____

**VII. Agents for Advance Health Care Directive for First Partner** (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. Agents for Advance Health Care Directive for Second Partner** (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.	_____	_____ _____	_____

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

	<u>Full legal name of person</u>	<u>Complete Address</u>	<u>Relationship</u>
1.	_____	_____ _____	_____

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X. Estate Planning Questions**

1. Is all of your property community property? \_\_\_\_\_
2. If not, what is separate property & to whom does it belong?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Is there anyone you want to specifically ban from acting as trustee or agent under durable power of attorney? \_\_\_\_\_ If so, who?  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Are there any special cash or property gifts to be given to anyone upon the death of either of you? \_\_\_\_\_ If so, what and to whom?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. When you both die, who is to inherit the remainder of your property? (specific family, friends, charity) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are these people to inherit equally? If not, what percentage goes to each individual?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. 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? \_\_\_\_\_
8. Should any retained property be distributed in stages? (Example: 1/2 at age 21, remainder at age 25.) \_\_\_\_\_
9. 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)  
 \_\_\_\_\_
10. Are any of your beneficiaries disabled? \_\_\_\_\_

11. 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) \_\_\_\_\_
12. Do you want to designate a primary physician?  
 Name, address & phone: 1<sup>st</sup> Partner \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 2<sup>nd</sup> Partner \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. 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? 1<sup>st</sup> Partner \_\_\_\_\_  
 2<sup>nd</sup> Partner \_\_\_\_\_
14. 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? 1<sup>st</sup> Partner \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 2<sup>nd</sup> Partner \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Regarding end of life decisions, which instructions do you prefer? (see attached for specific descriptions)  
 (a) No Treatment Which Merely Prolongs Inevitable Death 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
 (b) Treat Unless in Irreversible Coma 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
 (c) Treat Unless End Stage of Terminal Condition 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
 (d) Treat to Allow Life as Long as Possible 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
 (e) Other \_\_\_\_\_  
 (f) Additional Other Wishes (see attached for examples) 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
16. 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?  
 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
17. Do you want to donate any organs upon your death? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
18. Do you wish to restrict organ donation to the purpose of transplant only, or for any purpose (research, education, etc.)? 1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_
19. May your agent authorize an autopsy? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
20. Do you have Long Term Care Insurance? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ If yes, describe terms:  
 1<sup>st</sup> \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. 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.

**XII. Financial Information** (need not be exact amounts, merely estimates)

	<u>ESTIMATE OF VALUE</u>	<u>NAME OF INSTITUTION AND ACCOUNT NUMBER</u>
• Cash and Equivalents:		
○ Checking Accounts	\$ _____	_____
○ Savings Accounts	\$ _____	_____
○ Money Markets	\$ _____	_____
○ Certificate of Deposits	\$ _____	_____
○ Others	\$ _____	_____
• Investments:		
○ Stocks	\$ _____	_____
○ Bonds	\$ _____	_____
○ Mutual Funds	\$ _____	_____
○ Partnerships	\$ _____	_____
• Retirement Plans		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
• Life Insurance:		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
• Annuities:	\$ _____	_____
• Real Estate:		<u>LIABILITIES</u>
○ Primary Residence	\$ _____	\$ _____
○ Vacation Residence	\$ _____	\$ _____
○ Rental Property	\$ _____	\$ _____
○ Notes/Trust Deeds	\$ _____	
• Other Investments:	\$ _____	
• Personal Assets:		
○ Automobiles		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
○ Recreational Vehicles		
▪ Boats	\$ _____	\$ _____
▪ Campers	\$ _____	\$ _____
▪ Others	\$ _____	\$ _____
○ Furnishings	\$ _____	\$ _____
○ Jewelry	\$ _____	\$ _____
○ Other Personal Assets		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
• Other Liabilities: (credit card, personal loans)		\$ _____
<b>TOTALS</b>	\$ _____	\$ _____
<b>NET WORTH</b>		\$ _____