

# *Steven F. Bliss*

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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**

\_\_\_\_\_

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?**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

**19. Executor of Your Will:**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

**20. Durable Power of Attorney for Financial Management:**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

**21. Advanced Directives: Agents for Health Care:**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

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

1<sup>st</sup> \_\_\_\_\_ and/or \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ 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?**

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**B. Do you wish to make gifts to any churches or charities? \_\_\_\_\_**

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**C. Do you wish to make any specific gifts of cash or other property to any one specific person? \_\_\_\_\_**

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**D. How do you wish to distribute the rest of your estate and under what terms and/or conditions (age, college etc.)? \_\_\_\_\_**

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

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