

Date Completed: _____



ESTATE PLANNING QUESTIONNAIRE

LAW OFFICE OF MATTHEW D. SCOTT

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If married or registered domestic partner, please indicate [“X”] whether you wish to create a [] joint or [] individual estate plan.

Family Please list both spouses or partners, if applicable.

1. Your full legal name(s) and date(s) of birth:

2. Your home address, all telephone numbers, and all email addresses:

3. Child(ren)’s name(s) and, if minor(s), date(s) of birth:

Real Property Please provide a description (i.e. single-family, condo, farmland, easement, timeshare) address, and approximate current value of each real property, whether owned or financed.

NOTE: Please provide a photocopy or electronic scan of the Grant Deed (not “deed of trust” or “full reconveyance”) for each of your real properties.

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Business Interests *Please provide the names of all businesses you own entirely or in part.*

Tangible Personal Property *Please list all significant assets and their current approximate values (e.g. bank accounts, stocks/bonds, IRA, pension, 401(k), autos, boats, RV's, etc.); **account numbers are NOT required on this form***

Pets *Please list any and all pets, by breed and given name, and approximate ages of each; also indicate if you intend to leave a distribution on behalf of your pets*

Online / Digital Assets *Please list any online assets such as email accounts, social media profiles, cloud storage, online libraries and databases for digital entertainment; for example: Facebook, iTunes, GooglePlay, Dropbox, Netflix. This question only applies to accounts you wish to grant access to your successor(s).*

PLEASE: DO NOT LIST ACCOUNT NUMBERS, USERNAMES, OR PASSWORDS ON THIS FORM

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Successors Please provide the names, addresses, telephones, and email addresses for at least one primary and one alternate for each of the following categories:

1. **Legal Guardians** of your minor children, should you pass away while they are minors

A.

B.

2. **Successor Trustees/Executors** to serve after you (and your spouse, if applicable) have passed away or during a period of incapacity

A.

B.

3. **Financial Power of Attorney Agents** to act on your behalf to make financial decisions, pay bills, and manage your assets should you become incapacitated

A.

B.

4. **Health Power of Attorney Agents** to make healthcare and end-of-life decisions should you become incapacitated

A.

B.

Date Completed: _____

Disposition of Remains *Your preference on what will happen with your remains*

Cremation

Burial

No preference

Beneficiaries *People and entities to receive your property after you die*

Distribution *How and when to distribute your property, which assets to whom, and in what amounts*