CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

THE PURPOSE OF THIS QUESTIONNAIRE IS TO SOLICIT THE GENERAL INFORMATION WE NEED TO HELP YOU EFFECTIVELY PLAN THE DISPOSITION OF YOUR ASSETS. THE REQUESTED INFORMATION IS EXTREMELY IMPORTANT TO THE PLANNING PROCESS. FAILURE TO PROVIDE THE NEEDED DETAILS CAN BE AS HARMFUL TO YOU AND YOUR FAMILY AS THE FAILURE TO PREPARE AN ESTATE PLAN. IF ANY REQUESTED INFORMATION IS NOT READILY AVAILABLE, COMPLETE THE QUESTIONNAIRE TO THE BEST OF YOUR ABILITY, AND WE CAN DISCUSS THE MISSING INFORMATION AT OUR MEETING.

IMPORTANT ADVISORS							

FINANCIAL ADVISOR							
Name:							
Firm:							
Address:							
City, State & Zip:							
Phone Number:	Fax Number:	Cell Number:					
Email Address:							
ACCOUNTANT							
Name:							
Firm:							
Address:							
City, State & Zip:							
Phone Number:	Fax Number:	Cell Number:					
Email Address:							

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Date Prepared	
Date Frepared	

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please answer the following as completely as possible. If extra room is needed, use the back of the sheets or attach extra sheets. Leave spaces blank if you are unsure of the answer.

PART I - PERSONAL INFORMATION

1. Full Name: 2. Nicknames/former names: 3. Social Security Number:		SBAND	
3. Social Security Number: 4. Citizenship: Home Address:	1.	Full Name:	
Home Address:	2.	Nicknames/former names:	
Cell Phone:	3.	Social Security Number:	4. Citizenship:
Home Phone: Cell Phone:	5.	Home Address:	
Home Fax:			1 73.
E-Mail:			
6. Employer's Name, Address:			
7. Birthdate: Birthplace: [city]		E-Mail:	Work Fax:
7. Birthdate:	6.	Employer's Name, Address:	
City [state] [country]	7.	Birthdate:	Birthplace:
9. How long have you resided in California? (years) State/Country of prior residence: Will you remain a permanent resident of California? Yes No WIFE 1. Full Name: 4. Citizenship: 5 [city], [zip] Home Address: [city], [zip] Home Phone: Cell Phone:			[city] [state] [country]
Will you remain a permanent resident of California?	8.	Married Previously? Yes No	How Many Times? (complete Attachment I)
1. Full Name: 2. Nicknames/former names: 3. Social Security Number: 4. Citizenship: 5. (ck if same as above) Home Address: Geitylary (zipl) Home Phone: Cell Phone: Home Fax: Work Phone: E-Mail: Work Fax: Sirthdate: Birthplace:	9.		rnia? (vears) State/Country of prior residence:
2. Nicknames/former names: 3. Social Security Number: 4. Citizenship: 5.		Will you remain a permanent resident	
3. Social Security Number:	WIF		
5.		E.	of California? Yes No
Home Address:	1.	FE Full Name:	of California? Yes No
Cell Phone: Cell Phone:	1. 2.	Full Name: Nicknames/former names:	of California? Yes No
Home Fax: Work Phone:	1. 2. 3.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above)	of California? Yes No 4. Citizenship:
E-Mail: Work Fax:	1. 2. 3.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above)	of California? Yes No 4. Citizenship:
6. Employer's Name, Address: 7. Birthdate: Birthplace:	1. 2. 3.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above) Home Address:	of California? Yes No 4. Citizenship: [city], [zip]
7. Birthdate: Birthplace:	1. 2. 3.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above) Home Address: Home Phone:	of California? Yes No 4. Citizenship:
	1. 2. 3.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above) Home Address: Home Phone: Home Fax:	of California? Yes No 4. Citizenship: [city], [zip] Cell Phone: Work Phone:
[city] [state] [country]	1. 2. 3. 5.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above) Home Address: Home Phone: Home Fax: E-Mail:	of California?
	1. 2. 3. 5.	Full Name: Nicknames/former names: Social Security Number: (ck if same as above) Home Address: Home Phone: Home Fax: E-Mail: Employer's Name, Address:	of California?

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	9.	How long have you resided in California? Will you remain a permanent resident of California		of prior residence:
C.	MARI	TAL INFORMATION		
	1.	Date and Place of present marriage:		
	2.	Occupation at date of marriage:		
		Husband:	Wife:	
	3.	Have you entered into any pre-marital or postnuption. Yes No (If yes, please provide a copy.)	al agreements?	
	4.	List (on reverse side) beginning dates and State approximate net worth upon leaving.	es (or Countries) of residence	(domicile) since marriage, and
D.	CHIL	DREN AND GRANDCHILDREN		
who ha	ave been	children and grandchildren in the appropriate section adopted by any person. (Continue on separate paper		of any children or grandchildren
	1.	Children of present marriage		
		Name, Address and Phone No.	Birthdate/SSN	Spouse (if married)
		Tel. ()	_	
			CCN.	
		Tel. ()	5514.	
		Tel. ()	SSN:	
		Tel. ()	SSN:	
	2.	Children of Husband's prior marriage to:		
		Name, Address, and Phone No.	Birthdate/SSN	Spouse (if married)
			- CCN.	
		Tel. ()	SSN:	
		101.		
			CCNI.	
		Tel. ()	SSN:	
		101. ()		

Name, Address, and Phone No.	Birthdate/SSN	Spouse (if married
rame, radious, and rhone re-		
	— SSN:	
Tel. ()		
Tel. ()		
Do you plan to have more children in the future?		
If any children are deceased, please note here:		
Grandchildren		
	Birthdate/SSN	Sa over (if assuming
Name, Address, and Phone No.		Spouse (if married
Tel. ()	SSN:	
Tel. ()	SSN:	
Tel. ()	SSN:	

Tel. ()	SSN:	
Do any of the children or grandchildren listed about would require special funding? Yes	ove have any special education, l	nealth or other needs whi
If yes, please indicate which child or grandchild:		
Please list any other persons whom you wish to b	enefit under your Will/Trust:	
Name, Address and Phone No.	Birthdate/Age	Relationship
Name, Address and Phone No.	Birindate/Age	Relationship
· All the second		
	and the same	
NAME OF THE PROPERTY OF THE PR		
	MANAGEMENT AND	

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9.	Is there any person(s) you specifically want to disinl	nerit? 🗌 Yes 🔲 No	
	If yes, please specify		
FIDU	UCIARY AND FAMILY INFORMATION		
1.	Health:		
	a. Present state of Husband's health:		
	b. Present state of Wife's health:		
	c. Describe any special health conditions of imm	nediate family members requir	ing special financial pr
2.	Person(s) You Wish to Name as Trustee/Executor (t	to care for assets):	
2.		to care for assets): Birthdate/Age	Relationship
2.		Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
2.	Name, Address and Phone No.	Birthdate/Age	Relationship
	Name, Address and Phone No.	Birthdate/Age	
	Name, Address and Phone No.	Birthdate/Age	
3.	Name, Address and Phone No. Person(s) You Wish to Name as Guardian for Mino	Birthdate/Age Thildren (Single or Couples)	:
	Person(s) You Wish to Name as Guardian for Mino Name, Address and Phone No.	Birthdate/Age Thildren (Single or Couples)	:
	Person(s) You Wish to Name as Guardian for Mino Name, Address and Phone No.	Birthdate/Age Thildren (Single or Couples)	:
	Person(s) You Wish to Name as Guardian for Mino Name, Address and Phone No.	Birthdate/Age Thildren (Single or Couples)	:
	Person(s) You Wish to Name as Guardian for Mino Name, Address and Phone No.	Birthdate/Age Thildren (Single or Couples)	:

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Name, Address and Phone No. Birthdate/Age Relationship S. Wife's Parents, Brothers, Sisters, Grandparents (if living), Not Listed Above: Name, Address and Phone No. Birthdate/Age Relationship 6. Have you previously executed a Will or Trust? Yes No If yes, please provide copies of all signed documents for either or both of you. GIFTS 1. Have you made any gifts to any persons over \$13,000 in one year, (or over \$3,000.00 per year if made before January 1, 1982)? Yes No If yes, please provide detailed information. 2. Have either of you ever filed a U.S. Gift Tax Return? Yes No If yes, provide copies. This information is important! 3. Have gifts been made under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act? Yes No If yes, attach schedule with details. 4. Do you wish to make future gifts to charities, or religious institutions? Yes No	4.	Husband's Parents, Brothers, Sisters, Grandparents (if li	ving), Not Listed Above:	
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6. Have you previously executed a Will or Trust?		Name, Address and Phone No.	Birthdate/Age	Relationship
6. Have you previously executed a Will or Trust?				
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6. Have you previously executed a Will or Trust?				3
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 Have you made any gifts to any persons over \$13,000 in one year, (or over \$3,000.00 per year if made before January 1, 1982)?	6.			
January 1, 1982)?	GIF	TS		
If yes, provide copies. This information is important! 3. Have gifts been made under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act? Yes No If yes, attach schedule with details. 4. Do you wish to make future gifts to charities, or religious institutions? Yes No	1.			000.00 per year if made before
 Have gifts been made under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act? Yes No If yes, attach schedule with details. Do you wish to make future gifts to charities, or religious institutions? Yes No 	2.	Have either of you ever filed a U.S. Gift Tax Return?	Yes No	
 Yes □ No If yes, attach schedule with details. Do you wish to make future gifts to charities, or religious institutions? □ Yes □ No 	If yes	s, provide copies. This information is important!		
**	3.			to Minors Act?
	4.	**		□ No

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F.

G.	INHERITANCES	
1.	Is either of you the trustee or beneficiary of any trust?	_
2.	Have you received any inheritance or gifts prior to, or during, marriage? Yes No If yes, provide details on reverse side.	
3.	Do you expect to receive an inheritance or other gift in the future? Yes No If yes, provide details on reverse side.	
4.	Do either of you have a power of appointment under a Will or Trust created by any other person which empowers you to direct where another's property goes at death? Yes No If yes, provide copies of all such documents.	

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PART II - FINANCIAL INFORMATION

NOTE: ALL CURRENT VALUES MAY BE ESTIMATED

	operty Address	Ownership*			Mortgage Balance	Net Value
NO OF THE SECOND					A COLUMN A C	
					WOLANDA WAR AND	Anna Maria Maria Anna Anna Anna Anna Anna Anna Anna An
Total N	Mortgage Balance(s)	(\$); list on Sched	ule I, line 8			
Total N	Net Value: \$					
community proj	perty (CP), or separa	s appearing on deed a te property (SP)). SUSINESS INTERES			(JT), tenancy in cor	nmon (TC),
community prop	perty (CP), or separa	te property (SP)).			(JT), tenancy in cor Original Cost	nmon (TC), Market Value
HEDULE B - S	perty (CP), or separa	USINESS INTERES Owne	STS AND OPTIO	ONS No. of Shares , % Owned or Face Value	Original Cost	

Total Market Value: \$_____; list on Schedule I, line 2

If you own your own business, list it on this schedule.

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^{*} Indicate if any corporation is an "S Corporation" for income tax purposes.

^{**} Indicate (i) in whose names title is held, (ii) whether in joint tenancy (JT), tenancy in common (TC), community property (CP), or separate property (SP) and (iii) whether subject to transfer restrictions or buy-sell arrangement.

SCHEDULE C-CASH ACCOUNTS, CERTIFICATES OF DEPOSIT AND NOTES RECEIVABLE Bank Accounts: Ownership/Title* Current Balance Bank/Address Account Numbers Certificates Of Deposit And Miscellaneous Notes Receivable: Bank Address Certificate Number Ownership/Title* Interest Rate Maturity Date Face (or Payor if private note) Amount Total Current Balances and/or Face Amounts \$______; list on Schedule I, line 3 Indicate the names of account and note holders and form of title (i.e., joint tenancy (JT), tenancy in common (TC), community property (CP), or separate property (SP)). SCHEDULE D - LIFE INSURANCE AND ANNUITY CONTRACTS Company/Policy # Insured Owner* Beneficiaries Cash Surrender Death Value** Benefit

Total Death Benefits \$_____; list on Schedule I, line 4. Total Policy Loans \$_____; list on Schedule I, Line 9

^{*} List owner(s) names and indicate whether or not purchased with community property funds.

^{**} Also list any policy loans.

SCHEDULE E - EMPLOYEE PENSION, PROFIT SHARING AND 401(K) PLANS List employer provided life insurance on Schedule D.

	Plan #1	Plan #2	Plan #.)
Employer				
Type of Plan				
Participant (Client or Spouse)				
Amount Vested				
Death Benefit				
Beneficiary of Death Benefit				
Has joint/survivor annuity been elected or waived? (y/n)				
Has Summary Plan Description/ Annual Report been received? (y/n)				
Amount of Employee Contributions, if any. (pre-tax/post-tax?)				
Total Death Benefits \$: list on Schedule I, lir	ne 5		
cellaneous Employee Benefits:				
IEDULE F - INDIVIDUAL RETIR				
Bank/Trustee	Account Number	Account Owner*	Beneficiary (ies)	Accoun Balance

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^{*} Indicate whether account includes community property funds.

SCHEDULE G - MISCELLANEOUS ASSETS

Description	Ownership*	Debt Balance	Net Value
Automobiles:			
			-
Furniture and Furnishings			Annual Control of Cont
Jewelry			
Art			
Collections	Address of the Control of the Contro	A-100-10-00-00-00-00-00-00-00-00-00-00-00	N. N. N. C.
Other:			
** List owner(s) names and indicate community property (CP), or sep SCHEDULE H - DEBTS, LIABILITIES AND GUARANTEES General Description (e.g., notes, judgments, etc.)	parate property (SP). Name of	Total /	Amount
and Payment Terms	Obligor		ability
Total Amount of Liabilities: \$; list on Schedule I, l	ine 10		
Have you personally guaranteed any debts (e.g.; for your business, you the guarantee arrangement below on attached sheet.	r children, or others)? If	yes, please provide	e full details of

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SCHEDULE I - ASSET SUMMARY

	Assets		Current Value
1.	Real Estate (Schedule A)		
2.	Stock, Bonds, Business Interests and Options (Schedule I	B)	
3.	Cash Accounts, Certificates of Deposit and Notes Receiv	able (Schedule C)	
4.	Life Insurance and Annuity Contracts (Schedule D)		
5.	Employee Pension, etc. (Schedule E)		
6.	Individual Retirement Accounts (Schedule F)	Management	
7.	Miscellaneous Assets (Schedule G)		
		TOTAL	
	Liabilities		Current Value
8.	Mortgages Payable (Schedule A)		
9.	Insurance Policy Loans (Schedule D)		
10.	Miscellaneous Debts and Liabilities (Schedule H)		
		TOTAL	
		JET CUDDENT ESTATE	

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REMINDER

PLEASE PROVIDE US WITH ORIGINAL OR COPIES OF THE FOLLOWING IF AVAILABLE:

- a. Present Trust and Wills (including amendments and codicils).
- b. Any gift tax returns ever filed, or specific information about gifts.
- c. Personal Financial Statement, if any.
- d. Insurance and Annuity Policies.
- e. Current Statement of employer benefits, deferred compensation plans, stock option plans.
- f. Separation and property agreements and divorce judgments (prior marriages).
- g. Previous estate and financial planning analysis.
- h. Partnership Agreements, Shareholder Agreements, LLC Operating Agreements.
- i. Marital Property Agreements (current marriage).
- j. Copies of deeds to real property in which Client or Spouse owns <u>any</u> interest (outside Santa Clara County).
- k. Copies of written statements regarding pledges of anatomical gifts, desires about life-sustaining procedures or other medical treatment, or desires about burial or other dispositions of remains.
- 1. Information not addressed in the questionnaire that you believe should be taken into consideration.
- m. Please list (on reverse side) any other advisors not listed on the cover page.

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ATTACHMENT 1 ESTATE PLANNING INFORMATION PREVIOUS MARRIAGES

1.	Name of previous spouse:
2.	Marriage was terminated by death/divorce/annulment (circle one).
3.	Spousal support obligation:
	Amount:
	Duration:
4.	Child support obligation:
	Amount:
	Duration:
5.	Do you own property which is subject to conditions or requirements resulting from your marital
	dissolution, so that you do not have complete freedom to dispose of it as you wish? If so, please describe
	or furnish a copy of the relevant court order or agreement.
6.	Provide a copy of any settlement agreement or court judgment.

THE ABOVE INFORMATION SHOULD BE FURNISHED FOR EACH PREVIOUS MARRIAGE. USE ONE ATTACHMENT FOR EACH MARRIAGE.

DUAL REPRESENTATION

In order to ensure that all relevant matters are effectively and efficiently coordinated, it is customary for a husband and wife to employ the same law firm to assist them in the preparation of an estate plan. However, in the course of such dual representation, potential conflicts may arise with respect to the ownership of property (separate or community), and its desired disposition during lifetime and at death. In the case of actual or potential conflicts of interest, legal ethics require attorneys to inform their clients of the potential conflicts, and to obtain their written consent to continue representation of them after such disclosure. This letter describes such potential conflicts and, when signed by you, will constitute your consent to our dual representation of both of you.

During the course of our relationship we will consider each of you to be a client. Normally, the representation of a client by an attorney requires the advancement of the client's interests above all others. However, the representation of each of you can be affected by our desire to develop a coordinated estate plan that serves your joint interests. For example, our preparation of the coordinated estate plan for you may result in (i) either or both of you waiving certain property rights which may exist, (ii) the disclosure of information received by us from one of you to the other, even though you may desire to keep the information confidential, or (iii) our inability to represent either of you in the future, if one of you desires to alter the estate plan unilaterally. Furthermore, dual representation of the two of you in preparing an estate plan may provide an arguable basis to attack the estate plan in the future on the grounds of undue influence.

Although I doubt that it will happen, in the event that conflicts do arise between the two of you of such nature that it is inappropriate in our judgment for us to continue to represent both of you, we will withdraw from further representation of either of you in this matter, and advise each of you to obtain independent counsel. At that time, we will submit our statement for legal services rendered to you up to the date of our withdrawal.

In order for us to represent the two of you, you must also agree that there will be complete and free disclosure and exchange of all information that we receive from either of you in the course of our representation of you. You must also agree that such information will not be confidential between you, regardless of whether we obtain such information in conversation with both of you, or in private conversation with only one of you. Your agreement will include any conversations that may have taken place before the date of this letter. Of course, our communications will remain confidential as to outside parties.