



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**ESTATE PLANNING INITIAL CLIENT QUESTIONNAIRE – SINGLE CLIENT**

Date: \_\_\_\_\_ Referred By (If Applicable): \_\_\_\_\_

ARAG Member and ID (If Applicable): \_\_\_\_\_

**Client (Full Name):** \_\_\_\_\_

Any Additional Names such as Maiden or Nicknames: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residential Address (If different): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Best Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Can we use email to communicate with you and send drafts? Yes  or No

Date and Place of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Employer & Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Are you a U.S. Citizen? Yes  or No  Date of Naturalization (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a 100% rated disabled veteran who was compensated at 100% by the Department of Veterans Affairs or an unmarried surviving spouse of a 100% rated disabled veteran? Yes

Are you Married or engaged to be married? Yes  or No  Explain: \_\_\_\_\_

Do you have a premarital or post-marital agreement of any type? (If yes, please provide a copy.)

Yes  No

Do you now have a written community property agreement? (If yes, please provide a copy.)

Yes  No

Do you anticipate any challenges to your estate plan, or wish to specifically disinherit any relatives?

Yes  No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR MARRIAGES (If Applicable)**

**Prior Marriage(s):**

- 1) Former Spouse's Name: \_\_\_\_\_  
Date of Dissolution: \_\_\_\_\_  
County and State of Dissolution: \_\_\_\_\_
  
- 2) Former Spouse's Name: \_\_\_\_\_  
Date of Dissolution: \_\_\_\_\_  
County and State of Dissolution: \_\_\_\_\_
  
- 3) Former Spouse's Name: \_\_\_\_\_  
Date of Dissolution: \_\_\_\_\_  
County and State of Dissolution: \_\_\_\_\_

**Additional Notes on Marriages:**

---

---

---

---



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**CHILDREN**

**Child #1:** Full Legal Name: \_\_\_\_\_

D/B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parents of Child #1: \_\_\_\_\_

Living  or Deceased  Date of Death (If Applicable): \_\_\_\_\_

**Child #2:** Full Legal Name: \_\_\_\_\_

D/B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parents of Child #2: \_\_\_\_\_

Living  or Deceased  Date of Death (If Applicable): \_\_\_\_\_

**Child #3:** Full Legal Name: \_\_\_\_\_

D/B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parents of Child #3: \_\_\_\_\_

Living  or Deceased  Date of Death (If Applicable): \_\_\_\_\_

**Child #4:** Full Legal Name: \_\_\_\_\_

D/B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parents of Child #4: \_\_\_\_\_

Living  or Deceased  Date of Death (If Applicable): \_\_\_\_\_

**Additional Notes on Children:**

---

---

---



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**GUARDIAN(S) OF MINOR CHILDREN**

**Guardian of the Person for Minor Children (under age 18) – with whom your children will reside if you are deceased:**

**Name #1:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #2:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #3:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #4:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_



**TRUSTEES/EXECUTORS/FINANCIAL AGENTS/  
GUARDIANS OF THE ESTATE FOR MINORS**

**Name #1:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #2:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #3:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #4:** \_\_\_\_\_ Primary  or Alternate   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Do you wish for the same individual(s) listed above to make financial decisions outside of your trust if you are incapacitated?** [The typical answer is “Yes” for continuity] Yes  No



WALNUT CREEK • SACRAMENTO

BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**If your answer is no, who would you like your agent(s) to be to make financial decisions outside of the trust if you are incapacitated?**

**Name #1:** \_\_\_\_\_ Primary  or Alternate

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #2:** \_\_\_\_\_ Primary  or Alternate

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #3:** \_\_\_\_\_ Primary  or Alternate

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**DISTRIBUTION OF ASSETS**

**Specific Gifts (Gifts of Jewelry, Artwork, etc. that are to be given to a specific individual):**

Do you wish to make any specific gifts of money or property to anyone? Yes  No

If yes, please specify below:

**Name of Beneficiary:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Gift (Item or amount): \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Gift (Item or amount): \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Gift (Item or amount): \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Gift (Item or amount): \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Gift (Item or amount): \_\_\_\_\_



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**The Remaining Estate will be divided between the following named persons:**

Children: \_\_\_\_\_

Others: \_\_\_\_\_

Charities: \_\_\_\_\_

In Equal Shares? Yes  No  By Percentage? Yes  No

Specific Value or Dollar Amount? Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like your children or others named above to receive their inheritance right away?

Yes  No

If not, under what circumstances, age(s), or events would you like inheritance to be received?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your beneficiaries have special needs? If so, who? \_\_\_\_\_

What is the nature of the special need(s)? \_\_\_\_\_

Special Instructions or Desires? \_\_\_\_\_

\_\_\_\_\_

**Do you have any special estate and income tax considerations you would like to discuss?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

**AGENT(S) TO MAKE HEALTH CARE DECISIONS IF YOU ARE INCAPACITATED:**

**Name #1:** \_\_\_\_\_ Primary  or Alternate   
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #2:** \_\_\_\_\_ Primary  or Alternate   
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name #3:** \_\_\_\_\_ Primary  or Alternate   
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DONATION OF BODY PARTS AND/OR ORGANS**

Upon my death (choose (a) or (b) or (c), and also (d):

- (a) I do not wish to be an organ donor.
- (b) I give any needed organs, tissues, or parts
- (c) I give only the following organs, tissues, or parts:

\_\_\_\_\_

(d) My gift is for the following purposes:

- Transplant       Therapy       None
- Research       Education

**BURIAL/CREMATION INSTRUCTIONS:** \_\_\_\_\_

**RELIGIOUS BELIEFS TO BE FOLLOWED, IF ANY:** \_\_\_\_\_

\_\_\_\_\_

**END OF LIFE WISHES**

Under what circumstances are machines/mechanical interventions/respirators to be used?

---

---

---

Under what circumstances are machines/mechanical interventions/respirators to be discontinued?

---

---

---

Do you approve of the placement of a feeding tube for short-term or long-term care? If so, under what circumstances should a feeding tube be withdrawn?

---

---

---

Except as I state in the following space, I direct that treatment for alleviation or pain or discomfort be provided at all times, even if it hastens my death:

---

---

---

**OTHER CONSIDERATIONS:**

---

---

---

---



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**ASSET INFORMATION**

**CASH AND BANK ACCOUNTS:**

Amount of cash held at home: \_\_\_\_\_

**Bank Name and Branch:** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

**Bank Name and Branch:** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

**Bank Name and Branch:** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_ Balance: \_\_\_\_\_

**Do you have a Safe Deposit Box?** Yes:  No:

(If yes, where is it located? Please specify below. If more than one, please provide location of each)

Name of Institution \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of owner(s): \_\_\_\_\_

List of Contents: \_\_\_\_\_

[Attach Additional Sheet If Necessary]



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**NON-RETIREMENT INVESTMENTS**

**Stocks, Bonds, Brokerage Accounts:** [Attach recent statement for each account]

**Brokerage Account:** \_\_\_\_\_ Balance: \_\_\_\_\_

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

Stock Broker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

**Brokerage Account:** \_\_\_\_\_ Balance: \_\_\_\_\_

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

Stock Broker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

**Brokerage Account:** \_\_\_\_\_ Balance: \_\_\_\_\_

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

Stock Broker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

**Brokerage Account:** \_\_\_\_\_ Balance: \_\_\_\_\_

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

Stock Broker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

**Stock Certificates Held By Client:** [Attach copy of Certificates]

Company Name: \_\_\_\_\_ No. of Shares: \_\_\_\_ CUSIP \_\_\_\_\_

Company Name: \_\_\_\_\_ No. of Shares: \_\_\_\_ CUSIP \_\_\_\_\_

Company Name: \_\_\_\_\_ No. of Shares: \_\_\_\_ CUSIP \_\_\_\_\_

Company Name: \_\_\_\_\_ No. of Shares: \_\_\_\_ CUSIP \_\_\_\_\_

**Location of Certificates:** \_\_\_\_\_



WALNUT CREEK • SACRAMENTO

BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**RETIREMENT ACCOUNTS/PENSION/IRA/401k/ETC.:**

[Attach recent statement for each account]

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Value: \_\_\_\_\_

Current Beneficiary: 1. \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Value: \_\_\_\_\_

Current Beneficiary: 1. \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Value: \_\_\_\_\_

Current Beneficiary: 1. \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Value: \_\_\_\_\_

Current Beneficiary: 1. \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Value: \_\_\_\_\_

Current Beneficiary: 1. \_\_\_\_\_

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



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

WALNUT CREEK • SACRAMENTO

**REAL PROPERTY:**

[Attach copy of Deeds If Possible]

**Primary Residence**

**Address:** \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Form of Title: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

Names of Occupants: \_\_\_\_\_

**Other Real Property**

**Address #1:** Rental Property? Yes  No

\_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Form of Title: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

Names of Occupants: \_\_\_\_\_

**Address #2:** Rental Property? Yes  No

\_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Form of Title: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

Names of Occupants: \_\_\_\_\_

**Address #3:** Rental Property? Yes  No

\_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Form of Title: \_\_\_\_\_

Percentage Ownership: \_\_\_\_\_

Names of Occupants: \_\_\_\_\_



BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**OTHER ASSETS**

**Promissory Notes – (Money Owed To You)**

Do you hold any Promissory Notes? Yes:  No:

[Attach Copy of Promissory Notes and Deeds of Trust]

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Due: \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Due: \_\_\_\_\_  
 Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Due: \_\_\_\_\_

**Business Interests – (Partnerships/Corporations/LLCs):** [Attach copy of Formation Agreements]

Are You A Partner/Member In Any Partnership, Corporation, or LLC? Yes:  No:

**Company #1:** \_\_\_\_\_ Capitol Investment: \$ \_\_\_\_\_  
 Percentage Ownership: \_\_\_\_\_ Form of Entity (Partnership, Corporation, LLC?): \_\_\_\_\_

**Company #2:** \_\_\_\_\_ Capitol Investment: \$ \_\_\_\_\_  
 Percentage Ownership: \_\_\_\_\_ Form of Entity (Partnership, Corporation, LLC?): \_\_\_\_\_

**Company #3:** \_\_\_\_\_ Capitol Investment: \$ \_\_\_\_\_  
 Percentage Ownership: \_\_\_\_\_ Form of Entity (Partnership, Corporation, LLC?): \_\_\_\_\_



WALNUT CREEK • SACRAMENTO

BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**LIFE INSURANCE:**

**Life Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Broker Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Face Amount:** \_\_\_\_\_ **Term**  **Whole Life**  **Universal**

**Owner:** \_\_\_\_\_

**Beneficiary(s):** \_\_\_\_\_

**Life Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Broker Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Face Amount:** \_\_\_\_\_ **Term**  **Whole Life**  **Universal**

**Owner:** \_\_\_\_\_

**Beneficiary(s):** \_\_\_\_\_

**Life Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Broker Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Face Amount:** \_\_\_\_\_ **Term**  **Whole Life**  **Universal**

**Owner:** \_\_\_\_\_

**Beneficiary(s):** \_\_\_\_\_





BOLD, POLISNER,  
MADDOW, NELSON  
& JUDSON

**Furniture, Furnishing, Jewelry and Other Items of Value:** [Attach copy of Appraisals]

List Special Value Items:

---

---

---

**AUTOMOBILES**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ VIN: \_\_\_\_\_

**Other Assets of Value:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Other Notes?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_