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Certified Specialist, Estate Planning, Trust and Probate Law, The State Bar of California Board of Legal Specialization

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE  
FOR DOMESTIC PARTNERS**

Date: \_\_\_\_\_

Please print or write legibly the following information. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank. Please bring this questionnaire with you, or mail it to me. Please bring to our appointment, copies of relevant deeds, insurance policies, divorce/dissolution judgments, marital agreements, etc.

**Home address:** \_\_\_\_\_

**Telephone Nos.:** Home \_\_\_\_\_

Partner #1 Cell \_\_\_\_\_

Partner #2 Cell \_\_\_\_\_

**INFORMATION ON PARTNER #1**

**Full Legal Name (first, middle, last):** \_\_\_\_\_

**Name as you prefer to sign:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Business name, address and telephone:** \_\_\_\_\_

\_\_\_\_\_

**Date and place of birth:** \_\_\_\_\_

**Social security number:** \_\_\_\_\_

**Are you a U.S. citizen?** Yes \_\_\_ No \_\_\_ **If no, what nationality?** \_\_\_\_\_

**Date you came to California:** \_\_\_\_\_

**Are you registered with the California Secretary of State?** Yes \_\_\_ No \_\_\_

**Are you married?** Yes \_\_\_ No \_\_\_

**If yes, Date and Place of Marriage:** \_\_\_\_\_

**Children of Partner #1:**

(Child 1) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

(Child 2) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

(Child 3) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

**If you have any deceased children, please list below:**

<u>Name</u>	<u>Date of Death</u>	<u>Names of deceased child's children</u>
_____	_____	_____
_____	_____	_____

**Names and address of parents (if living):**

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

**Do you have any support obligation to your parents?** \_\_\_\_\_

**Names and addresses of brothers and sisters (if living):**

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

**List amount of any gifts or inheritances you expect to receive from parents and others, describing from whom and approximate amount:**

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

**Describe any beneficial interests you have in a trust established by some other person; describe any powers you have to designate who receives irrevocable trust property at your death:**

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

**If you are a custodian of property (under the California Uniform Transfers and Minors Act or otherwise), or a trustee of property for the benefit of your children or others, please describe:**

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

**List any gift tax returns you have filed:**

<u>Year</u>	<u>Amount of Exemption used</u>
_____	_____
_____	_____
_____	_____

**INFORMATION ON PARTNER #2**

**Full Legal Name (first, middle, last):** \_\_\_\_\_

**Name as you prefer to sign:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Business name, address and telephone:** \_\_\_\_\_

\_\_\_\_\_

**Date and place of birth:** \_\_\_\_\_

**Social security number:** \_\_\_\_\_

**Are you a U.S. citizen?** Yes \_\_\_ No \_\_\_ **If no, what nationality?** \_\_\_\_\_

**Date you came to California:** \_\_\_\_\_

**Children of Partner #2:**

(Child 1) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

(Child 2) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

(Child 3) Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

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

**If you have any deceased children, please list below:**

<u>Name</u>	<u>Date of Death</u>	<u>Names of deceased child's children</u>
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_____	_____	_____
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_____	_____	_____
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**Names and address of parents (if living):**

\_\_\_\_\_

\_\_\_\_\_

**Do you have any support obligation to your parents?** \_\_\_\_\_

**Names and addresses of brothers and sisters (if living):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List amount of any gifts or inheritances you expect to receive from parents and others, describing from whom and approximate amount:**

\_\_\_\_\_

\_\_\_\_\_

**Describe any beneficial interests you have in a trust established by some other person; describe any powers you have to designate who receives irrevocable trust property at your death:**

\_\_\_\_\_

\_\_\_\_\_

**If you are a custodian of property (under the California Uniform Transfers and Minors Act or otherwise), or a trustee of property for the benefit of your children or others, please describe:**

List any gift tax returns you have filed:

<u>Year</u>	<u>Amount of Exemption used</u>
_____	_____
_____	_____
_____	_____

**MISCELLANEOUS INFORMATION.**

- a. Have you signed any property agreements? Yes \_\_\_ No \_\_\_

If yes, please bring them with you to our appointment.

- b. If you have a safe deposit box, give name and address of bank and persons who have access: \_\_\_\_\_

- c. Have you signed a buy/sell agreement concerning any business interests? Yes \_\_\_ No \_\_\_ If yes, please bring it with you to our appointment.

If yes, please bring it with you to our appointment.

- d. If you have a Will and/or Trust presently in existence, please send them to Mr. Vollmer or bring them with you to our appointment.

Use space below to include information that does not fit in the previous portion of this Questionnaire.

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**Confidential Asset List**  
As of \_\_\_\_\_ (Date)

1. **Real estate:** For each parcel, please list:

Property address Lender name & address Loan number	Property type	Fair Market Value	Loan amount	Record title
<b>EXAMPLE:</b>				
123 Main Street, Orange, CA Loan Number: #66-123-4567	personal residence? rental?  Business Property?	\$350,000	\$150,000	joint tenancy?  Tenants in common?  other?
_____ _____ _____ _____ _____ _____				
_____ _____ _____ _____ _____ _____				
_____ _____ _____ _____ _____ _____				

2. **Promissory notes owed to you**

Name of person who owes you \$	Secured? (Yes or No)	Amount owed to you	How is title held?

3. **Publicly Traded Securities** (stocks, bonds, mutual funds)

Name of corporation or partnership	Value	Loans outstanding	How is title held?

4. **Private (closely held) business interests** (partnerships, LLC's, sole proprietorships)

Name of entity	Value of your interest	Is there a buy-sell agreement?	How is title held?

5. **Employee Benefits** (pension plan, profit sharing plan, IRA, 401(k), 403(b), etc.)

Employer	Type of plan (Pension/Profit Sharing/IRA/401K)	Name of employee	Name of beneficiary	Present value

6. **Cash/cash equivalents** (checking accounts; certificates of deposit, money market accounts, etc.)

Name of institution	Type of account	How is title held?	Amount

7. **Automobiles, boats and other vehicles**

Year	Make	Present value	Loans owed	How is title held?

8. **Furniture, furnishings, jewelry collections, etc.**

General description	Value

9. **Life insurance policies**

Name of company	Policy number	Name of insured	Name of owner	Name of beneficiary	Face value	Loans owed

10. **Other assets**

Description	Value

11. **Liabilities not shown above**

Description	Amount owed