

## CHARITABLE PLANNING QUESTIONNAIRE

*Instructions:*

- (1) *By completing this form, you authorize the Law Office of Nicole A. Davidson to prepare an illustration of the potential income and tax benefits you could realize from a charitable trust.*
- (2) *Your responses are confidential and will not be shared with any third parties, except as you authorize.*
- (3) *Neither this questionnaire, nor any illustrations furnished to you, shall be deemed to create an attorney-client relationship. An attorney-client relationship is formed only by a separate written agreement.*
- (4) *Under no circumstance shall any written communications from the Law Office of Nicole A. Davidson be considered a 'more likely than not' tax opinion. (IRS rules may require that such communications be lengthy formal tax opinions, which are much more expensive to produce, or include a disclaimer that you cannot rely on communications to avoid tax penalties).*

### A. CLIENT'S INFORMATION

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
3. Full (Previous) Name(s): \_\_\_\_\_
4. Principal Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Birthdate: \_\_ / \_\_ / \_\_\_\_\_ Age: \_\_ Birthplace: \_\_\_\_\_
6. Citizenship: \_\_\_\_\_ U.S. immigration status: \_\_\_\_\_
7. Are you now married? (If so, complete Part B.) \_\_\_\_\_  
If not, do you plan to marry in the near future? (If so, complete Parts B.) \_\_\_\_\_
8. Have you ever had children? (If so, complete Part C.) \_\_\_\_\_  
If not, do you plan to have any children? \_\_\_\_\_
9. Total taxable gifts made to date: \$ \_\_\_\_\_
10. Unified estate and gift tax credit used: \$ \_\_\_\_\_
11. Generation-skipping transfer tax exemption used: \$ \_\_\_\_\_  
California property tax parent/child exemption used for transfers of real property other than principal residence: \$ \_\_\_\_\_
12. Date of current will: \_\_ / \_\_ / \_\_\_\_\_ Date of last codicil: \_\_ / \_\_ / \_\_\_\_\_
13. Date of revocable trust: \_\_ / \_\_ / \_\_\_\_\_ Last restated/amended: \_\_ / \_\_ / \_\_\_\_\_
14. Does anyone currently hold your power of attorney? \_\_\_\_\_  
Durable Power of Attorney for Property Matters:  
Attorney-in-fact: \_\_\_\_\_  
Date power granted: \_\_ / \_\_ / \_\_\_\_\_ Expiration date: \_\_ / \_\_ / \_\_\_\_\_  
Advance Health Care Directive:  
Attorney-in-fact: \_\_\_\_\_  
Date power granted: \_\_ / \_\_ / \_\_\_\_\_ Expiration date: \_\_ / \_\_ / \_\_\_\_\_
15. Location of original instrument(s): \_\_\_\_\_

**B. SPOUSE'S INFORMATION**

- 16. Name: \_\_\_\_\_
- 17. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
- 18. Full (Previous) Name(s): \_\_\_\_\_
- 19. Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_
- 20. Birthdate: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_ Birthplace: \_\_\_\_\_
- 21. Citizenship: \_\_\_\_\_ U.S. immigration status: \_\_\_\_\_
- 22. Have you ever had children? (If so, complete Part C.) \_\_\_\_\_
- 23. Total taxable gifts made to date: \$ \_\_\_\_\_
- 24. Unified estate and gift tax credit used: \$ \_\_\_\_\_
- 25. Generation-skipping transfer tax exemption used: \$ \_\_\_\_\_  
California property tax parent/child exemption used for transfers of real property other than principal residence: \$ \_\_\_\_\_
- 26. Date of current will: \_\_/\_\_/\_\_\_\_ Date of last codicil: \_\_/\_\_/\_\_\_\_
- 27. Date of revocable trust: \_\_/\_\_/\_\_\_\_ Last restated/amended: \_\_/\_\_/\_\_\_\_
- 28. Does anyone currently hold your power of attorney? \_\_\_\_\_  
Durable Power of Attorney for Property Matters:  
Attorney-in-fact: \_\_\_\_\_  
Date power granted: \_\_/\_\_/\_\_\_\_ Expiration date: \_\_/\_\_/\_\_\_\_  
Advance Health Care Directive:  
Attorney-in-fact: \_\_\_\_\_  
Date power granted: \_\_/\_\_/\_\_\_\_ Expiration date: \_\_/\_\_/\_\_\_\_

**C. CHILDREN AND GRANDCHILDREN**

List children and grandchildren, whether living or not. If a child or grandchild is married, list the spouse's name in brackets next to the child's or grandchild's name. If a child passed away, include his/her name in parentheses. If a deceased child/grandchild has a surviving spouse, list spouse's name and address in brackets. You may attach additional pages as needed.

- 29. Children and grandchildren (if by one spouse only, include H for husband / W for wife):  
Name: \_\_\_\_\_  
Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_
- Name: \_\_\_\_\_  
Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_
- Name: \_\_\_\_\_  
Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_

**D. CHARITABLE TRUST SPECIFICS**

30. Donor

- a. Name(s): \_\_\_\_\_
- b. Adjusted gross income (AGI): \_\_\_\_\_
- c. Tax brackets (combined marginal state and federal)
  - 1. Ordinary income tax: \_\_\_\_\_%
  - 2. Capital gains tax: \_\_\_\_\_%
- c. Current net estate: \_\_\_\_\_
- d. After-tax growth rate for estate assets: \_\_\_\_\_

31. Asset(s) that will be donated (attach additional pages as required)

- a. Describe: \_\_\_\_\_
- b. Fair market value: \_\_\_\_\_
- c. Date of last certified appraisal: \_\_\_\_\_
- d. Adjusted cost basis: \_\_\_\_\_
- e. Annual income generated by the asset: \_\_\_\_\_
- f. Proposed date of transfer: \_\_\_\_\_

32. Income Beneficiaries

- a. Name(s): \_\_\_\_\_
- b. Birth date of beneficiary (if other than client/spouse): \_\_\_\_\_
- c. Duration of income payments (1 life, 2 lives, term up to 20 years): \_\_\_\_\_

33. Charity(ies) you wish to benefit:

- a. Name: \_\_\_\_\_  
Purpose (if restricted): \_\_\_\_\_  
Percentage: \_\_\_\_%
- b. Name: \_\_\_\_\_  
Purpose (if restricted): \_\_\_\_\_  
Percentage: \_\_\_\_%
- c. Name: \_\_\_\_\_  
Purpose (if restricted): \_\_\_\_\_  
Percentage: \_\_\_\_%

34. Initial Trustee

- |                |                     |
|----------------|---------------------|
| Name: _____    | Relationship: _____ |
| Address: _____ | Phone: _____        |
| _____          | _____               |

35. Successor Trustees (in order of preference):

- |                |                     |
|----------------|---------------------|
| a. Name: _____ | Relationship: _____ |
| Address: _____ | Phone: _____        |
| _____          | _____               |
| b. Name: _____ | Relationship: _____ |
| Address: _____ | Phone: _____        |
| _____          | _____               |
| c. Name: _____ | Relationship: _____ |
| Address: _____ | Phone: _____        |
| _____          | _____               |

**E. FINANCIAL GOALS (RANK IN ORDER OF PRIORITY: 1 = LOW, 3 = MEDIUM, 5 = HIGH)**

- 36. Increase current income \_\_\_\_\_ (or increase retirement income in \_\_\_\_\_ years)
- 37. Provide income to another \_\_\_\_\_
- 38. Diversify sources of income \_\_\_\_\_
- 39. Generate income tax deduction \_\_\_\_\_
- 40. Bypass capital gain \_\_\_\_\_
- 41. Estate tax reduction \_\_\_\_\_
- 42. Provide benefit to charity \_\_\_\_\_