

LAW OFFICES OF  
**BENJAMIN KOO & ASSOCIATES**

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**ESTATE PLANNING QUESTIONNAIRE (상속계획질문서)**

Date \_\_\_\_\_, \_\_\_\_\_

Please use n/a to indicate not applicable. 본인과 해당사항이 아니면 N/A로 표시해 주시면 됩니다.

**GENERAL INFORMATION**

**CLIENT 1 본인**

**Full name 영문이름:** \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth 생일:** \_\_\_\_\_

**Place of Birth 출생장소:** \_\_\_\_\_

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

**Are you a United States citizen?** [ ] Yes [ ] No

미국 시민권자 이십니까?

If no, country of citizenship: \_\_\_\_\_

**CLIENT 2 [SPOUSE OF CLIENT 1] 배우자**

**Full name:** \_\_\_\_\_

Any other name(s) used: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

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

**Are you a United States citizen?** [ ] Yes [ ] No

If no, country of citizenship: \_\_\_\_\_

**Date and Place of Marriage** 결혼한 날짜와 장소: \_\_\_\_\_

Location of Marriage Certificate 결혼증명서의 장소: \_\_\_\_\_

**ADDRESS AND TELEPHONE INFORMATION:** 주소와 전화번호

**Home telephone number** 집 전화번호: \_\_\_\_\_

**Business telephone number** 근무처의 전화번호:

Client 1 본인: \_\_\_\_\_

Client 2 배우자: \_\_\_\_\_

**Permanent residence** 주소:

Address 주소: \_\_\_\_\_

Own or rent? 임대 혹은 소유 \_\_\_\_\_

How long have you resided there? 여기에 얼마나 사셨나요? \_\_\_\_\_

**PRIOR MARRIAGE(S) 이전의 결혼관계**

**CLIENT 1: 본인**

**Name of Former Spouse** 전 배우자의 영문이름: \_\_\_\_\_

**Date and Place of Prior Marriage** 전 결혼의 날짜와 장소: \_\_\_\_\_

If marriage ended by divorce, list date and location of judgment papers: 이혼한 날짜와 장소

\_\_\_\_\_

If marriage ended by death, list date and location of death certificate: 사망진단서의 날짜와 장소

\_\_\_\_\_

**CLIENT 2: 배우자**

**Name of Former Spouse:** \_\_\_\_\_

**Date and Place of Prior Marriage:** \_\_\_\_\_

If marriage ended by divorce, list date and location of judgment papers:

\_\_\_\_\_

If marriage ended by death, list date and location of death certificate:

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**CHILDREN AND OTHER RELATIVES 자녀와 기타 친척**

**LIVING CHILDREN AND GRANDCHILDREN 살아있는 자녀와 손자손녀**

**Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:**

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

**Children of Existing Marriage: 현재 부부의 자녀**

1. Full name 영문이름: \_\_\_\_\_

Address 주소: \_\_\_\_\_

Date of birth 생일: \_\_\_\_\_

Gender: 성별 [ ] Male 남 [ ] Female 여

Name of spouse (if any) 자녀의 배우자의 영문이름: \_\_\_\_\_

Name(s) of children (if any) 자녀의 자녀의 이름: \_\_\_\_\_

Other information requested above (if any) 기타 특이사항: \_\_\_\_\_

\_\_\_\_\_

2. Full name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Gender: [ ] Male [ ] Female

Name of spouse (if any): \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

\_\_\_\_\_

3. Full name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Gender:  Male  Female

Name of spouse (if any): \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

\_\_\_\_\_

### Children of Prior Marriage(s): 전 결혼의 자녀

#### Client 1: 본인의 경우

1. Full name 영문이름: \_\_\_\_\_

Address 현주소: \_\_\_\_\_

Date of birth 생년월일: \_\_\_\_\_

Gender 성별:  Male 남  Female 여

Name of spouse (if any) 자녀의 배우자 이름: \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

\_\_\_\_\_

2. Full name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Gender:  Male  Female

Name of spouse (if any): \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

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**Client 2: 배우자**

1. Full name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Gender:  Male  Female

Name of spouse (if any): \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

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2. Full name: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Gender:  Male  Female

Name of spouse (if any): \_\_\_\_\_

Name(s) of children (if any): \_\_\_\_\_

Other information requested above (if any): \_\_\_\_\_

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**DECEASED CHILDREN 사망한 자녀**

**Client 1: 본인**

Childs Full Name 사망한 자녀의 영문성명: \_\_\_\_\_

Date of death 사망일: \_\_\_\_\_

Spouses Name 배우자의 이름: \_\_\_\_\_

Address 주소: \_\_\_\_\_

Any living issue of this child? 이 자녀에게 후손은 있었습니까? [ ] Yes [ ] No

Name of grandchild 손자의 이름: \_\_\_\_\_ Date of birth 생년월일: \_\_\_\_\_

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Client 2: 배우자**

Childs Full Name: \_\_\_\_\_

Date of death: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

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

Any living issue of this child? [ ] Yes [ ] No

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of grandchild: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**INFORMATION REGARDING IMPORTANT DOCUMENTS 중요서류관계 정보**

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put ``n/a" next to it.

**ESTATE PLANNING DOCUMENTS**

**Document 서류이름**

**Location 보관장소**

WILL 유언장

[ ] Yes [ ] No \_\_\_\_\_

If yes, please provide me with a copy. 있으시면 Copy를 주시기 바랍니다.

TRUST 트러스트 (신탁)

[ ] Yes [ ] No \_\_\_\_\_

If yes, please provide me with a copy.

DURABLE POWER OF ATTORNEY  
FOR ASSET MANAGEMENT

[ ] Yes [ ] No \_\_\_\_\_

If yes, please provide me with a copy.

POWER OF ATTORNEY FOR  
HEALTH CARE (ADVANCE DIRECTIVE),  
DIRECTIVE TO PHYSICIAN and/or LIVING WILL

[ ] Yes [ ] No \_\_\_\_\_

If yes, please provide me with a copy.

If any powers of attorney have been granted by you to another:

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

Holder of power: \_\_\_\_\_

State where executed: \_\_\_\_\_

Special powers granted or withheld: \_\_\_\_\_

Location of original(s): \_\_\_\_\_

Number of originals executed: \_\_\_\_\_

**OTHER DEATH-RELATED DOCUMENTS 기타 사망관련서류**

**Document**

**Location**

FUNERAL AND BURIAL

ARRANGEMENTS 장의사 \_\_\_\_\_

CEMETERY PLOT and DEED TO

PLOT 묘지 \_\_\_\_\_

ORGAN DONATION DIRECTIONS 장기증여서류 \_\_\_\_\_

**PERSONAL DOCUMENTS 개인적인 서류**

**Document**

**Location**

BIRTH CERTIFICATE 출생증명서 \_\_\_\_\_

MARRIAGE CERTIFICATE 결혼 증명서 \_\_\_\_\_

DIVORCE DECREE 이혼 증서 \_\_\_\_\_

PREMARITAL AGREEMENTS 혼전계약

(please provide me with copies) \_\_\_\_\_

COMMUNITY PROPERTY

AGREEMENT(S) (please provide me  
with copies) \_\_\_\_\_

MARITAL PROPERTY

AGREEMENT(S) (please provide me  
with copies) \_\_\_\_\_

NATURALIZATION OR

CITIZENSHIP DOCUMENTS 시민권서류 \_\_\_\_\_

PASSPORT 여권 \_\_\_\_\_

YOUR CHILDREN'S BIRTH  
CERTIFICATES 자녀의 출생증명서 \_\_\_\_\_

YOUR CHILDREN'S ADOPTION  
PAPERS 입양아의 입양서류 \_\_\_\_\_

**TAX RETURNS 세금보고서**

**Location**

COPIES OF INCOME TAX  
RETURNS \_\_\_\_\_

COPIES OF GIFT TAX RETURNS \_\_\_\_\_

**ASSET AND LIABILITY RELATED DOCUMENTS**

**Location**

BROKERAGE STATEMENTS \_\_\_\_\_

STOCK CERTIFICATES AND BONDS 주식과 채권  
(not held in a brokerage acct) \_\_\_\_\_

DEED TO RESIDENCE and/or  
VACATION HOME 집문서 \_\_\_\_\_

LEASE TO RESIDENCE 임대계약서 \_\_\_\_\_

CREDIT CARD INFORMATION  
LIST (issuers and account numbers) \_\_\_\_\_

**INSURANCE POLICIES 보험증서**

**Location**

LIFE INSURANCE POLICIES 생명보험 \_\_\_\_\_

PROPERTY INSURANCE POLICIES \_\_\_\_\_

DISABILITY INSURANCE POLICY \_\_\_\_\_

**DISTRIBUTION OF YOUR ESTATE 유산의 분배**

**EXECUTORS: 유산관리 집행인**

In order of preference, please list the full names, relationships and address of your Executors: 집행인으로 원하시는 순서에 따라 영문이름, 관계, 주소를 적어주시면 됩니다.

Your spouse first 배우자를 우선으로 하시겠습니까?: [ ] Yes [ ] No

1. Name 영문이름: \_\_\_\_\_  
Relationship 관계: \_\_\_\_\_  
Address 주소: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**TRUSTEES: 수탁자**

In order of preference, please list the full names, relationships and address of your Trustees:

Same as above 위의 내용과 동일 합니까? : [ ] Yes [ ] No

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

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**GUARDIANS OF MINOR CHILDREN: 미성년 자녀의 후견인**

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT 재산관리의 위임장**

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated): 본인이 재산관리를 하지 못하게 되었을 경우 대신 관리를 할 수 있는 대리인의 성명, 관계, 주소를 적으시면 됩니다.

Same as Executors:      Yes        No  
유산관리 집행인과 동일합니까?  
If no, Spouse First:      Yes        No  
동일하지 않다면 배우자를 우선으로 하시겠습니까?

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

\_\_\_\_\_

3. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

### **DURABLE POWER OF ATTORNEY, HEALTH CARE 의료관계 위임장**

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated): 본인이 본인의 건강문제에 관하여 직접 결정할 능력을 상실할 경우 대신 결정을 해줄 수 있는 대리인의 이름, 관계, 주소를 적어주시면 됩니다.

Same as Executors:  Yes  No

유산관리 집행인과 동일합니까?

If no, Spouse First:  Yes  No

동일하지 않다면 배우자를 우선으로 하시겠습니까?

1. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

3. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

### **HEALTH/SPECIAL NEEDS 의료 및 기타 필요사항**

Do either you or your spouse have health concerns?  Yes  No

본인이나 배우자가 건강문제에 특이할 만한 사항이 있으십니까?

If yes, please explain: 있으시면 설명 \_\_\_\_\_

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Do any of your children have special needs you would like to address in your estate plan? 유산상속계획에 밝히기  
원하시는 자녀들에 관한 특이사항이 있으십니까? [ ] Yes [ ] No

If yes, please explain: 있으시면, 설명 \_\_\_\_\_

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**DISINHERITANCE 상속에서 특정인을 제외시키기를 원하시는 경우**

Do you wish to specifically disinherit an individual or group of people? 특정인이나 특정 집단을 유산상속에서  
제외시키기를 원하십니까?  
[ ] Yes [ ] No

If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:  
그러시다면, 영문이름, 관계, 주소와 간단히 설명해 주시기 바랍니다.

1. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

**DISTRIBUTION OF PROPERTY ON DEATH 유고시 재산의 분배**

**In General 일반적인 분배**

What is your desired disposition of your property on your death and/or your spouses death?

본인의 사망시 원하시는 재산분배

If married: 결혼하신 경우

All to your spouse on death  Yes  No

사망시 모두 배우자에게 넘기시기를 원하십니까?

To your children in equal shares on your spouses death 배우자의 사망시 자녀들에게 동일하게

나누어 주기를 원하십니까?  Yes  No

If not married: 현재 결혼하지 않으신 경우

To your children in equal shares  Yes  No

자녀들에게 동일하게 나누어 주기를 원하십니까?

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses. 위의 경우가 아니라면, 누구에게 각각 어떻게 나누기를 원하시는지 아래에 적어주시기 바랍니다.

1. Name 영문이름: \_\_\_\_\_

Address 주소: \_\_\_\_\_

\_\_\_\_\_

Proportion 분배비율: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

\_\_\_\_\_

Proportion: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

\_\_\_\_\_

Proportion: \_\_\_\_\_

**Childrens Ages and Shares for Distributions 자녀들의 연령과 분배비율**

When should your children receive their distributions? 자녀들이 언제 유산분배를 받기를 원하십니까?

Outright on your death: 본인의 사망시 즉시  Yes  No

Outright on your spouses death: 배우자의 사망시 즉시

[ ] Yes [ ] No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s): 즉시 유산분배가 이루어 지지 않기를 바란다면 아래의 예를 참고하여 구체적으로 적어 주시기 바랍니다.

EXAMPLE:

Name of Child: Jane Alexandra Smith

\_\_\_\_\_ age 21 \_\_\_\_\_ 1/4 of share

\_\_\_\_\_ age 24 \_\_\_\_\_ 1/2 of share

\_\_\_\_\_ age 30 \_\_\_\_\_ Remainder of share

Age 연령

Fractional or % Interest of Share 분배비율

Name of Child: 자녀의 이름 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a child or children or yours predecease you: 자녀가 먼저 사망하는 경우

Would you like their issue (your grandchildren) to receive their distribution?

자녀의 후손(본인의 손자)가 분배를 받기를 원하십니까?

[ ] Yes [ ] No

If yes, at same ages listed above?

만일 그러시다면 위의 연령에 따른 분배와 동일합니까?

[ ] Yes [ ] No

**Simultaneous Death 동시에 사망하는 경우**

Desired disposition of estate in the event client, spouse and issue die simultaneously: 본인과 배우자 및 모든 후손이 동시에 사망하는 경우의 유산분배 순서는?

EXAMPLES:	1)	Your heirs (determined by California law)
	2)	Specific named individuals (other than your heirs generally)
	3)	A specific charity (Red Cross, Boys Town, Girl Scouts)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Specific Bequests 특정 품목의 유산증여**

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individuals issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples: 아래의 예와 마찬가지로 특정품목을 특정인에게 상속하고 싶으신 경우에는 그 품목과 누구에게 주고 싶으신지를 적어 주시면 됩니다. 그 특정인이 살아있지 않다면 다시 누구에게 주고 싶으신지도 밝히시는 것이 필요합니다.

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.
- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_

**KEY ADVISORS 본인의 주요 상담자들**

**Accountant: 회계사**

Name and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

**Stockbrokers/Investment Advisors: 증권 브로커, 투자 상담가**

Name and address: \_\_\_\_\_  
\_\_\_\_\_

Institution: 회사이름 \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name and address: \_\_\_\_\_  
\_\_\_\_\_

Institution: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Insurance Agents: 보험대리인**

Name and address: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of insurance coverage: 보험의 종류 \_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

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

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of insurance coverage: 보험의 종류 \_\_\_\_\_

**Pension Plan Administrator: 은퇴연금관리인**

Name and address of plan: 은퇴연금의 이름과 주소 \_\_\_\_\_

Name of contact person: 담당자의 이름 \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Account number(s): 계좌번호 \_\_\_\_\_

**Doctor: 담당의사**

Name and address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

**SAFETY DEPOSIT BOXES**

1. Name and address of bank: 은행의 이름과 주소 \_\_\_\_\_

\_\_\_\_\_

Full name(s) of person(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_

2. Name and address of bank: \_\_\_\_\_

\_\_\_\_\_

Full name(s) of person(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_

3. Name and address of bank: \_\_\_\_\_

\_\_\_\_\_

Full name(s) of person(s) entitled to access: \_\_\_\_\_

\_\_\_\_\_