

Client Information Worksheet Estate Planning

ALL INFORMATION GIVEN IN THIS WORKSHEET IS CONFIDENTIAL. ANY INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE BY TIMOTHY WHITE AND HIS SCHEDULING SECRETARY.

THIS INFORMATION WORKSHEET ASSISTS IN CREATING AN ESTATE PLAN THAT IS TAILORED TO YOUR NEEDS. PLEASE INDICATE 'N/A' IF THE QUESTION DOES NOT PERTAIN TO YOUR SITUATION.

COMPLETED FORMS SHOULD BE RETURNED PRIOR TO THE INITIAL CONSULTATION TO ENSURE ADEQUATE TIME FOR REVIEW AND TO ENSURE THAT THE CONSULTATION HAS SUBSTANTIVE VALUE.

PERSONAL INFORMATION

| Client's Name On ID: | | | | | | |
|---|----------------------------|----------|-----------------------|----------|----------------------|--------------------------|
| On Birth Certificate: | | | | | | |
| Also Known As | | | | | | |
| Prefer to be called | Birth Date | | SS# | U | S Citize | en? |
| Home Address | City | | State | ; | Zip | |
| ГеlephoneE | mail | | Is it ok to | addyou | to our | email list? |
| Employer | | Position | | | | |
| Business Address | | City | State | e | Zip_ | |
| | | | | | | |
| Married Date of Marriage | 2 |] | Divorced | Widow | ed | Single |
| Married Date of Marriago | e |] | Divorced | Widow | /ed | Single |
| Married Date of Marriago Spouse's Name on ID | | | | | | |
| Spouse's Name on ID | | | | | | |
| Spouse's Name on ID | | | | | | |
| Spouse's Name on ID On Birth Certificate | | | | | | |
| Spouse's Name on ID On Birth Certificate Prefer to be called | Birth Date | | SS# | U | S Citizo | en? Y/N |
| Spouse's Name on ID On Birth Certificate Prefer to be called Home Address | Birth Date City | | SS# State | U | S Citizo Zip | en? Y/N |
| | Birth Date City mail | | SS# State Is it ok | U | S Citize Zip ou to o | en? Y/N ur email list |

CHILDREN OR OTHER FAMILY MEMBERS

| Name | | Birth Date | Parent or Relationship |
|----------------------|------|------------|------------------------|
| 1 | | | |
| Comments: | | | |
| 2 | | | |
| Comments: | | | |
| 3 | | | |
| Comments: | | | |
| 4 | | | |
| Comments: | | | |
| 5 | | | |
| Comments: | | | |
| 6 | | | |
| Comments: | | | |
| | | ADVISORS | |
| | Name | | Telephone |
| Personal Attorney | | | |
| Accountant | | | |
| Financial Advisor | | | |
| Life Insurance Agent | | | |

FAMILY QUESTIONS

N

N

| 1. Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? Y Please list: |
|--|
| 2. Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Y Please furnish a copy |
| 3. If married have you and your spouse signed a pre- or post-marriage contract? Y Please furnish a copy |
| 4. Have you (or your spouse) been widowed? Y N If a federal estate tax return or a state death tax return was filed, please furnish a copy |
| 5. Have you (or your spouse) ever filed a federal or state gift tax return? Y Please furnish a copy |
| 6. Have you (or your spouse) completed previous wills, trusts, durable power of attorneys, or other estate planning? Y N Please furnish copies of these documents |
| 7. Do you support any charitable organizations you wish to make a provision for at death? Y Please list: |
| 8. If married, have you lived in any of the following states while married to each other? Y N Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin |
| 9. Are you (or your spouse) currently beneficiaries of anyone else's trust? Y Please explain: |
| 10. Do you (or your spouse) anticipate receiving any gifts or inheritances in the near future? Y |
| 11. Do any of your children have special educational, medical, or physical needs? Y N |
| 12. Do any of your children receive governmental support or benefits? Y N |
| 13. Do you provide primary or other major financial support to adult children or others? Y N |

ASSETS

| General Description and/or Address | Owner | Market Value | Loan Balance |
|---|---------------------|---------------------------------|---------------------|
| B. Furniture and Personal Effects: List | separately only mai | Total or personal effects such | as iewelry. |
| collections, antiques, furs, and all other va | | - | • |
| and give a lump sum value for each): Type or Description | | Owner | Market Value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total | |
| C. Automobiles, Boats, and RVs: | | | |
| General Description | Owner | Market Value | Loan Balance |
| | | | |
| | | | |

| Name of Institution ar | nd Account # | Type | Owner | Amount |
|---|---------------------|-----------------------|------------------------------|-----------|
| E. Stocks and Bonds: together under each acc | • | ls you own (if held i | Total n a brokerage account | lump them |
| Description | Туре | Acct. # | Owner | Amount |
| | | | | |
| | | | | |
| | | | Total | |
| F. Life Insurance Police Additional Information who owns the policy, co | n: Insurance compar | ny, type, face amoun | at (death benefit), who | |
| | | | | |
| G. Retirement Plans: Describe the type of pla | | | | |
| | | | | |
| | | | Total | |

| H. Business Interests: corporations, professior Give a description of th value of the interests: | nal corporations, oil in | nterests, farm and ranc | h interest. Additio | nal Information: |
|--|--------------------------|-------------------------|---------------------------|--------------------|
| I. Money Owed to You | ı: Mortgages or prom | issory notes payable to | Total o you, or other mon | eys owed to you: |
| Name of Debtor | Date of Note | Maturity Date | Owed to | Balance |
| | | | Total | |
| J. Anticipated Inherita at some time in the futu Description | re; or moneys that you | u anticipate receiving | through a lawsuit: | • |
| | | | estimated value | |
| K. Digital Assets: Onli services: | ne accounts including | social media, social r | networks, email and | other online |
| Description | | Owner | | |
| | | | | |
| L. Other Assets: Other | property is any prope | erty that you have that | does not fit into an | y listed category: |
| Description | | Owner | | Value |

SUMMARY OF ASSET VALUES

| Assets | Amount | | |
|--------------------------------|----------|----------|--------------------|
| | Spouse 1 | Spouse 2 | Total Value |
| Real Property | | | |
| Furniture and Personal Effects | | | |
| Automobiles, Boats, and RVs | | | |
| Stocks and Bonds | | | |
| Life Insurance and Annuities | | | |
| Retirement Plans | | | |
| Business Interests | | | |
| Money owed to you | | | |
| Anticipated Inheritance | | | |
| Other Assets | | | |
| | | | |
| | | | |
| Total Assets: | | | |

DISTRIBUTION OF ASSETS AND INSTRUCTIONS TO AGENTS

| Most people have a general idea of what they wish to do with their assets when they pass away. What is your intended plan for the distribution of your assets (primary beneficiaries): |
|--|
| Do you want to give any specific items to specific people? (% or \$, name, relationship): |
| If the people who you want to get your assets are not alive at your death, who are your backups? (contingent beneficiaries): |
| Family Disaster Plan/Clause (who to receive trust assets/estate in the event that ALL named beneficiaries are deceased [this can include charitable organizations]) (name, address, relationship): |
| Persons (natural heirs) who will be intentionally excluded (disinherited)? (name, relationship): |
| Do you have any special instructions? (funeral, burial, sale, other): |
| Do you have any special instructions for your online accounts? (Facebook, Gmail, Etc.): |

APPOINTMENT OF AGENTS

| nor children (under 18), who d Name | o you wish to appoint as Guardian? Address | Phone Number |
|--|--|---|
| pecial instructions for the Guar | rdian (\$ to them, improvements to h | ouse, etc.)? |
| Truct whom do you wish to s | arva as Trustae and Altarnatas af | tor vou? |
| · · | erve as Trustee and Alternates at | ter you: |
| Name | Address | Phone Number |
| | | Estate when you Phone Number |
| atrust property (DPA Asset N | Management/Finances) and Alter | nates (1st Agent will |
| | vianagement/Finances) and Arter | nates (1st Agent win |
| Name | Address | Phone Number |
| gent and Alternates (1st Ager Name | nt will be spouse unless otherwise Address | indicated): Phone Number |
| | Trust whom do you wish to s Consequitively Name want to be the Personal Representation (1st Agent will be spouse u Name n-trust property (DPA Asset I ess otherwise indicated): Name | pecial instructions for the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements to head of the Guardian (\$ to them, improvements and Alternates of the Address (\$ to them, improvements and Alternates of the Guardian (\$ to them, improvements and Alternates of the Address (\$ to them, improvements and Alternates of the Address (\$ to them, improvements and Alternates of the Address (\$ to them, improvements and Alternates of the Address (\$ to |

Acknowledgment

I/We have personally completed and reviewed this Client Information Worksheet and any attached documents and find it to be accurate and complete. I/We understand that the information I/we have provided will be relied upon by my/our attorney and advisors in making recommendations for my/our Integrated Estate Plan and if the information given is either incorrect or incomplete, the recommendations may be inappropriate, or worse, harmful. I/We understand that my/our attorney and advisors rely upon me/us to take the necessary time and diligence to place into their hands data which can and will be used in helping me/us meet my/our objectives. I/We understand that my attorney and advisors cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete information.

| Print Name: | Print Name: |
|-------------|-------------|
| Signature: | Signature: |
| Date: | Date: |



TIMOTHY MAHI'AI WHITE ATTORNEY AT LAW, L.L.L.C.

CONFIDENTIALITY WAIVER

I/We, the undersigned, hereby waive any confidentiality held by me/us in regards to information pertaining to estate planning, tax, or entity formation in the following manner: Timothy White may contact, collaborate, or exchange information with my/our current or potential Certified Public Accountant, Tax Preparer, Financial Advisor, Life Insurance Agent, or any other person or entity regarding information related to estate planning, tax, or entity formation. This confidentiality waiver is valid for one year after the date noted below and does not destroy attorney-client privilege.

| Print Name: | Print Name: |
|-------------|-------------|
| Signature: | Signature: |
| Date: | Date: |



CONSENT TO REPRESENTATION OF MULTIPLE PARTIES

We, the undersigned, Spouses, hereby consent to allow TIMOTHY WHITE to represent both of us with respect to estate planning matters.

We know and understand that representation by a single attorney will have the following consequences compared to each of us having our own attorney.

- 1. Lack of Confidentiality. If each of us was represented by a single attorney, each of us would be able to tell our own attorney confidential information regarding our estate plan without the information being disclosed to the other spouse. In contrast, if we are both represented by a single attorney, anything which either of us tells the attorney can be disclosed to the other of us, because the other of us is also a client and the attorney cannot keep relevant information secret from his own client.
- 2. **Lack of an Advocate**. If each of us had a separate attorney, each of us would have an attorney who would "take sides" and argue on our behalf to maximize such things as our ability to own or control property in comparison to the other of us and whether property is separate property of one spouse or community property of both spouses.
- 3. Less effort made to protect each of us from possible overreaching by the other. In the nature of things, an attorney representing both parties is likely to view his or her task as attempting to accomplish the stated common goals of the representation, and is less likely than an attorney representing a single party to warn of possible improper action by the other party. **Example**: If each spouse proposes to leave all of his or her estate to the other, an attorney representing both parties is less likely to suggest ways in which the first spouse to die could restrict what the surviving spouse could do with the inherited property.

| DATED: | |
|-----------|-----------|
| NAME | NAME |
| SIGNATURE | SIGNATURE |