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

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.

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PERSONAL INFORMATION

Client's Name On ID: ____

On Birth Certificate: ____

Also Known As ____

Prefer to be called ______________ Birth Date ___________ SS# ___________ US Citizen? Y/N Home

Address ________________________ City _______________ State ______ Zip _____________

Telephone ______________ Email _______________________ Is it ok to add you to our email list? Y/N

Employer __________________________________ Position __________________________________

Business Address ___________________________ City __________ State ________ Zip___________

Married? Y/N: Date of Marriage __________________ Divorced Widowed Single

Spouse's Name on ID ____

On Birth Certificate ____

Prefer to be called ______________ Birth Date ___________ SS# ___________ US Citizen? Y/N

Home Address ________________________ City _______________ State ______ Zip _____________

Telephone ______________ Email _______________________ Is it ok to add you to our email list? Y/N

Employer __________________________________ Position __________________________________

Business Address ___________________________ City __________ State ________ Zip___________

PLEASE PROVIDE COPIES OF YOUR IDENTIFICATION CARDS (DRIVER'S LICENSE, ETC.)

How did you hear about us:______________________________________

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

1. Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? Y/N
   Please list: ____

2. Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Y/N
   Please furnish a copy

3. If married have you and your spouse signed a pre- or post-marriage contract? Y/N
   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/N
   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/N
   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/N
   Please explain: ____

10. Do you (or your spouse) anticipate receiving any gifts or inheritances in the near future? Y/N

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

A. Real Property: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. (Please provide Deeds if any):

General Description and/or Address	Owner	Market Value	Loan Balance
		Total	

B. Furniture and Personal Effects: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below 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
	Total		

D. Bank and Savings Accounts: Do not include IRAs or 401(k) plans here:

Name of Institution and Account #	Type	Owner	Amount
______________________	________	________	________
______________________	________	________	________
______________________	________	________	________
		Total	________

E. Stocks and Bonds: List any and all bonds you own (if held in a brokerage account, lump them together under each account):

Description	Type	Acct. #	Owner	Amount
______________	______	______	______	______
______________	______	______	______	______
______________	______	______	______	______
______________	______	______	______	______
			Total	______

F. Life Insurance Policies and Annuities: Term, whole life, split dollar, group life, annuity. **Additional Information**: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, current beneficiaries, who pays premium, life insurance agent.

____

____

____

____

Total ____________

G. Retirement Plans: Pensions, Profit Sharing, H.R 10, IRA, SEP, 401(k). **Additional Information**: Describe the type of plan, the plan name, the current value of the plan, and any other information:

____

____

____

Total ____________

H. Business Interests: General and limited partnerships, Sole proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interest. **Additional Information**: Give a description of the interest, who has the interest, your ownership in the interests, and the estimated value of the interests:

___

___

___

Total ____________

I. Money Owed to You: Mortgages or promissory notes payable to you, or other moneys owed to you:

Name of Debtor	Date of Note	Maturity Date	Owed to	Balance

Total ____________

J. Anticipated Inheritance, Gift, or Lawsuit Judgment: Gifts or inheritance that you expect to receive at some time in the future; or moneys that you anticipate receiving through a lawsuit:

Description ____

____

Total estimated value _________________

K. Digital Assets: Online accounts including social media, social networks, email and other online services:

Description	Owner

L. Other Assets: Other property is any property that you have that does not fit into any 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

Guardian
If you have minor children (under 18), who do you wish to appoint as Guardian?

Name Relationship Address/Tel #

Do you have special instructions for the Guardian ($ to them, improvements to house, etc.)?

If you need a Trust whom do you wish to serve as Trustee and Alternates (to serve one at a time or jointly? _______):

Name Relationship Address/Tel #

Who do you want to be the Personal Representative and Alternates of your Estate when you pass away (1st Agent will be spouse? H Y/N, W Y/N):

Name Relationship Address/Tel #

Agent for non-trust property (DPA Asset Management/Finances) and Alternates (1st Agent will be spouse? H Y/N, W Y/N):

Name Relationship Address/Tel #

Healthcare Agent and Alternates (1st Agent will be spouse? H Y/N, W Y/N):

Name Relationship Address/Tel #

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 MAHIʻAI 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.

__________________________ __________________________
Name: Date

__________________________ __________________________
Name: Date

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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: ________________, 20____.

______________________________	______________________________
NAME	NAME
______________________________	______________________________
SIGNATURE	SIGNATURE