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CONFIDENTIAL CLIENT INFORMATION SHEET

The following questions are intended to furnish us with the information necessary in providing you with the most accurate and effective estate-planning representation possible.

We understand that some, if not most, of these questions ask you to provide us with very personal and sensitive information. Please remember that the attorney-client privilege protects this information, and that we will maintain that confidentiality at all times.

The nature of your family relations-and a detailed account of your financial holdings-represent essential information to protect your estate-planning interests. Many legal issues arise based upon this information, and we cannot address these issues without accurate data.

Date: ____________________

ASSESSOR'S # ______________________
(A.P.N. is found in the top right hand portion of your property tax bill.)

A. ***Family and Personal Information***

1. Your Full Name: ______________________________
   Address: ______________________________
   City/State: ____________________ Zip: __________
   Home Phone: ______________ Work Phone: ______________
   E-Mail Address: ______________________________
2. Occupation: ______________________________
3. Age: __________
4. Marital Status:
   Married ○
   Single ○
   Divorced ○
   Widowed ○ In California Since: __________
5. Spouse's (or Domestic Partner's) Full Name: ______________________________
6. Spouse's Occupation: ______________________________
7. Spouse's Age: __________
8. Children - Name(s) and Age(s):

(Please indicate: H=Husband's Child W=Wife's Child B=Both A=Adopted)

Full Name	D.O.B.	Full Name	D.O.B.

9. Do you have grandchildren? Yes ○ No ○

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B. ***Financial Information***

1. Estimate the gross fair-market value of all your assets (do not include insurance).
   - [ ] Greater than $2,000,000
   - [ ] Between $1,000,000 and 2,000,000
   - [ ] Between $750,000 and $1,000,000
   - [ ] Between $500,000 and $750,000
   - [ ] Less than $500,000

2. Do you own real estate (including family home)? Yes [ ] No [ ]

	1	2	3
State where located:			
Title (Community, Joint, Separate):			
Fair Market Value:			
Indebtedness:			

3. How much (approximately) do you currently owe all creditor(s), including mortgage loan(s) on real estate? $ ____________________

4. What is the estimated annual income of you and your spouse?
   - [ ] Greater than $100,000 per year
   - [ ] Between $50,000 and $100,000 per year
   - [ ] Less than $50,000 per year

5. Do you have life insurance currently in effect on your life? Yes [ ] No [ ]

If so:

	Husband	Wife
(a) Type (e.g. term, whole life, etc.)		
(b) How much face value?		
(c) Who owns the policy?		
(d) Who is the insured?		
(e) Who is the beneficiary?		

C. ***Will and Trust Information***

1. Do you currently have a will or trust? Yes [ ] No [ ]

   If so, specify which (will or trust?), when and where executed:

   ____

   ____

   ____

D. Please answer the following questions. If you are unclear about the question, please leave it blank and it can be discussed with the attorney in conference:

Questions

		Husband Yes	Husband No	Wife Yes	Wife No
1.	Are you a citizen of the United States?				
2.	Are you a resident of the United States?				
3.	Are you a resident of the State of California?				
4.	Have you been married prior to your current status?				
5.	Do you have continuing obligations under a divorce or property settlement agreement?				
6.	Do you have children from a previous marriage?				
7.	Do you own a business?				
8.	Do you have any retirement plan assets, including pension or profit sharing, Keogh or IRA account?				
9.	If married, do you own any separate property (i.e. non-community property)?				
10.	Do you anticipate that you may be inheriting property sometime soon?				
11.	Do you own any property that is located outside of California?				
12.	Have you made gifts to anyone of over $10,000 in one year?				

Will and Trust Information Continued

2. Guardian Preference for Minor Children:

   (a) Name and address of person(s) to be nominated:

   ____

   ____

   ____

   (b) Name and address of alternate choice(s):

   ____

   ____

   ____

3. Successor Trustee and Executor Designations:

   (a) Name and address of person(s) chosen:

   ____

   ____

   ____

   (b) Name and address of alternate choice(s)

   ____

   ____

   ____

4. Do you have a pre-nuptial agreement? Yes ☐ No ☐

5. Are you or any of your intended beneficiaries currently receiving government benefits? (e.g. Medi-Cal, SSI, etc) due to a physical or mental disability?

   Yes ☐ No ☐

Thank you for taking the time to answer these very important questions. They will greatly assist the attorney during your consultation.