

Personal Information

Client #1 Full Legal Name _____

(Name as it appears on your Government ID)

Birth Date _____ US Citizen? YES NO

Employer _____

Position _____ Salary \$ _____

E-mail Address _____ Cell #: _____

Client Full #2 Legal Name _____

(Name as it appears on your Government ID)

Birth Date _____ US Citizen? YES NO

Employer _____

Position _____ Salary \$ _____

E-mail Address _____ Cell #: _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____

Advisors

Name

Telephone

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

Children

If you have more children than the space provided, please attach a separate sheet.

Use full legal name:

Child #1	Birth date	Relationship
_____	_____	_____
Child #2		
_____	_____	_____
Child #3		
_____	_____	_____
Child #4		
_____	_____	_____

Do any of your children or beneficiaries have special needs or circumstances?

YES NO

#1. Child's Full Name: _____

Special Circumstance:

#2. Child's Full Name: _____

Special Circumstance:

Do have any deceased children? YES NO

List:

Property

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. This is for **California Real Estate Only**. If you have more properties please attach a separate sheet.

Address & APN	Owner	Market Value	Loan Balance
#1. _____	_____	_____	_____
#2. _____	_____	_____	_____
#3. _____	_____	_____	_____
	<i>Total</i>	_____	_____

ARE YOU THE ONLY OWNER OF THE PROPERTIES YES NO

Bank Accounts

TYPE: Checking Account “CK”, Savings Account “SV”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). For Owner list which spouse owns the account. Do not include IRAs or 401(k)s here

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below) For Owner list which spouse owns the account. If you have more than the space provided, attach a separate sheet.

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Life Insurance Policies and Annuities

TYPE: 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, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Company Name & Type of Insurance/Annuity	Amount	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

Do you have Long Term Care? YES NO

If you checked NO, would you like more information regarding the importance of Long Term Care? YES NO

Retirement Plans

ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information. This includes qualified annuities.

Account Type (IRA, 401k, 403b, ETC)	Market Value	Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

Money Owed to You

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category. If you have any oil or mineral rights or any other asset of value that exceeds \$75,000 please list them here.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

SUMMARY OF VALUES

Real Property \$ _____

Bank and Savings Accounts \$ _____

Stocks and Bonds \$ _____

Life Insurance and Annuities \$ _____

Retirement Plans \$ _____

Business Interests \$ _____

Money owed to you \$ _____

Anticipated Inheritance, Etc. \$ _____

Other Assets \$ _____

Total Assets: \$ _____

Part III

Design Information

If you are unable to manage your affairs for financial purposes due to illness or disability, who do you trust to make these decisions? The people listed below will be your agents for Power of Attorney and your nomination of conservator. You and your spouse are the trustor(s) and trustee(s) of your own trust. This allows you control of your assets prior to incapacitation or death.

Trustee Information

#1 SUCCESSOR TRUSTEE(S):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

#2 SUCCESSOR TRUSTEE(S):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

#3 SUCCESSOR TRUSTEE(S):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

General Distribution

Who do you want to receive your estate (money & property) after your death?

- Children in Equal Shares
- Other Instructions (complete below)

Beneficiary's Name	Relationship	Share: (%)

At what age would you like your child(ren)/beneficiary to receive their share of your estate?

1. All at once when I die ? YES NO

If "No", at what age: _____

If one of your beneficiary dies before you do, to who would you give the deceased's share?

- The beneficiary's children
- The surviving beneficiaries
- Other

Please list if you chose other:

Specific Gifts:

List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities.

Individual or Charity	Amount

Guardian for Minor Children:

If you have any children under the age 18, please fill out the nomination of guardian for your minor child.

Please check yes if they are the same as the successor trustees: YES NO

If no, please name below.

Name and Address	Relationship/Age
_____	_____
_____	_____
_____	_____
_____	_____

Burial Instructions:

Below are some options for your wishes for when you pass away:

CLIENT #1:

Discretion of the executor Will leave a letter for executor

Cremation:

Ashes to scattered Location _____

Burial at: _____

Other Instructions (including Military Services): _____

CLIENT #2:

Discretion of the executor Will leave a letter for executor

Cremation:

Ashes to scattered Location _____

Burial at: _____

Other Instructions (including Military Services): _____

Health Care Directives

If you were unable to make health care decisions for yourself, who would you want to speak for you and make those decisions? If you would like the same as your "SUCCESSOR TRUSTEE/EXECUTORS" check the box below. If you would like to choose different agents, please list below.

CLIENT #1:

Please check yes if they are the same as the successor trustees: YES NO

#1 Agent(s):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

#2 Agent(s):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

- Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes No
- Do you want to provide that your organs and tissues should be made available for transplant purposes? Yes No
- Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Yes No
- Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Yes No

CLIENT #2:

Please check yes if they are the same as the successor trustees: YES NO

#1 Agent(s):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

#2 Agent(s):

Name: _____ **Age:** _____

Address: _____

Phone: _____ **Relationship:** _____

- Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? Yes No
- Do you want to provide that your organs and tissues should be made available for transplant purposes? Yes No
- Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home? Yes No
- Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission? Yes No

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all of your hopes, fears, and wishes. Please list any other items you want included or want to discuss:

Certification:

I hereby state that the information provided herein is true and correct to the best of my knowledge.

Dated: _____

Signed: _____ **Print Name:** _____

Dated: _____

Signed: _____ **Print Name:** _____