**PURPOSE OF THIS FORM**

Thanks for considering us to help you with your estate plan. The information you provide will be used to evaluate what options might serve you best to achieve your goals. Please complete the questions to the best of your ability but do not get bogged down if there are questions that you cannot answer right now or if you feel uncomfortable answering in this format.

**PRIVACY & CONFIDENTIALLITY**

Providing this information to us does not, in and of itself, create an attorney/client relationship. When you sign our Engagement Agreement, that relationship will become official. Nonetheless, the information you provide will be kept private unless you authorize or request its release to others.

**CLIENT INFORMATION**

**ESTATE PLANNING**

A.  **Personal**

1. Client:

Full name \_ \_\_\_\_\_

Other names used \_\_\_\_\_\_

Home address \_\_\_\_\_\_

Home telephone number \_\_\_\_\_\_

Cell telephone number \_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_

Work address \_\_\_\_\_

Work telephone number \_\_\_\_\_

Approximate period of residence in California \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Marital Status: \_\_\_\_\_Married \_\_\_\_\_Registered Domestic Partnership \_\_\_\_\_Unmarried and Not in a Registered Domestic Partnership (Single)

2. Spouse/Partner (if same leave blank)

Full name \_\_\_\_\_\_

Other names used \_\_\_\_\_\_

Home address \_\_\_\_\_\_

Home telephone number \_\_\_\_\_\_

Cell telephone number \_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_ \_\_\_\_\_

Employer \_

Work address \_\_\_\_\_\_

Work telephone number \_\_\_\_\_

Approximate period of residence in California \_\_\_\_\_\_

A citizen of the United States? \_\_\_\_\_\_

3. Marital/Partnership

Do you have any agreement (pre- or post-nuptial) regarding division of assets (please provide a copy)? No:\_\_\_\_\_\_ Yes:\_\_\_\_\_

Were you in a previous marriage/partnership?

For each such relationship please provide the following:

a. Name of former partner/spouse \_\_\_\_\_\_\_\_\_\_\_\_\_

b. Date relationship formalized \_\_\_\_\_\_\_\_\_\_\_\_

c. County and state in which you lived\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Reason for end of relationship; Death Separation

e. Date of final divorce/separation or death \_\_\_\_\_\_\_\_\_\_\_\_

4. Children/Grandchildren/Guardians

Child 1:

Name \_\_\_\_\_\_

Address \_\_\_\_\_\_

Phone Number \_\_\_\_\_\_

Date of Birth \_\_\_

Special Needs \_\_\_\_\_\_

\_\_\_\_\_\_

Other Parent (if not current partner)

Child 2:

Name \_\_\_\_\_\_

Address \_\_\_\_\_\_

Phone Number \_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_

Special Needs \_\_\_\_\_\_

\_\_\_\_\_\_

Other Parent (if not current partner)

Child 3:

Name \_\_\_\_\_\_

Address \_\_\_\_\_\_

Phone Number \_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_

Special Needs \_\_\_\_\_\_

\_\_\_\_\_\_

Other Parent (if not current partner)

\*If you have more children, please answer the same questions for each

Names of deceased children \_\_\_\_\_\_

Surviving children of deceased child(ren)

Names and ages of grandchildren who you will name in your estate plan

For each minor child, name address and phone number of person to serve as Guardian of the child (person responsible for the child’s physical self and needs):

\_\_

For each minor child, name address and phone number of person to serve as Guardian of child’s estate (person in charge of their assets):

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5. Is anyone who is part of your estate plan (including yourself(ves)) in poor health, have special needs or have mental health issues?

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B. **Financial Profile**

1. List all real property owned by you and **how title is held** (separate property, joint tenancy, tenants in common, husband and wife, etc.) with approximate value and current encumbrances (loans):

2. List cash assets (checking/savings accounts, CDs, money market accounts and approximate value):

3. List individual securities or security accounts, bonds and mutual funds with approximate values:

4. List retirement accounts, IRAs, 401s, Keogh accounts including named beneficiaries of each and approximate values:

5. Life insurance policies showing face value, cash value and type of policy and named beneficiaries:

6. If you hold promissory notes (someone owes you money), list original amount, current balance, name of payor and name of payee:

7. For each trust of which you are a beneficiary, list the name of trust, trustee, and estimated value of trust principal and annual income:

8. List any powers of appointment (a right to determine a beneficiary) you hold in anyone else’s will or trust:

9. List your tangible personal property of significant value (artwork, jewelry, expensive motor vehicles, etc.):

10. Are you likely to receive substantial inheritances in the future and, if so, an approximation of what you may receive?

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C**. Disposition of Estate:**

1. Name, address and telephone number of person(s) you wish to act as your executor (person responsible to carry out terms of a **Will**) and alternates in order of preference:

2. Name, address and telephone number of person(s) you wish to act as your trustee (person in charge of carrying out terms of a **Trust**) of your living trust and alternates in order of preference:

3. Please indicate any specific gifts of real property, personal property, or cash that you wish to leave to a specific person or entity – if this is a two person estate plan, indicate which gifts, if any, you want made at the time of the first of you to pass in the case of either of you passing first and what you want given on the death of the survivor of you (Example: husband dies first and wants baseball cards to go to his son upon his death, not to the surviving wife or wife dies first and wants her car to go to her nephew, not to surviving husband):

4. How do you wish the remainder of your estate to be distributed (can be in percentages or shares)?

5. If you are married or have a partner and are creating trust(s) for your children, do you want to discuss or consider restrictions on the assets so that if one of you dies first, the survivor does not have full access. The contents of the trust would be protected from influence of a subsequent new partner or mismanagement by the survivor.

6. If you are creating trust(s) for children, do you want distributions of its principal to be made all at once and if so, at what age? Or do you want such distributions made in 2 or more stages and if so, at what ages and what percentages for each age attained (e.g. – 5% at 21, 10% at 25, remainder at 30)?

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7. If you are creating trust(s) for children, do you want one trust which distributes to all children so distributions can be according to need (sprinkling trust) or do you want separate trusts for each child, so the value of assets put in trust for each child will be decided upon your death?

Sprinkling Trust: \_\_\_\_\_\_\_ Separate Share Trusts: \_\_\_\_\_\_\_\_\_\_

8. If one or more of your children fail to survive you, do you want their share to be given to their surviving children or should their share go to your surviving children or something else?

To Their Surviving Children: \_\_\_\_\_ To My/Our Other Surviving Children: \_\_\_\_

Something Else (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Is there anyone you wish to specifically disinherit? If so, please indicate below:

10. Do you have a previous will or trust (please provide copy(ies)?

D. **Durable Power of Attorney for Property Management** (document giving another power and responsibility to act regarding assets held in your name but not in your trust)

1. Name, address and phone number of person(s) you wish to be your Agent (person responsible for acting for another) for property management:

2. Name, address and phone number of person(s) you wish to be your first alternate Agent:

1. Second alternate Agent information, if desired

1. Do you want your agent to have immediate power to act or should their appointment become effective only upon your incapacity?

Upon my incapacity: \_\_\_\_\_\_\_\_ Immediately: \_\_\_\_\_\_

1. Do you want to place any limitations on what your agent can do or specific assets you want your agent not to have power over (e.g., cannot make gifts, cannot alter your estate plan, etc.)?

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E**. Advance Medical Directive** (sometimes referred to as a “living will’ which gives another person the authority to make decisions on your behalf regarding your personal care)

1. Who do you want to make decisions about your medical care on your behalf if you are unable to do so? If you have alternates, please list them in order of preference. Please provide addresses and phone numbers for each. You may also choose to name several people any of whom can make such decisions (if so, indicate):

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1. Which of the following best describes your wishes for your healthcare:

\_\_\_\_\_ a. No medical treatment if I am in an irreversible persistent vegetative state; if terminally ill, and life sustaining procedures would only artificially delay death; or if burdens of treatment outweigh expected benefits.

\_\_\_\_\_ b. Medical treatment unless I am in an irreversible coma.

\_\_\_\_\_c. Preclude life-sustaining procedures if I am in an irreversible coma.

\_\_\_\_\_d Receive medical treatment that will allow me to live as long as possible.

\_\_\_\_\_e. None of the above.

\_\_\_\_\_f. Something else as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Would you want the use of medication to alleviate pain and suffering even if they may hasten the moment of death?

1. Anatomical donations:
2. \_\_\_\_\_ Any needed parts of my body upon death
3. \_\_\_\_\_ Specific body parts only as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_ None

7. Should your agent have the authority to perform an autopsy?

1. Do you have any special wishes regarding disposition of your remains or funeral/memorial instructions?

9. Do you have a primary physician you want named in the document and contact

information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Do you want to continue with:

1. Specific religious or spiritual activity; Name and place of worship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Outdoor activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional goals, information or questions you would like addressed in any of the above categories:

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