

**CONFIDENTIAL ESTATE PLANNING DATA SHEET**

Please complete this Confidential Estate Planning Data Sheet to the best of your ability. If you need more space, use another sheet, and attach it to this form. Not all questions may apply to your unique circumstances or you may not be certain about the answer, so simply leave those questions blank.

**PART I - FAMILY DATA**

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile Number : ( \_\_\_\_\_ ) \_\_\_\_\_

**HUSBAND** Name: \_\_\_\_\_

First

Middle

Last

Other or Former Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Social Security No. \_\_\_\_\_

Prior Marriages: Yes \_\_\_ No \_\_\_ Name, Date and Result: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**WIFE** Name: \_\_\_\_\_

First

Middle

Last

Other or Former Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Social Security No. \_\_\_\_\_

Prior Marriages: Yes \_\_\_ No \_\_\_ Name, Date and Result: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**MARITAL DATA**

Date and Place of Marriage: \_\_\_\_\_

Date came to California      Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**

<u>Full Name</u>	<u>Birthdate</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____ _____	(____) _____
_____	_____	_____ _____	(____) _____
_____	_____	_____ _____	(____) _____
_____	_____	_____ _____	(____) _____

**CHILDREN OF PRIOR MARRIAGE(S):**

<u>Full Name</u>	<u>Birthdate</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____ _____	(____) _____
_____	_____	_____ _____	(____) _____
_____	_____	_____ _____	(____) _____

**ANY DECEASED CHILDREN:** Yes \_\_\_\_\_

No \_\_\_\_\_

Full Name

Date of Death

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**SPOUSES OF CHILDREN:**

Name of Your Child

Name of Spouse of Child

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**GRANDCHILDREN:**

Name of Grandchild

Age

Name of Parents

<u>Name of Grandchild</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

<u>Name of Parents</u>
_____
_____
_____
_____

**DISABLED CHILDREN:**

Do you have a disabled child? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is his/her disability? \_\_\_\_\_

Is he/she receiving public benefits?  
(e.g., SSI and/or Medi-Cal) \_\_\_\_\_ Yes \_\_\_\_\_ No

**LIVING PARENTS:**

**Husband:**

Name

Address

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**Wife:**

Name

Address

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**BROTHERS & SISTERS**

**Husband:**

Name

Address

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**Wife:**

Name

Address

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**ADVISORS**

**Accountant:**

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(Name, address, telephone number and email address)

**Insurance Agent:**

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(Name, address, telephone number and email address)

**Stockbroker/  
Financial Planner:**

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(Name, address, telephone number and email address)

**Location of Safe Deposit:**

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Who has access?

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**Do You Have Current Wills?**

Husband: Yes \_\_\_\_\_ No \_\_\_\_\_

Wife: Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REPRESENTATIVES**

Please complete the following information for those persons or entities you have selected or are considering to act in the following capacities. If you have any questions regarding the duties or choices of these representatives, leave the spaces blank and we will discuss at our meeting.

**EXECUTOR OF WILL:**

For Husband:    1st Choice                                     \_\_\_\_\_  
                          2nd Choice                                     \_\_\_\_\_  
                          3rd Choice                                     \_\_\_\_\_

For Wife:            1st Choice                                     \_\_\_\_\_  
                             2nd Choice                                     \_\_\_\_\_  
                             3rd Choice                                     \_\_\_\_\_

**GUARDIAN (if minor children):**

                             1st Choice                                     \_\_\_\_\_  
                             2nd Choice                                     \_\_\_\_\_  
                             3rd Choice                                     \_\_\_\_\_

**TRUSTEE OF TRUST:**

                             1st Choice                                     \_\_\_\_\_  
                             2nd Choice                                     \_\_\_\_\_  
                             3rd Choice                                     \_\_\_\_\_

**ATTORNEY-IN-FACT (Durable General Power of Attorney):**

For Husband: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

For Wife: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

**HEALTH-CARE AGENT (Durable Power of Attorney for Health Care):**

For Husband:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1st Choice	_____	_____	( ) _____

2nd Choice	_____	_____	( ) _____
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3rd Choice	_____	_____	( ) _____
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For Wife:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1st Choice	_____	_____	( ) _____

2nd Choice	_____	_____	( ) _____
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3rd Choice	_____	_____	( ) _____
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**PART II**

**FINANCIAL SUMMARY**

The following pages contain forms to assist you in compiling a brief financial summary for use in our estate planning conference. I use this information to estimate your estate taxes and your estate settlement and probate costs in connection with the evaluation of estate planning alternatives and, therefore, the numbers do not need to be exact. The summary also serves as a checklist of your assets for my use in the analysis of title ownership that is an integral part of any estate plan.

**FINANCIAL SUMMARY**  
**(Transfer Information From Schedules)**

REAL ESTATE  
(From Schedule A) \$ \_\_\_\_\_

PUBLICLY TRADED SECURITIES  
(From Schedule B) \$ \_\_\_\_\_

BUSINESS INTERESTS  
(From Schedule B) \$ \_\_\_\_\_

BANK ACCOUNTS & NOTES RECEIVABLE  
(From Schedule C) \$ \_\_\_\_\_

OTHER (PERSONAL) PROPERTY  
(From Schedule C) \$ \_\_\_\_\_

PERSONAL INSURANCE  
(From Schedule D) \$ \_\_\_\_\_

EMPLOYEE BENEFITS  
(From Schedule E) \$ \_\_\_\_\_

UNSECURED DEBT  
(From Schedule E) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_



**SCHEDULE "A"**

**REAL PROPERTY**

	<u>Property Address</u>	<u>Title*</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>
1.	_____	_____	_____	_____	_____
	_____				
2.	_____	_____	_____	_____	_____
	_____				
3.	_____	_____	_____	_____	_____
	_____				
4.	_____	_____	_____	_____	_____
	_____				
5.	_____	_____	_____	_____	_____
	_____				
6.	_____	_____	_____	_____	_____
	_____				
TOTAL NET EQUITY				\$	_____

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J/T - Joint Tenants  
GP - General Partnership  
SPH - Separate Property of Husband  
CP - Community Property

TIC - Tenants in Common  
LP - Limited Partnership  
SPW - Separate Property of Wife

**SCHEDULE "B"**

**PUBLICLY TRADED SECURITIES**  
**(STOCKS, BONDS, MUTUAL FUNDS, ETC.)**

	<u>Description</u>	<u>Title*</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>
1.	_____	_____	_____	_____	_____
	_____				
2.	_____	_____	_____	_____	_____
	_____				
3.	_____	_____	_____	_____	_____
	_____				
4.	_____	_____	_____	_____	_____
	_____				
					NET EQUITY TOTAL    \$ <u>                    </u>

Please include in the description the full name of the security, number of shares, and the account number, if any. **If stocks and bonds are held in a brokerage account, only list the broker and the account number.**

**BUSINESS INTERESTS**  
**(PARTNERSHIPS, CLOSELY HELD CORPORATIONS,**  
**UNINCORPORATED BUSINESSES)**

	<u>Description of Business</u>	<u>Title*</u>	<u>Estimated Value</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
			TOTAL    \$ <u>                    </u>

**SCHEDULE "C"**

**BANK ACCOUNTS, MONEY MARKET FUNDS, CREDIT UNION ACCOUNTS  
AND MONIES OWED TO YOU BY OTHERS**

	<u>Description</u>	<u>Title*</u>	<u>Balance or Amount</u>
1.	_____	_____	_____
	Account No. _____		
2.	_____	_____	_____
	Account No. _____		
3.	_____	_____	_____
	Account No. _____		
4.	_____	_____	_____
	Account No. _____		
5.	_____	_____	_____
	Account No. _____		
		TOTAL	\$ _____

**OTHER PROPERTY - PERSONAL  
(AUTOS, COLLECTIBLES, BOATS, JEWELRY, ETC.)**

	<u>Description</u>	<u>Title</u>	<u>Estimated Value (net of debt)</u>
1.	<u>Automobiles:</u>		
	Make & Model _____	_____	_____
	CA License No. _____		
	Vehicle I.D. No. _____		
	Make & Model _____	_____	_____
	CA License No. _____		
	Vehicle I.D. No. _____		
2.	<u>Other (list with a brief description):</u>		
	_____		
	_____		
	_____		
		TOTAL	\$ _____

**SCHEDULE "D"**

**PERSONAL LIFE INSURANCE**

<b><u>INSURED (HUSBAND)</u></b>	<b><u>Policy No. 1</u></b>	<b><u>Policy No. 2</u></b>	<b><u>Policy No. 3</u></b>
Company (Full Name)	_____	_____	_____
Policy No.	_____	_____	_____
Type of Insurance	_____	_____	_____
Date Issued	_____	_____	_____
Policy Owner	_____	_____	_____
Primary Beneficiary	_____	_____	_____
Face Amount	_____	_____	_____
Annual Premium	_____	_____	_____
Net Cash Value	_____	_____	_____

<b><u>INSURED (WIFE)</u></b>	<b><u>Policy No. 1</u></b>	<b><u>Policy No. 2</u></b>	<b><u>Policy No. 3</u></b>
Company (Full Name)	_____	_____	_____
Policy No.	_____	_____	_____
Type of Insurance	_____	_____	_____
Date Issued	_____	_____	_____
Policy Owner	_____	_____	_____
Primary Benef.	_____	_____	_____
Face Amount	_____	_____	_____
Annual Premium	_____	_____	_____
Net Cash Value	_____	_____	_____

**SCHEDULE "E"**

**EMPLOYEE BENEFITS AND IRA'S**

	<u>Company</u>	<u>Description</u>	<u>Primary Beneficiary</u>	<u>Death Benefits</u>
1.	_____	_____	_____	_____
	Acct No. _____			
2.	_____	_____	_____	_____
	Acct No. _____			
3.	_____	_____	_____	_____
	Acct No. _____			
4.	_____	_____	_____	_____
	Acct No. _____			
5.	_____	_____	_____	_____
	Acct No. _____			
6.	_____	_____	_____	_____
	Acct No. _____			
			TOTAL	\$ _____

(Please provide in the description the full name of each retirement account and the account number, if any).

**UNSECURED DEBT**  
**(MONIES YOU OWE TO OTHERS)**

	<u>Description</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**PLEASE BRING COPIES OF THE FOLLOWING DOCUMENTS TO OUR FIRST MEETING:** (Copies of the most current documents available)

1. Previously executed Trust and Amendments
2. Previously executed Wills and Codicils
3. Previously executed Powers of Attorney
4. Bank Statement for each account
5. Deed for each parcel of real property with the street address attached
6. Real property tax bill for each parcel of real property
7. Stock brokerage and mutual fund account statements
8. Stock certificates for closely held corporations
9. Promissory notes and deed of trusts which secure any loans you have made to others
10. Statements for your bank accounts, money market funds, credit union accounts, and retirement accounts
11. First page of each of your life insurance policies