

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 - DATA

Name: _____
First Middle Last

Other or Former Names: _____

Home Address: _____

Home Telephone: () _____ Facsimile Number : () _____

Email Address: _____

Birthdate: _____ Birthplace: _____

U.S. Citizen: Yes ___ No ___ Social Security No. _____

Prior Marriages: Yes ___ No ___ Name, Date and Result: _____

Employer Name: _____

Employer Address: _____

CHILDREN

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

ANY DECEASED CHILDREN: Yes _____

No _____

Full Name

Date of Death

SPOUSES OF CHILDREN:

Name of Your Child

Name of Spouse of Child

GRANDCHILDREN:

Name of Grandchild

Age

Name of Parents

DISABLED CHILDREN:

Do you have a disabled child or grandchild? _____ 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:

Name

Address

BROTHERS & SISTERS

Name

Address

ADVISORS

Accountant:

(Name, address, telephone number and email address)

Insurance Agent:

(Name, address, telephone number and email address)

**Stockbroker/
Financial Planner:**

(Name, address, telephone number and email address)

Location of Safe Deposit:

Who has access? _____

Do You Have Current Wills? 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:

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):

1st Choice _____
2nd Choice _____
3rd Choice _____

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

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

2nd Choice	_____	_____	(____)_____

3rd Choice	_____	_____	(____)_____

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 F) \$ _____

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				\$	_____

*
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	\$ _____

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	\$ _____

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</u> <u>(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

<u>INSURED</u>	<u>Policy No. 1</u>	<u>Policy No. 2</u>	<u>Policy No. 3</u>
Company (Full Name)	_____	_____	_____
Policy No.	_____	_____	_____
Type of Insurance	_____	_____	_____
Date Issued	_____	_____	_____
Policy Owner	_____	_____	_____
Primary Beneficiary	_____	_____	_____
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. _____			
			TOTAL	\$ _____

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

SCHEDULE "F"

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