| background and family information | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you or your spouse previously completed a Will?** Yes  No  **Have you or your spouse previously completed a Trust?** Yes  No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| **Prefer to be Called**: | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | | | | |
| ZIP Code: | | | | | | Country: | | | | | | | | | | |
| Home Phone: | | | | | | Cell Phone: | | | | | | | | | | |
| E-mail: | | | | | | US Citizen: Yes  No | | | | | | | | | | |
| Date of Birth: | | | | | | | | Age: | | | | | | | | |
| Employer: | | | | | | Occupation: | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | | | | |
| City: | | State: | | | | | | | | | | | ZIP Code: | | | |
| Business Phone: | | | | | | | Own Business: Yes  No | | | | | | | | | |
| YOUR CHILDREN (spell out middle names) | | | | | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Full Legal Name**: | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | Sex: M  F | | | | | | | | | | | | |
| **Do you have any deceased children?** Yes  No | | | | | | | | | | | | | | | | |
| **If Yes, Full Legal Name**: | | | | | | | | | | | | | | | | |
| questions about your children | | | | | | | | | | | | | | | | |
| Do any of your children have special needs? Yes  No | | | | | | | | | | | | | | | | |
| Do any of your children have circumstances that concern you? Yes  No | | | | | | | | | | | | | | | | |
| IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18 | | | | | | | | | | | | | | | | |
| *Whom do you wish to be the* ***guardian*** *of your children?* | | | | | | | | | | | | | | | | |
| **Name of Potential Guardian** (in order of preference) | | | | | | | | | **Relationship** | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| other dependents | | | | | | | | | | | | | | | | |
| Do you have anyone who depends upon you for all or part of their support? Yes  No | | | | | | | | | | | | | | | | |
| questions about you | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | YES | NO |
| Do you have any health concerns?  If YES, then what: | | | | | | | | | | | | | | |  |  |
| Have you lived in any states other than California? | | | | | | | | | | | | | | |  |  |
| Have you ever filed federal gift tax returns? | | | | | | | | | | | | | | |  |  |
| Are you currently making annual gifts to anyone? | | | | | | | | | | | | | | |  |  |
| Have you been divorced? | | | | | | | | | | | | | | |  |  |
| Have you been widowed? | | | | | | | | | | | | | | |  |  |
| Do you desire to benefit any charities in your estate plan? | | | | | | | | | | | | | | |  |  |
| Are you currently the beneficiary of anyone else’s trust? | | | | | | | | | | | | | | |  |  |
| medical information | | | | | | | | | | | | | | | | |
| medical instructions: | | | | | | | | | | | | | | | | |
| *If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life-support machines?* | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | Relationship: | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Work Phone: | | | | | | | | | | | |
| Cell Phone: | | | | | E-mail: | | | | | | | | | | | |
| Name: | | | | | | | | | | Relationship: | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Work Phone: | | | | | | | | | | | |
| Cell Phone: | | | | | E-mail: | | | | | | | | | | | |
| Name: | | | | | | | | | | Relationship: | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Work Phone: | | | | | | | | | | | |
| Cell Phone: | | | | | E-mail: | | | | | | | | | | | |
| other CONCERNS | | | | | | | | | | | | | | | | |
| SUCCESSOR TRUSTEE | | | | | | | | | | | | | | | | |
| *If you were unable to make financial decisions yourself, who would you want to make financial decisions for you?* | | | | | | | | | | | | | | | | |
| 1st Name: | | | | | | | | | | | | | | | | |
| Address (Street, City, State): | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | |
| 2nd Name: | | | | | | | | | | | | | | | | |
| Address (Street, City, State): | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | |
| 3rd Name: | | | | | | | | | | | | | | | | |
| Address (Street, City, State): | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | |
| YOUR ESTATE | | | | | | | | | | | | | | | | |
| Do you own your home? Yes  No | | | | | | | | | | | | | | | | |
| Approximate value of your home? | | | | | | | | | | | | | | | | |
| Mortgage Balance (approx.) | | | | | Assessor’s Parcel Number: | | | | | | | | | | | |
| List other real property you own: | | | APN: | | | | | | | | | Value: | | | Mortgage: | |
| 1. | | |  | | | | | | | | |  | | |  | |
| 2. | | |  | | | | | | | | |  | | |  | |
| 3. | | |  | | | | | | | | |  | | |  | |
| *Please list your major assets other than your home* | | | | | | | | | | | | | | | | |
| Brokerage Account(s): | | | | | | | | | | | | | | | | |
| Institution | | | | | Approximate Value | | | | | | | | | | | |
| i. | | | | |  | | | | | | | | | | | |
| ii. | | | | |  | | | | | | | | | | | |
| iii. | | | | |  | | | | | | | | | | | |
| Savings/Checking Account(s): | | | | | | | | | | | | | | | | |
| Institution | | | | | Approximate Value | | | | | | | | | | | |
| i. | | | | |  | | | | | | | | | | | |
| ii. | | | | |  | | | | | | | | | | | |
| iii. | | | | |  | | | | | | | | | | | |
| Life Insurance(s): | | | | | | | | | | | | | | | | |
| Company | | | | | Death Benefit Amount | | | | | | | | | | | |
| i. | | | | |  | | | | | | | | | | | |
| ii. | | | | |  | | | | | | | | | | | |
| iii. | | | | |  | | | | | | | | | | | |
| Retirement Plan(s) (IRAs, SEP IRAs, 401(k)s, 403(b)’s, retirement annuities and other tax deferred retirement instruments): | | | | | | | | | | | | | | | | |
| Company | | | | | Approximate Value | | | | | | | | | | | |
| i. | | | | |  | | | | | | | | | | | |
| ii. | | | | |  | | | | | | | | | | | |
| iii. | | | | |  | | | | | | | | | | | |
| Other assets of Significant Value: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| YOUR ADVISORS (optional) | | | | | | | | | | | | | | | | |
|  | Name | | | | City/State | | | | | | | | | Telephone | | |
| Attorney |  | | | |  | | | | | | | | |  | | |
| Tax Advisor |  | | | |  | | | | | | | | |  | | |
| Financial Planner |  | | | |  | | | | | | | | |  | | |
| Life Insurance Agent |  | | | |  | | | | | | | | |  | | |
| CONCERNS FOR YOU AND YOUR FAMILY | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | YES | | | | NO | |
| Protection for your children | | | | | | | | | | |  | | | |  | |
| Maintaining control of your assets | | | | | | | | | | |  | | | |  | |
| Avoiding problems in case of mental disability | | | | | | | | | | |  | | | |  | |
| Avoiding life support machines | | | | | | | | | | |  | | | |  | |
| Avoiding probate | | | | | | | | | | |  | | | |  | |
| Avoiding or reducing estate taxes | | | | | | | | | | |  | | | |  | |
| Avoiding or reducing income taxes | | | | | | | | | | |  | | | |  | |
| Disinheritance of a family member | | | | | | | | | | |  | | | |  | |
| Protecting assets from lawsuits, etc. | | | | | | | | | | |  | | | |  | |
| General management of family’s estate financial affairs | | | | | | | | | | |  | | | |  | |
| Other concerns | | | | | | | | | | |  | | | |  | |
| PLEASE LIST YOUR 3 FAVORITE ACTIVITIES/HOBBIES/INTERESTS | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |