| 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 | | | | | |
| **SPOUSE 1** | | | | | |
| **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 | | |
| Spouse 2 | | | | | |
| **Full Legal Name**: | | | | | |
| **Prefer to be Called**: | | | | | |
| 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 | | |
| Date of Marriage: | | | | | |

|  |  |  |
| --- | --- | --- |
| OUR CHILDREN (spell out middle names) | | |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **Full Legal Name**: | | |
| Date of Birth: | Sex: M  F | Child of:  Spouse 1  Spouse 2  Both |
| **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 or your spouse have anyone who depends upon either of you for all or part of their support? Yes  No | | | | | |
| questions about you and your spouse | | | | | |
|  | | | | YES | NO |
| Do you or your spouse have any health concerns?  If YES, then what: | | | |  |  |
| Have you lived in any states other than California while married to your spouse? | | | |  |  |
| Have you or your spouse ever filed federal gift tax returns? | | | |  |  |
| Are you currently making annual gifts to anyone? | | | |  |  |
| Did you and your spouse ever sign a pre- or post-marriage contract? | | | |  |  |
| Have either of you been divorced or 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?* | | | | | |
| FOR SPOUSE 1 (in order of preference) | | | | | |
| Spouse (choose YES or No) Yes  No | | | | | |
| Name: | | | Relationship: | | |
| Address: | | | | | |
| Home Phone: | Work Phone: | | | | |
| Cell Phone: | E-mail: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | Relationship: | | |
| Address: | | | | | |
| Home Phone: | | Work Phone: | | | |
| Cell Phone: | | E-mail: | | | |
| FOR SPOUSE 2 (in order of preference) | | | | | |
| Spouse (choose YES or No) Yes  No | | | | | |
| 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 | | | |
| SPOUSE 1 | SPOUSE 2 | | |
| 1. | 1. | | |
| 2. | 2. | | |
| 3. | 3. | | |