| 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.  |