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ESTATE PLANNING CHECKLIST

We will use the information you provide in this questionnaire:

1. To help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are desired or required.
2. To help you evaluate our estate planning recommendations. The estate plan is your plan, not your lawyer's, and you must be satisfied that it is workable.

The information you provide must be as accurate as possible. We suggest that if you are uncertain about exact information, you tell us that the information you are providing is your best assessment. If we believe that exact information is required, we will ask you to be more precise.

You may provide as much or as little information as you want. We recognize that this questionnaire is fairly intrusive. Keep in mind, however, that more complete information will better equip you and us throughout the planning process to come up with the best possible estate planning alternatives. Your information will be kept confidential by this office unless you authorize its release to others.

We ask that you bring copies of all of your important papers to your initial interview for reference. Those papers will be returned to you at the conclusion of the interview.

Personal and Family Information

State the names below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

First Name : ______________________Middle________________ Last ____________________

Nickname(s), assumed name(s), former name(s):

____

Address____City______________Zip __________

Mailing Address, if Different

____

Phone: Home___________Work______________Fax____________e-mail_________________

Birthdate ______________ Gender _____ M _____ F Social Security #:_______________

Current marital status: __ married __ unmarried.

If married, Date of current marriage___________ In what state were you married? __________

If you were not married in California, in what year did you move to California? ___________

Any previous marriages? ____ If yes, how many previous marriages? _____

Are you a U.S. citizen: _____ If no, are you a non-resident alien, i.e., a resident of another country? yes___ no___ If yes, what country? _________________

Name of Spouse

____

FIRST MIDDLE LAST

Nickname(s), assumed name(s) or former name(s):

____

Spouse's Social Security #:_________________Date of Birth: ______________________

Do you and your spouse have same residence and phone number? _____ If no, complete the following:

Spouse's address: ____

City____________, State____, Zip________ Phone _____________(h)____________(w)

Personal Information About Spouse

Are there any previous marriages for client's spouse? _____

If yes:

How many previous marriages? _____

Is client's spouse a U.S. citizen? _____

If no, is spouse a non-resident alien, that is, a resident of another country? yes___ no___

Information Regarding Previous Marriage(s) of CLIENT:

Name of former spouse: ____

This marriage terminated because of:

_____ divorce Year of final decree: _____

_____death Date of former spouse's death: _____

_____ annulment Year of final decree: _____

Name of former spouse: ____

This marriage terminated because of:

_____ divorce Year of final decree: _____

_____death Date of former spouse's death: _____

_____ annulment Year of final decree: _____

If you need more space please go to reverse side of this page. [Repeat the following for each previous marriage.

Information Regarding Previous Marriage(s) of SPOUSE:

Name of former spouse: ____

This marriage terminated because of:

_____ divorce Year of final decree: _____

_____death Date of former spouse's death: _____

_____ annulment Year of final decree: _____

If you need more space please go to reverse side of this page.

Your Children, Their Spouses, and Their Children

Indicate which, if any, of your children is your child but not your spouse's, or vice versa. Also, please show the date of adoption of any adopted child. **Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and/or children.**

1.Child:____________________________ Nickname___________________Date of Birth:__________
Address:__________________________City:____________________State:_____Zip Code_________
Phone:_________________ Child's spouse:____
Is this child of the current marriage? If no, name of child's other parent______________________
Child's children(and their dates of birth):
(i)____
(ii)____
(iii)____

2.Child:_____________________________ Nickname__________________Date of Birth:__________
Address:__________________________City:____________________State:_____Zip Code_________
Phone:_________________ Child's spouse:____
Is this child of the current marriage? If no, name of child's other parent______________________
Child's children(and their dates of birth) :
(i)____
(ii)____
(iii)____

3. Child:_____________________________Nickname__________________Date of Birth:__________
Address:__________________________City:____________________State:_____Zip Code_________
Phone:_________________ Child's spouse:____
Is this child of the current marriage? If no, name of child's other parent______________________
Child's children(and their dates of birth):
(i)____
(ii)____
(iii)____

Other Information

Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

_____________ ____
____

Personal and Family Financial Assets

The following questions do not require detailed responses. For example, shares in publicly traded companies might be shown simply as "common stocks." On the other hand, for property interests that are more or less unique, such as interests in real estate, greater detail will be helpful. With regard to real estate, it is important for this office to know the location (city and state) of the real estate, how title is held, and the character of the property, e.g., commercial or residential.

The following abbreviations may be used to describe certain attributes of particular assets:
JT = Joint tenancy with right of survivorship
CPROS = Community Property with right of survivorship
TC = Tenancy in common
C = Client's name alone
S = Spouse's name alone
FMV = Fair market value (or your best guess)

Real Estate

1. Personal residence.
Address:____
Description (e.g., single family, condo, or similar description):
____
How do you hold title:____
FMV:________________________ Mortgage Balance, if any__________________________________
Mortgage life insurance?____
Date of occupancy___________ or intended occupancy______________________________________

2. Other personal residences or vacation homes:
Address:____
How do you hold title:____
FMV:________________________ Mortgage balance, if any___________________________________
Mortgage life insurance?____
Date of occupancy __________ or intended occupancy ______________________________________

3. Other investment real property:
Address:____
How do you hold title:____
FMV:_________________________Mortgage balance, if any___________________________________
Mortgage life insurance?____
Date of occupancy __________ or intended occupancy ____________________________________

*Please bring **grant deeds** or **quit claim** deeds (**not** deeds of trust) or property tax statements.*

Personal and household effects:

If you think that the general categories do not provide an adequate description, please provide additional detail. Also, state your best estimate of the value of each kind of property and who owns it (how you hold title).

Automobiles:

Year _____ Make ________________ Model ____________________ Value _____________

Year _____ Make ________________ Model ____________________ Value _____________

Year _____ Make ________________ Model ____________________ Value _____________

Approximate value of general personal and household effects such as furniture, furnishings, books, and pictures of no special value: ____________________________________

Valuable jewelry (indicate if insured)____

____

Valuable works of art (indicate if insured):____

____

Valuable antiques:____

____

Other valuable collections, e.g., coins, stamps or gold:

____

Other tangible personal property that does not seem to be covered by any of the other categories:

____

Closely held business interests.

Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., sole proprietorship, partnership, limited liability company, "c" corporation, "s" corporation, etc.), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the corporation.

Name of business_________________________________Form of organization ____________

Type of business (eg: manufacturing, service, etc) ____________ ________________________

Address and phone number ____

Which spouse is active in the business?

Client ______ In what capacity? ____

Spouse _______ In what capacity? ____

Current fair market value of the business ____

Estimated fair market value if Client dies or becomes disabled__________________________

Estimated fair market value if Spouse dies or becomes disabled _____________________________

Please bring all relevant documents, including partnership agreements, articles of incorporation, by-laws, buy-sell agreements, etc., to your initial interview.

Cash, cash deposits, and cash equivalents. Who owns item:

(a) Personal Checking accounts:(Do not report business accounts here)

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(b) Money Market accounts:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(c) Ordinary savings accounts:

Name of financial institution	Branch	Account number	Balance
Name of financial institution	Branch	Account number	Balance

(d) Certificates of deposit:

Name of financial institution	Branch	CD or Account number	Balance
Name of financial institution	Branch	CD or Account number	Balance
Name of financial institution	Branch	CD or Account number	Balance

(e) Non-Retirement Investment Accounts: (Indicate retirement accounts on page 7)

Name of Brokerage firm	Broker	Account number	Balance
Name of Brokerage firm	Broker	Account number	Balance
Name of Brokerage firm	Broker	Account number	Balance

Please bring statements of accounts, passbooks, and certificates of deposit to initial interview.

Pension & profit-sharing plans, ESOPs, SEPs, etc.

(a) Pension plans.

Employer: ____

Employee ______________Type of Plan________Date vested: _______Value______________

Name, address and phone number of administrator ____

_____ ____

Employer: ____

Employee _______________Type of Plan________Date vested: _______Value_____________

Name, address and phone number of administrator ____

____

(b) Profit-sharing plans.

Name, address and phone number of Employer: ____

____

Employee ___________________________________Date vested: _______Value_____________

Name, address and phone number of administrator ____

_____ ____

Name, address and phone number of Employer: ____

____

Employee ___________________________________Date vested: _______Value_____________

Name, address and phone number of administrator ____

____

(c) Individual Retirement Accounts (IRAs).

____

Name of financial institution Branch Account number Balance

____

Name of financial institution Branch Account number Balance

____

Name of financial institution Branch Account number Balance

____

Name of financial institution Branch Account number Balance

(d) Other tax-qualified employee benefit plan interests. Please provide pertinent information.

____

____

Please bring current statements and other materials to your initial interview.

Investment assets.

(a) Publicly traded stocks and corporate bonds-do not include stocks held in brokerage accounts

____

Entity Number of shares Value

Name, address and phone number of Agent for Transfer ________________________________

____

____

Entity Number of shares Value

Name, address and phone number of Agent for Transfer ________________________________

____

____

Entity Number of shares Value

Name, address and phone number of Agent for Transfer ________________________________

____

(b) Municipal bonds.

Entity Number of shares Value________

Agent for Transfer ____

____

Entity Number of shares Value

Agent for Transfer ____

____

(c) Long-term U.S. Treasury Notes and Bonds/ Short-term U.S. obligations (T-bills)

____

Denomination Number Expiration Date Value

____

Denomination Number Expiration Date Value

(d) Limited partnership interests.

Name ____Value __________

Managing Partner/contact info____

(f) Other investments. Please describe the nature and value of other investment interests.

Investment ______________________________Type____________________Value__________

Please bring bonds, stock certificates, and other investment documents to your initial interview.

Annuities

Annuity company____________________Contract number __________ Current cash value ________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ____

Annuity company____________________Contract number __________ Current cash value ________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ____

Life Insurance on YOUR life.

Insurance company__________________Policy number ______________ Face amount ___________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ___________________ Type of policy: Ordinary___ Term/Group___
Current cash value __________ Loans______________ Accidental death benefits, if any:__________

Insurance company__________________Policy number ______________ Face amount ___________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ___________________ Type of policy: Ordinary___ Term/Group___
Current cash value __________ Loans______________ Accidental death benefits, if any:__________

Life insurance on your SPOUSE's life.

Insurance company__________________Policy number ______________ Face amount ___________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ___________________ Type of policy: Ordinary___ Term/Group___
Current cash value __________ Loans______________ Accidental death benefits, if any:__________

Insurance company__________________Policy number ______________ Face amount ___________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ___________________ Type of policy: Ordinary___ Term/Group___
Current cash value __________ Loans______________ Accidental death benefits, if any:__________

Life insurance on the life of another

Insurance company__________________Policy number ______________ Face amount ___________
Owner of policy _______________ Primary Beneficiary (ies)________________________________
Contingent beneficiary(ies) ___________________ Type of policy: Ordinary___ Term/Group___
Current cash value __________ Loans______________ Accidental death benefits, if any:__________
Do you or your spouse have **long term care** insurance? ______ If yes:
Insurance company__________________Policy number ______________ Coverage: __________
Please bring policies and other relevant correspondence with you to your initial consultation.

Other Interests of Current or Future Value

1. Interests in trusts. Describe any trusts created by you or by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, attach a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it .

____

____

____

2. Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

____

____

____

3. Other assets or interests of value. Describe the general nature, form or ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

____

____

____

____

Liabilities

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

____

____

Please bring all relevant documents to your initial interview.

Personal Estate Planning Objectives

1. How would you dispose of your estate at your death if there were no such thing as estate or inheritance taxes?

____

____

2. Describe any personal objectives you have for your family and your estate that override possible adverse tax consequences arising from trying to achieve them.______________________________

____

3. Are you making a specific gift of your principal residence or any other real estate? _____
If yes, to whom?____

4. Are you making a specific cash gift to:

(a) Individual? yes___ no___ If yes:

To whom How much

____

If this person predeceases you, do you want the gift to be paid to another beneficiary or to lapse and revert to your overall estate?

____

To whom How much

____

If this person predeceases you, do you want the gift to be paid to another beneficiary or to lapse and revert to your overall estate?

____

(b) Charities? yes___ no___ If yes:

Name of Charity How much

____

If this charity is no longer in existence on the date of your death or fails to accept this gift for any reason, do you want the gift to be paid to another beneficiary or to lapse and revert to your estate?

____

To whom How much

____

If this charity is no longer in existence on the date of your death, or fails to accept this gift for any reason, do you want the gift to be paid to another beneficiary or to lapse and revert to your estate?

____

Guardians and Executors

1. Guardians for minor children. If you have minor children, you should designate in your will a guardian or guardians of the children and their estate in the event of your death and/or your spouse's. We recommend you designate a different person for Guardian of the child(ren) than for Guardian of the child(ren)'s Estate. If you are thinking of naming a married couple, designate the **person you would choose if the couple got divorced**.

(a)Guardian of the child(ren):
First Choice Name:____
Address:____________________________________Phone__________________

Substitute guardian of the child(ren):
Name(s):____
Address:____________________________________Phone_________________

(b)First choice guardian of the child(ren)'s estate:
Name(s):____
Address:____________________________________Phone__________________

Substitute guardian of the estate.
Name(s):____
Address:____________________________________Phone__________________

2. Executor. Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

(a)Principal executor.
Name(s):____
Address:____________________________________Phone__________________

(b)Substitute executor.

Name(s):____
Address:____________________________________Phone__________________

.	**Trustees**. Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create. Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. Trustees can be corporations (qualified to act) or individuals. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust.

Every case is different, every family is different, however, we generally do not recommend:
1. your adult children who are beneficiaries of the trust as trustees if you have more than one child because this tends to create conflict among the children.
2. co-trustees (except in the case of the settlors of the trust) because the duplication of efforts tends to create conflict and increase costs of administration. If you are considering co-trustees so that one can "keep an eye on the other" we suggest you reconsider your choice of trustees.
As a suggestion, keeping in mind the qualities of integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen, consider one of your own siblings, your accountant, a trusted friend or perhaps a professional fiduciary. If you want, feel free to request from us the list of private fiduciaries from which the court appoints, or, depending on the size of your estate, we may be able to recommend three institutional fiduciaries.

(a) Principal trustee(s).
Name(s):____
Address(es):____
______________________________Phone ____________________

Name(s):____
Address(es):____
______________________________Phone ____________________

(b) Substitute trustee(s) (to act if one or more of the principal trustees cannot or will not act).
Name(s):____
Address(es):____
______________________________Phone____________________

Name(s):____
Address(es):____
______________________________Phone____________________

Powers of Attorney.

Have you previously given a power of attorney to your spouse, a child, or any other person authorizing that person to do either specific things on your behalf or to act generally on your behalf? If so, please indicate to whom it was given, the nature of the power (specific or general), the date, and the location of the document granting the power.______________________________________

____

If you answered yes above, do you wish to designate the same person as your attorney in fact in the new document which will be created for you by this office? yes___ no___
If no, or if you have never previously designated an attorney in fact, who do you wish to designate as your attorney in fact for Financial matters?

Client's choices
1. Name________________________________
Address________________________________
Phone_________________________________
2. Name _______________________________
Address________________________________
Phone _________________________________

Spouse's choices
1. Name________________________________
Address________________________________
Phone_________________________________
2. Name _______________________________
Address________________________________
Phone _________________________________

Who do you wish to designate as your agent for health care decisions:

Client's choices
1. Name________________________________
Address________________________________
____
Phone_________________________________
2. Name _______________________________
Address________________________________
____
Phone _________________________________
3. Name _______________________________
Address________________________________
____
Phone _________________________________

Spouse's choices
1. Name________________________________
Address________________________________
____
Phone_________________________________
2. Name _______________________________
Address________________________________
____
Phone _________________________________
3. Name _______________________________
Address________________________________
____
Phone _________________________________

1. Do you want your Attorney in Fact to have the authority to maintain your pets? ________

2. Do you want your Attorney in Fact to have the authority to make arrangements for funeral or memorial services, and for burial or cremation of remains? Client_____ Spouse ______

3. Do you have a preference between burial and cremation? Client_____ Spouse ______

   If yes, please describe your wishes:
   Client ____
   Spouse ____

4. Have you already made arrangements for burial or cremation? Client_____ Spouse ______
   If yes, please describe:
   Client:____
   Spouse____

5. Do you want your Attorney in Fact to have the authority to make anatomical gifts?
   Client_____ Spouse ______

   Do you wish to limit this authority in any way? ___ If yes, so specify:_________________________________

6. Select the statement below that reflects your desires regarding life prolonging treatment, services and procedures.

Client

a. I do not wish to receive medical treatment that merely prolongs my inevitable death.
b. I want to receive medical treatment unless I am in an irreversible coma.
c. I want to receive medical treatment that will allow me to live as long as possible.

Spouse

a. I do not wish to receive medical treatment that merely prolongs my inevitable death.
b. I want to receive medical treatment unless I am in an irreversible coma.
c. I want to receive medical treatment that will allow me to live as long as possible.

7. Shall your Attorney in Fact have the power to authorize an autopsy? Client____ Spouse ____

ADDITIONAL INFORMATION

Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for me to know.

____
____
____
____
____
____
____
____
____
____
____

Signature: ____Date:_________________

Please bring your current will, trust, durable powers of attorney and living wills to initial consultation.