

Child(rens) name and, address, child's spouse, if any. Children from a prior marriage, if applicable, and if any of your children are adopted, please write adopted next to name.

Children of Present Marriage:

Name	Address/Telephone No.	Birthdate	Spouse (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children of CLIENT 1's Prior Marriage(s):

Name	Address/Telephone No.	Birthdate	Spouse (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children of CLIENT 2's Prior Marriage(s):

Name	Address/Telephone No.	Birthdate	Spouse (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRANDCHILDREN

Name of grandchild: _____ Date of birth: _____
 Name of grandchild: _____ Date of birth: _____
 Name of grandchild: _____ Date of birth: _____

DECEASED CHILDREN

- Childs Full Name: _____
 Date of death: _____ Spouses Name: _____
 Address: _____
 Any living issue of this child? Yes No
- Childs Full Name: _____
 Date of death: _____ Spouses Name: _____
 Address: _____
 Any living issue of this child? Yes No
- Childs Full Name: _____
 Date of death: _____ Spouses Name: _____
 Address: _____

Any living issue of this child? Yes No

PEOPLE RAISED BY CLIENT(S)

Are there people you and/or your spouse have raised as children who are **not** legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: _____
Address: _____
Date of birth: _____ Male Female
Legal relationship: _____
For purposes of your Will and/or Trust, do you wish this person to be considered your child?
 Yes No

2. Full name: _____
Address: _____
Date of birth: _____ Male Female
Legal relationship: _____
For purposes of your Will and/or Trust, do you wish this person to be considered your child?
 Yes No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify. If you have friends that you consider as close as family members, include them here.

CLIENT 1

CLIENT 2

Name: _____
Address: _____
Relationship: _____
Date of birth: _____
Telephone Number: () _____

() _____

Name: _____
Address: _____
Relationship: _____
Date of birth: _____
Telephone Number: () _____

() _____

Name: _____
Address: _____
Relationship: _____
Date of birth: _____
Telephone Number: () _____

() _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give

enough information about it so that someone else can find it when needed.

ESTATE PLANNING DOCUMENTS (DO YOU HAVE ANY OF THESE?, IF SO PROVIDE A COPY FOR ME)

WILL Yes No

TRUST Yes No

DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT Yes No

POWER OF ATTORNEY FOR HEALTH CARE (ADVANCE DIRECTIVE), DIRECTIVE TO PHYSICIAN and/or LIVING WILL Yes No

If any powers of attorney have been granted by you to another:

Date: _____

Holder of power: _____

State where executed: _____

Special powers granted or withheld: _____

OTHER DEATH-RELATED DOCUMENTS

Document	Location
1) FUNERAL AND BURIAL ARRANGEMENTS	_____
2) CEMETERY PLOT and DEED TO PLOT	_____
3) ORGAN DONATION DIRECTIONS	_____

PERSONAL DOCUMENTS

Document	Location
1) BIRTH CERTIFICATE	_____
2) MARRIAGE CERTIFICATE	_____
3) DIVORCE DECREE	_____
4) PREMARITAL AGREEMENTS (please provide me with copies)	_____
5) COMMUNITY PROPERTY AGREEMENT(S) (please provide me with copies)	_____
6) MARITAL PROPERTY	_____
7) AGREEMENT(S) (please provide me with copies)	_____
8) NATURALIZATION OR CITIZENSHIP DOCUMENTS	_____
9) PASSPORT	_____
10) YOUR CHILDREN'S BIRTH CERTIFICATES	_____
11) YOUR CHILDREN'S ADOPTION PAPERS	_____

- 12) MILITARY SERVICE RECORDS (DISCHARGE PAPERS) _____
- 13) EMPLOYMENT RECORDS _____
- 14) ADOPTION PAPERS _____

TAX RETURNS

Location

- 1) COPIES OF INCOME TAX RETURNS _____
- 2) COPIES OF GIFT TAX RETURNS _____

ASSET AND LIABILITY RELATED DOCUMENTS

Location

- 1) BROKERAGE STATEMENTS _____
- 2) STOCK CERTIFICATES AND BONDS (not held in a brokerage acct) _____
- 3) DEED TO RESIDENCE and/or VACATION HOME _____
- 4) LEASE TO RESIDENCE _____
- 5) CREDIT CARD INFORMATION LIST (issuers and account numbers) _____

INSURANCE POLICIES

Location

- 1) LIFE INSURANCE POLICIES _____
- 2) PROPERTY INSURANCE POLICIES _____
- 3) DISABILITY INSURANCE POLICY _____

DISTRIBUTION OF YOUR ESTATE

TRUSTEES: The person who manages assets owned by a trust under the terms of the trust document. A trustee's purpose is to safeguard the trust and distribute trust income or principal as directed in the trust document. With a simple probate-avoidance living trust, the person who creates the trust is also the trustee.

In order of preference, please list the full names, relationships and address of your Trustees:

Your spouse first: Yes No

- 1. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

- 2. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

- 3. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

EXECUTORS: The person named in a will to handle the property of someone who has died. The executor must collect and manage the property, pay debts and taxes, and then distributes what's left as specified in the will. In addition, the executor handles any probate court proceedings (with the help of a lawyer, if necessary) and takes care of day-to-day tasks--for example, terminating leases and credit cards, and notifying people and organizations of the death. Executors are also called personal representatives.

In order of preference, please list the full names, relationships and address of your Executors:

Same as above: Yes No

1. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

2. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

3. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

GUARDIANS OF MINOR CHILDREN:

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: _____
 Relationship: _____
 Address: _____

2. Name: _____
 Relationship: _____
 Address: _____

DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____
 Relationship: _____ Telephone Number: () _____
 Address: _____

2. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____

3. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____

DURABLE POWER OF ATTORNEY, HEALTH CARE

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

Same as Executors: [] Yes [] No

If no, Spouse First: [] Yes [] No

1. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____

2. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____

3. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____

LIFE PROLONGING TREATMENT

CLIENT 1:

- 1. Do you want to receive medical treatment if you are in an irreversible coma? [] Yes [] No
- 2. Do you give authorization to your agent to make anatomical gifts of body parts? [] Yes [] No
If yes, what parts? _____

CLIENT 2:

- 1. Do you want to receive medical treatment if you are in an irreversible coma? [] Yes [] No
- 2. Do you give authorization to your agent to make anatomical gifts of body parts? [] Yes [] No
If yes, what parts? _____

HEALTH/SPECIAL NEEDS

Do either you or your spouse have health concerns? [] Yes [] No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan?

[] Yes [] No

If yes, please explain: _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people? [] Yes [] No

If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____
Explanation: _____

2. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____
Explanation: _____

3. Name: _____
Relationship: _____ Telephone Number: () _____
Address: _____
Explanation: _____

DISTRIBUTION OF PROPERTY ON DEATH IN General

What is your desired disposition of your property on your death and/or your spouses death?

If married: All to your spouse on death [] Yes [] No

To your children in equal shares on your spouses death [] Yes [] No

If not married: To your children in equal shares [] Yes [] No

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses.

1. Name: _____
Address: _____
Proportion: _____ Telephone Number: () _____
2. Name: _____
Address: _____
Proportion: _____ Telephone Number: () _____

3. Name: _____
 Address: _____
 Proportion: _____ Telephone Number: () _____

Children's Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No
 Outright on your spouses death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

Age	Fractional or % Interest of Share
EXAMPLE:	
Name of Child: Jane Alexandra Smith	
_____ age 21 _____	_____ 1/4 of share _____
_____ age 24 _____	_____ 1/2 of share _____
_____ age 30 _____	_____ Remainder of share _____

Name of Child: _____

Name of Child: _____

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution?
 Yes No
 If yes, at same ages listed above? Yes No

Simultaneous Death

Desired disposition of estate in the event client, spouse and issue die simultaneously:

- EXAMPLES: 1) Your heirs (determined by California law)
 2) Specific named individuals (other than your heirs generally)
 3) A specific charity (Red Cross, Boys Town, Girl Scouts)

1) _____

- 2) _____

- 3) _____

Specific Bequests

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

KEY ADVISORS

Lawyer

Name and address: _____
 Telephone number: () _____
 Fax number: () _____

If listing this office:

Who referred you to this office?

Name, address and telephone number: _____

Relationship to you or to office staff: _____

Accountant:

Name and address: _____

Telephone number: () _____

Fax number: () _____

Stockbrokers/Investment Advisors:

Name and address: _____

Institution: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Name and address: _____

Institution: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Insurance Agents:

Name and address: _____

Company: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Type of insurance coverage: _____

Name and address: _____

Company: _____

Telephone number: () _____

Fax number: () _____

E-mail address: _____

Type of insurance coverage: _____

Trust Officer (Primary Banker):

Name and address of institution: _____
Name of contact person: _____
Telephone number: () _____
Fax number: () _____
E-mail address: _____
Account number: _____

Pension Plan Administrator:

Name and address of plan: _____
Name of contact person: _____
Telephone number: () _____
Fax number: () _____
E-mail address: _____
Account number(s): _____

Doctor:

Name and address: _____

Telephone number: () _____

SAFETY DEPOSIT BOXES

1. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

2. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

3. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____
