

ASSET DOCUMENTATION

To proceed properly with your estate plan, you need to provide specific information regarding your personal assets. Please do not list assets held in a corporate name. You can either fill out the answers in the appropriate spaces provided below, or provide photocopies of documents, such as bank statements, brokerage account statements, 1099 forms you receive, etc., containing all the requested information. If a financial statement has been prepared for you recently, please provide a copy.

SCHEDULE A - REAL ESTATE

Domestic Property:

Please provide the following information about all real property (including timeshares, rental property or farmland) you own as individuals (not as general or limited partners), located in California. Separate residential and investment property and note which is which. For rental properties you own, please provide the name, address and telephone number of the property manager, if any. Note where documents relating to the property are kept and **please provide a photocopy of the most recent Grant Deed and any Deed of Trust.**

1. Name of Owner exactly as shown on the Grant Deed (after hereby grants to):

EXAMPLES: John Doe and Jane Doe, husband and wife

John Doe and Jane Doe, his wife

John Doe and Jane Doe, as joint tenants

Jane Doe, as separate property

John Doe and Jane Doe, as community property

John Doe and Jane Doe, as tenants in common

John Doe, Sr., as to an undivided four-fifths interests, and John Doe, Jr., as to an undivided one-fifth interest

Property address: _____

Name of Lender: _____

Address of Lender: _____

Loan Number: _____

Assessors Parcel Number (APN): _____

(The APN will sometimes appear on your grant deed. It will always appear on your real property tax statement.)

Form of ownership (mark one):

Joint Tenancy

Tenants in Common

Community Property

Husbands Separate

Wife's Separate

Name Property Manager: _____

Address: _____

Telephone Number: _____

If there is mortgage life insurance, note that here: _____

2. Name of Owner exactly as shown on the Grant Deed: _____

Property address: _____
Name of Lender: _____
Address of Lender: _____

Loan Number: _____
Assessors Parcel Number (APN): _____

Form of ownership (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Name Property Manager: _____
Address: _____

Telephone Number: _____

If there is mortgage life insurance, note that here: _____

Foreign Property:

If you own real property in another state or country, please provide all the following information for each property. The requested information includes the name, address and phone number of a title company in the county in which your property is located, and the County Recorder/Clerks office for the county in which your property is located. **If possible, please provide photocopies of Grant Deeds or Deeds of Trust.**

1. Name of Owner exactly as shown on the Grant Deed: _____

Property address: _____
Name of Lender: _____
Address of Lender: _____

Loan Number: _____
Assessors Parcel Number (APN): _____
Name of Title Company: _____
Title Companys Address: _____

Title Companys Telephone Number: () _____
County in Which Property Located: _____
County Recorder/Clerk: _____

Form of ownership (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Name Property Manager: _____
Address: _____

Telephone Number: _____

If there is mortgage life insurance, note that here: _____

2. Name of Owner exactly as shown on the Grant Deed: _____

Property address: _____

Name of Lender: _____

Address of Lender: _____

Loan Number: _____

Assessors Parcel Number (APN): _____

Name of Title Company: _____

Title Company's Address: _____

Title Company's Telephone Number: () _____

County in Which Property Located: _____

County Recorder/Clerk: _____

Form of ownership (mark one):

Joint Tenancy

Tenants in Common

Community Property

Husbands Separate

Wife's Separate

Name Property Manager: _____

Address: _____

Telephone Number: _____

If there is mortgage life insurance, note that here: _____

SCHEDULE B - MARKETABLE SECURITIES
(STOCKS, BONDS, MUTUAL FUND SHARES, TREASURY INSTRUMENTS)

Securities Accounts: For all securities accounts, please supply the requested information, including the exact title of the account:

EXAMPLES: John Doe and Jane Doe as Joint Tenants
John Doe and Jane Doe as Community Property
Jane Doe as Separate Property

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage: _____

Brokerage Address: _____

Telephone Number: () _____

Fax Number: () _____

E-mail address: _____

Account Number: _____

Account Registration: _____

Account Representatives Name: _____

Form of ownership (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Location of statements and purchase information for individual securities: _____

2. Name of Brokerage: _____
Brokerage Address: _____
Telephone Number: () _____
Fax Number: () _____
E-mail address: _____
Account Number: _____
Account Registration: _____
Account Representatives Name: _____

Form of ownership (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Location of statements and purchase information for individual securities: _____

3. Name of Brokerage: _____
Brokerage Address: _____
Telephone Number: () _____
Fax Number: () _____
E-mail address: _____
Account Number: _____
Account Registration: _____
Account Representatives Name: _____

Form of ownership (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Location of statements and purchase information for individual securities: _____

Securities Held in Certificate Form:

For stocks and bonds held by you outside a brokerage account (i.e., you have the certificates), please supply the requested information, including the exact title of the owner as it appears on the stock certificate or bond:

EXAMPLES: John Doe and Jane Doe as Joint Tenants
John Doe and Jane Doe as Community Property
John Doe as Separate Property

Also please provide a photocopy of each stock certificate or bond.

1. Full Name of Issuing Company as it appears on stock certificate:

Full Name of Owner exactly as it appears on stock certificate:

Certificate No. No. of Shares on Certificate Common or Preferred

_____	_____	_____
_____	_____	_____
_____	_____	_____

Form of ownership (mark one):

Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Location of statements and purchase information for individual securities: _____

2. Full Name of Issuing Company as it appears on stock certificate:

Full Name of Owner exactly as it appears on stock certificate:

Certificate No. No. of Shares on Certificate Common or Preferred

_____	_____	_____
_____	_____	_____
_____	_____	_____

Form of ownership (mark one):

Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Location of statements and purchase information for individual securities: _____

SCHEDULE C - BANK ACCOUNTS

For all cash accounts, please supply the information requested below, including the exact title of the account.

EXAMPLES: John Doe and Jane Doe as Joint Tenants.
John Doe and Jane Doe as Community Property
Jane Doe as Separate Property

Please provide a contact person at the financial institution if possible. If possible, please indicate whose funds created the account. If the account is held in trust for someone else, indicate this fact by adding "ITF" to the name on the account.

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all the requested information.

If the account has a passbook or certificate, note where it is located. Also state where monthly statements are kept for the bank and money market accounts.

1. Name of Institution: _____
Address: _____
Account Number: _____
Exact Title of Account: _____
Name of Contact Person: _____
Type of Account: _____
Location of Documents Evidencing Account: _____

2. Name of Institution: _____
Address: _____
Account Number: _____
Exact Title of Account: _____
Name of Contact Person: _____
Type of Account: _____
Location of Documents Evidencing Account: _____

3. Name of Institution: _____
Address: _____
Account Number: _____
Exact Title of Account: _____
Name of Contact Person: _____
Type of Account: _____
Location of Documents Evidencing Account: _____

4. Name of Institution: _____
Address: _____
Account Number: _____
Exact Title of Account: _____
Name of Contact Person: _____
Type of Account: _____
Location of Documents Evidencing Account: _____

SCHEDULE D - LOANS, NOTES AND MORTGAGES RECEIVABLE

Notes Payable to You:

1. Exact name of holder as it appears on the note: _____

Exact name of debtor: _____

Face amount: _____ Due date: _____
Interest rate: _____
Collateral securing note (if any): _____
Location of original note: _____

2. Exact name of holder as it appears on the note: _____

Exact name of debtor: _____

Face amount: _____ Due date: _____
Interest rate: _____
Collateral securing note (if any): _____
Location of original note: _____

SCHEDULE E - LIFE INSURANCE

For each life insurance policy you own, please supply the requested information, including the exact name of the owner:

EXAMPLES: John Doe and Jane Doe as Joint Tenants
John Doe and Jane Doe, Husband and Wife
John Doe as Separate Property

Alternatively, please provide a photocopy of the front page of the policy, which will contain the requested information, and please provide a copy of the current beneficiary designation.

1. Carriers Name: _____
Carriers Address: _____

Policy No.: _____ Face Value: _____
Name of Insured: _____
Owner of Policy: _____
Primary Beneficiary: _____
Contingent Beneficiary: _____
Type (mark one): Term Universal Life Whole Life
Policy Loans: _____
How Are Dividends Used? _____
How Are Premiums Paid? _____
Location of Policy Documents (including current beneficiary designation): _____

2. Carriers Name: _____
Carriers Address: _____

Policy No.: _____ Face Value: _____
 Name of Insured: _____
 Owner of Policy: _____
 Primary Beneficiary: _____
 Contingent Beneficiary: _____
 Type (mark one): Term Universal Life Whole Life
 Policy Loans: _____
 How Are Dividends Used? _____
 How Are Premiums Paid? _____
 Location of Policy Documents (including current beneficiary designation): _____

SCHEDULE F - JOINT INTERESTS

Please list all property, etc., in which you have a joint interest with another person, including your spouse:

1. Type of Property (Schedule on which listed): _____
 Name of Co-Owner(s): _____
 Relationship to You: _____
 % Contributed by You to Acquisition: _____
 Nature of your funds used for acquisition (e.g., community property, separate property): _____

2. Type of Property (Schedule on which listed): _____
 Name of Co-Owner(s): _____
 Relationship to You: _____
 % Contributed by You to Acquisition: _____
 Nature of your funds used for acquisition (e.g., community property, separate property): _____

3. Type of Property (Schedule on which listed): _____
 Name of Co-Owner(s): _____
 Relationship to You: _____
 % Contributed by You to Acquisition: _____
 Nature of your funds used for acquisition (e.g., community property, separate property): _____

4. Type of Property (Schedule on which listed): _____
 Name of Co-Owner(s): _____
 Relationship to You: _____
 % Contributed by You to Acquisition: _____
 Nature of your funds used for acquisition (e.g., community property, separate property): _____

SCHEDULE G - PERSONAL, HOUSEHOLD, ETC. PROPERTY

Personal Property: List all personal property of significant value, including, for example, antiques, artwork, other collectibles, and jewelry:

Household furniture and furnishings:

Jewelry:

If jewelry is listed on insurance policy, note location of policy:

Automobiles:

1. Model and license no: _____
Name on registration: _____
Leased or owned: _____
If there is a loan on this automobile, indicate due date: _____

2. Model and license no: _____
Name on registration: _____
Leased or owned: _____
If there is a loan on this automobile, indicate due date: _____

3. Model and license no: _____
Name on registration: _____
Leased or owned: _____
If there is a loan on this automobile, indicate due date: _____

Collections: If you have any collections (such as Art, Stamp, Coin, Gun), describe here and indicate whether the collection is specially insured:

Other Property Not Listed Above (Motorcycles, Boats, Etc.): Describe here and indicate pertinent information (location, special insurance, etc.):

SCHEDULE H - TRUSTS AND GIFTS

Trusts created by you:

If a gift tax return was filed in connection with the transfer of assets to the trust, note the year for which the return was filed and indicate if any tax was paid, and whether to the IRS or the state. Indicate the type of trust created (insurance, minor's trust, QTIP, etc.).

1. Trustee(s): _____
 Date of Trust: _____
 Beneficiaries: _____
 Type of Trust: _____
 Gift Tax Information: _____
2. Trustee(s): _____
 Date of Trust: _____
 Beneficiaries: _____
 Type of Trust: _____
 Gift Tax Information: _____

Trusts created for your benefit or for the benefit of your family, or in which you are a trustee:

1. Grantor(s): _____
 Trustee(s): _____
 Date of Trust: _____
 Type of Beneficial Interest: _____
2. Grantor(s): _____
 Trustee(s): _____
 Date of Trust: _____
 Type of Beneficial Interest: _____

Gifts to children:

List gifts you have made to minor children pursuant to UGMA (Uniform Gifts to Minors Act) or UTMA (Uniform Transfers to Minors Act) for which you are the custodian:

Gifts to Others:

List gifts you have made to others falling outside of the annual gift exclusion amount and/or for which you have filed gift tax returns:

SCHEDULE I - GENERAL POWERS OF APPOINTMENT

Instrument Creating Power*	Date of Creation	Value of Property Subject to Power
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

***Attach copy of document which creates power.**

**SCHEDULE J - RETIREMENT AND OTHER EMPLOYMENT BENEFITS, INDIVIDUAL
RETIREMENT ACCOUNTS (IRAs) OR KEOGH ACCOUNTS**

RETIREMENT AND EMPLOYMENT BENEFITS

For all employee benefits provided to you or your spouse, please provide the following information, or a photocopy of the most recent statement containing all the requested information. **Also please provide a copy of the current beneficiary designation.**

Pensions or Corporate Retirement Plans

1. Name of Employer: _____
Address of Employer: _____
Name of Plan: _____
Name of Plan Administrator: _____
Address of Plan Administrator: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

2. Name of Employer: _____
Address of Employer: _____
Name of Plan: _____
Name of Plan Administrator: _____
Address of Plan Administrator: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

Keogh Plans

1. Participants Name: _____
Account No.: _____
Name of Custodial Institution: _____
Address of Custodial Institution: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

2. Participants Name: _____
Account No.: _____
Name of Custodial Institution: _____
Address of Custodial Institution: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

Deferred Compensation Contracts

1. Amount and timing of expected payout: _____
Substantial contingencies which must be met for payout: _____

-
-
- Amount and timing of expected payout: _____
Substantial contingencies which must be met for payout: _____

Stock Options

- Option Price: _____ Current Value of Stock: _____
Restriction(s) on exercise of option: _____

- Option Price: _____ Current Value of Stock: _____
Restriction(s) on exercise of option: _____

Group Term Life Insurance

- Insurer: _____
Amount of Insurance: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____
Accident Coverage: _____
- Insurer: _____
Amount of Insurance: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____
Accident Coverage: _____

Health (Medical) Insurance

- Insurer: _____
Brief Description of Coverage: _____

- Insurer: _____
Brief Description of Coverage: _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

For all Individual Retirement Accounts (IRAs), please provide the requested information. Alternatively, please provide a photocopy of the most recent annual statement, which will contain all of the requested information. **Also please provide a copy of the current beneficiary designation.**

Mutual Funds

- Participants Name: _____

Name of Custodial Institution: _____
Address of Custodial Institution: _____
Account Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____
Location of statements: _____

2. Participants Name: _____
Name of Custodial Institution: _____
Address of Custodial Institution: _____
Account Number: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____
Location of statements: _____

Certificates of Deposit

1. Name of Financial Institution: _____
Address of Financial Institution: _____
Account Number: _____
Type of Account: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

2. Name of Financial Institution: _____
Address of Financial Institution: _____
Account Number: _____
Type of Account: _____
Name of Primary Beneficiary: _____
Name of Contingent Beneficiary: _____

SCHEDULE K - BUSINESSES, PARTNERSHIPS AND JOINT VENTURES

For all businesses and partnerships in which you own an interest, please supply the requested information, including the exact title of ownership:

EXAMPLES: John Doe and Jane Doe as Joint Tenants
John Doe and Jane Doe, Husband and Wife
Jane Doe as Separate Property

Alternatively, please provide a copy of the Schedule K1 filed with your most recent Federal income tax return, which will contain all of the requested information.

CLOSELY-HELD CORPORATION:

Please obtain balance sheet and profit and loss statements for five most recent years. **If possible, please provide a copy to us.**

Name of Corporation: _____
Address: _____
Exact Title of Ownership: _____

Manner of Ownership Interest (mark one):

- Joint Tenancy Tenants in Common Community Property
 Husbands Separate Wife's Separate

Percentage of Ownership: _____

State of Incorporation: _____

Date of Incorporation: _____

S or C Corporation? _____

Capitalization:

Preferred stock:

Number of Shares Authorized: _____

Number of Shares Outstanding: _____

Is there more than one class of preferred stock? _____

Is the stock cumulative or noncumulative? _____

Common stock:

Number of Shares Authorized: _____

Number of Shares Outstanding: _____

Is there more than one class of preferred stock? _____

Is the stock cumulative or noncumulative? _____

Debentures:

Amount: _____

Maturities: _____

Interest dates: _____

Subordinated: _____

Other Debts: _____

Ownership of stock:

Owner	Number of Shares/Type	Relation (if any) to You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Is there a buy-sell agreement? _____

(If so, please attach a copy of the agreement)

Who are parties to the agreement? _____

What is the sale price or how is it determined? _____

When must/may sale take place? (mark one)

- At death Retirement Anytime
 Lifetime purchase Disability

How will the sale be funded? _____

Are there outstanding options on the stock? _____

Who holds them? _____

What are their terms? _____

Do you desire to have your family retain:

Control of corporation?

Minority interest?

Income interest?

If so, which members of the family? _____

If there have been recent sales of substantial blocks of the stock:

What were the sales prices? _____

Who were the buyers? _____

Is there a pension plan? _____

Is there a profit-sharing plan? _____

Who are the beneficiaries? _____

Are there other employee plans? _____

(If so, attach copies of plans)

Is there key man life insurance? _____

Who is the Owner? _____

Who is the Beneficiary? _____

PARTNERSHIP INTERESTS

If there is a written partnership agreement, please attach a copy. Also, please attach balance sheet and earnings statements for preceding five years.

1. Name of Partnership: _____

Address of Partnership: _____

Full Name of Owner as It Appears on Partnership Records: _____

Manner of Ownership Interest (mark one):

Joint Tenancy Tenants in Common Community Property

Husbands Separate Wife's Separate

Nature of Partnership Interest (mark one): General Partner Limited Partner

Amount of Original Investment: _____

Name of General Partner: _____

Address of General Partner: _____

Is there an agreement for continuation of the business on the retirement, death, or disability of a partner? _____

Will payments be made to heirs? _____

When? _____

If in installments, at what rate? _____

How will value of interest be determined? _____

Does the partnership hold insurance on the lives of the partners? _____
(Please attach copies of agreements and policies)

Amounts: _____

Beneficiaries: _____

Do partners have insurance on each other's lives? _____

Is there a business liquidation agreement? _____

(If so, please attach copy of agreement)

Is there a partnership Keogh plan? _____

(If so, please attach copy of plan)

Who are beneficiaries at death? _____

2. Name of Partnership: _____

Address of Partnership: _____

Full Name of Owner as It Appears on Partnership Records: _____

Manner of Ownership Interest (mark one):

Joint Tenancy Tenants in Common Community Property

Husbands Separate Wife's Separate

Nature of Partnership Interest (mark one): General Partner Limited Partner

Amount of Original Investment: _____

Name of General Partner: _____

Address of General Partner: _____

Is there an agreement for continuation of the business on the retirement, death, or disability of a partner? _____

Will payments be made to heirs? _____

When? _____

If in installments, at what rate? _____

How will value of interest be determined? _____

Does the partnership hold insurance on the lives of the partners? _____

(Please attach copies of agreements and policies)

Amounts: _____

Beneficiaries: _____

Do partners have insurance on each other's lives? _____

Is there a business liquidation agreement? _____

(If so, please attach copy of agreement)

Is there a partnership Keogh plan? _____

(If so, please attach copy of plan)

Who are beneficiaries at death? _____

SOLE PROPRIETORSHIPS

Please attach balance sheet and income statements for last five years.

1. Name of Business: _____

Address: _____

Will a family member continue the business after you die or retire? [] Yes [] No

If yes, who? _____

If no, do you intend to:

Sell the business?

Have your executor sell the business?

If the business is to be continued by a family member, have you made any arrangement through life insurance or otherwise to cover estate tax costs, etc., attributable to the business? [] Yes [] No

If yes, what are these arrangements? _____

Does the business have a pension plan? _____

(If so, please attach a copy of the plan)

Does the business have a profit-sharing plan? _____

(If so, please attach a copy of the plan)

SCHEDULE L - MISCELLANEOUS LIABILITIES

Please describe any liabilities not disclosed on prior schedules.

	Separate Debt	Joint Debt
Leasehold liability	_____	_____
Joint notes	_____	_____
Endorsement of notes for others	_____	_____
Disputed damage (tort) liability	_____	_____
Taxes due	_____	_____
Disputed past taxes	_____	_____

NOTES: