

PART I
PERSONAL DATA

NAME; Husband: _____		
FIRST	MIDDLE	LAST
NAME KNOWN BY: _____		
BUSINESS (1) _____	SOC.SEC. #: _____	
ADDRESS: _____	BIRTHPLACE: _____	
_____	BIRTHDATE: _____	
_____	CITIZENSHIP: _____	
BUSINESS TELEPHONE: () _____	FACSIMILE: () _____	
INTERNET ADDRESS: _____	E-MAIL: _____	

NAME; Wife: _____		
FIRST	MIDDLE	LAST
NAME KNOWN BY: _____		
BUSINESS (2) _____	SOC.SEC. #: _____	
ADDRESS: _____	BIRTHPLACE: _____	
_____	BIRTHDATE: _____	
_____	CITIZENSHIP: _____	
BUSINESS TELEPHONE: () _____	FACSIMILE: () _____	
INTERNET ADDRESS: _____	E-MAIL: _____	

HOME (3) _____	HOME TELEPHONE: () _____
ADDRESS: _____	

DATE AND PLACE OF MARRIAGE: _____	
DATE CAME TO CALIFORNIA: _____	
SEND CORRESPONDENCE TO: (1) ___ (2) ___ (3) ___	

FAMILY DATA

(1) CHILDREN (*of this marriage*)

<u>Name</u>	<u>Birthdate</u>	<u>Name of Spouse</u>	<u>Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2) ANY PRIOR MARRIAGES? Yes No Who: _____

(3) CHILDREN (*of prior marriage*)

<u>Name</u>	<u>Birthdate</u>	<u>Parents</u>	<u>Special Needs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(4) ANY DECEASED CHILDREN? Yes No Names: _____

(5) GRANDCHILDREN

<u>Name</u>	<u>Parents</u>
_____	_____
_____	_____
_____	_____
_____	_____

(6) OTHER BENEFICIARIES (*i.e., parents, brothers, sisters*)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

ADVISORS

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>
ATTORNEY:	_____	() _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
ACCOUNTANT:	_____	() _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
INSURANCE AGENT:	_____	() _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
OTHER: (Stockbroker, Banker, Investment)	_____	() _____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

Location of Safe Deposit Box(es):	_____

Location of Key(s):	_____
Persons with Access:	_____
Contents:	_____

PERSONAL REPRESENTATIVES

Please complete the following information for those persons or entities you have selected or are considering to act in the following capacities. If you have any questions regarding the duties of these representatives, we can discuss them at our meeting.

EXECUTOR	H's will, 1st:	_____
	W's will, 1st:	_____
	Both wills, 2nd:	_____
	3rd:	_____

TRUSTEE	H's death, 1st:	_____
	W's death, 1st:	_____
	Both deaths, 2nd:	_____
	3rd:	_____

POWER OF ATTORNEY	Property, 1st:	_____
	2nd:	_____
	3rd:	_____
	Health Care, 1st:	_____
	2nd:	_____
	3rd:	_____

GUARDIAN if minor children 1st: _____
2nd: _____
3rd: _____

CONSERVATOR in event of
illness or
disability 1st: _____
2nd: _____
3rd: _____

PART II

FINANCIAL SUMMARY

The following pages contain forms to assist you in compiling a brief financial summary for use in our estate planning conference. I use this information to estimate your estate taxes and your estate settlement and probate costs in connection with the evaluation of estate planning alternatives. The summary also serves as a checklist of your assets for my use in the analysis of title ownership that is an integral part of any estate plan.

A recent financial statement can be used in lieu of this financial summary. If you have a recent financial statement that covers the areas set forth on the attached forms, please bring a copy to our conference.

PART III

INCOME ANALYSIS

In addition to the financial summary, please complete the last page of the Questionnaire regarding your income. This information will enable me to analyze the income needs of each of you in order to determine whether your estate will be sufficiently liquid to meet income and investment needs upon your deaths.

FINANCIAL SUMMARY

REAL ESTATE
(From Schedule A) \$ _____

PUBLICLY TRADED SECURITIES
(From Schedule B) \$ _____

BUSINESS INTERESTS
(From Schedule B) \$ _____

CASH & NOTES RECEIVABLE
(From Schedule C) \$ _____

OTHER (PERSONAL) PROPERTY
(From Schedule C) \$ _____

TOTAL \$ _____

PERSONAL INSURANCE
(From Schedule D) \$ _____

EMPLOYEE BENEFITS
(From Schedule E) \$ _____

UNSECURED DEBT
(From Schedule E) \$(_____)

REAL PROPERTY

	<u>Description</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

4.	_____	_____	_____	_____

5.	_____	_____	_____	_____

6.	_____	_____	_____	_____

7.	_____	_____	_____	_____

			TOTAL	=====

If possible, please bring a copy of the deed to each parcel of property with the street address attached.

PUBLICLY TRADED SECURITIES

	<u>Description</u>	<u>Estimated Current Value</u>	<u>Debt</u>	<u>Net Equity</u>
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

4.	_____	_____	_____	_____

			TOTAL	=====

Please bring the name, address and telephone number of your stockbroker.

BUSINESS INTERESTS

	<u>Description of Business</u>	<u>Estimated Value</u>
1.	_____	_____

2.	_____	_____

3.	_____	_____

		TOTAL
		=====

If possible, please bring recent financial statements.

CASH & NOTES RECEIVABLE

	<u>Description</u>	<u>Balance or Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
	TOTAL	=====

If possible, please bring a copy of the deed of trust, if any, securing each loan.

OTHER (PERSONAL) PROPERTY

	<u>Description</u>	<u>Net Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
	TOTAL	=====

PERSONAL INSURANCE

INSURED	_____	_____	_____	_____
Company	_____	_____	_____	_____
Policy No.	_____	_____	_____	_____
Type of Ins.	_____	_____	_____	_____
Date Issued	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Primary Benef.	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Net Cash Value	_____	_____	_____	_____

INSURED	_____	_____	_____	_____
Company	_____	_____	_____	_____
Policy No.	_____	_____	_____	_____
Type of Ins.	_____	_____	_____	_____
Date Issued	_____	_____	_____	_____
Policy Owner	_____	_____	_____	_____
Primary Benef.	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____
Net Cash Value	_____	_____	_____	_____

EMPLOYEE BENEFITS

	<u>Employee</u>	<u>Company</u>	<u>Primary Beneficiary</u>	<u>Death Benefits</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
			TOTAL	=====

UNSECURED DEBT

	<u>Description</u>	<u>Amount</u>
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____
		TOTAL
		=====

PART III
INCOME ANALYSIS

<u>Income Sources</u>	<u>Husband</u>	<u>Wife</u>
Salary, Bonuses, Commissions	_____	_____
Dividends & Interest	_____	_____
Net Rents	_____	_____
Other	_____	_____
TOTAL	=====	=====

Please insert the approximate amount of your annual income in the categories indicated. If possible, please bring copies of your two most recent federal and state income tax returns.

<u>Income Needs</u>	<u>Husband</u>	<u>Wife</u>
Living Expenses (food, clothing, and incidentals)	_____	_____
Payments for rent, mortgage/deed of trust, loans and other debts	_____	_____
Education of Children	_____	_____
Income and Property Taxes	_____	_____
Emergency Fund	_____	_____
Medical Expenses	_____	_____
Other	_____	_____
TOTAL	=====	=====

Please insert the approximate amount of your annual income needs in the categories indicated.
