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ESTATE PLANNING DATA SHEET

GENERAL INFORMATION	
Name #1 (as it appears on Driver's License):	Name #2 (as it appears on Driver's License):
Date:	Referred By:
Birthdate:	Birthdate:
U.S. Citizen? ☐ Yes ☐ No Non U.S. Citizen: Resident Non-Resident	U.S. Citizen? ☐ Yes ☐ No Non U.S. Citizen: Resident Non-Resident

Address:	
Phone #1:	Phone #2:
Email #1:	Email #2:

Marriage Or Registered Domestic Partnership: ☐ Yes ☐ No		
Date:	State:	Premarital Agreement? ☐ Yes ☐ No
Year Moved To CA:		
Marital Settlement Agreement From Prior Marriage? ☐ Yes ☐ No Affects Pension Plan, Life Insurance, Child Support, and/or Spousal Support? ☐ Yes ☐ No		

GENERAL INFORMATION	
Prior Will/Trust: ☐ Yes ☐ No (Please Provide A Copy Of Existing Wills/Trust)	**Prior Gifts**: ☐ Yes ☐ No (Please Provide Copy Of Gift Tax Return)

CPA/Accountant Name:	
Telephone:	Email:
Company:	

Children: (All Children Whether Living, Deceased, Or Born Outside Of Marriage)	
Name:	Mailing Address and Phone number:
Name:	Mailing Address and Phone number:
Name:	Mailing Address and Phone number:
Name:	Mailing Address and Phone number:

MY ESTATE PLANNING GOALS ARE AS FOLLOWS:

ASSETS
Please Check Title To Your Assets - Joint Tenancy, Community Property, Separate Property

Personal Effects of Significant Value	
Item(s)	Approx. Value

Real Estate: (Bring copy of Deed, if available)			
Address	Ownership/Title	Debt (est.)	Market Value (est.)

Checking/Savings Accounts: (Bring recent statements, if available)		
Institution	Title/Ownership	Current Balance

Investment Accounts/Securities: (Stocks, Bonds, Brokerage Accounts)		
Institution	Title/Ownership	Current Balance

Retirement/Pension Plans (Include IRA's, 401k's, Corporate Plans)				
Institution	Income Earner	1st Beneficiary	2nd Beneficiary	Market Value

Life Insurance And Annuities:					
Company/Type (Term or Whole)	Policy Owner	Insured/Annuitant	1st Beneficiary	2nd Beneficiary	Death Benefit

Money Owed to You? (Loans, Promissory Notes)		
Debtor Name and explanation	Current Balance	Secured? (Y or N)

Other Assets? (Business interests, Money from Irrevocable Trust)	
Asset and Description	Value

WHAT IS THE VALUE OF MY ESTATE?	
Please add the total of all your assets here:	
PERSONAL EFFECTS	
REAL ESTATE (NET OF MORTGAGE)	
CASH ACCOUNTS	
SECURITIES	
INSURANCE AND ANNUITIES	
RETIREMENT PLANS	
MONEY OWED TO YOU	
OTHER ASSETS	
TOTAL	$ 0

PREPARING FOR THE FIRST MEETING

These are the types of decisions we will discuss during your first estate planning meeting.

Feel free to write down your initial thoughts.

GUARDIAN: Who will raise your minor children and be responsible for their physical care?
First Choice? Second Choice?

TRUSTEE/FIDUCIARY: Who will handle your finances and manage your assets in the event of your incapacity or death?
First Choice? Second Choice?

HEALTH CARE: Who will make your health care decisions if you are incapacitated, including terminating life support? Do you have long term health care insurance?
First Choice? Second Choice?

DISTRIBUTION AFTER DEATH:

Do you have a plan for distribution of your personal effects? (High Value Items or Sentimental Items) (Consider Making a List of Who Should Receive the Personal Effects)

Who will be the beneficiaries of your estate after your death? (Family, Friends, Charity)

How should your assets be distributed? (Specific Dollar Amounts, Specific Assets, Percentages among individuals/charities)

AGES: At what age(s) should your beneficiaries inherit? Immediately? At Certain Age? Installments? (ex. 25% at age 25, 50% at age 30, 100% at age 35)

********THIS IS NOT A TESTAMENTARY DOCUMENT*********