

ESTATE PLANNING WORKSHEET (Single Client)

Date Prepared: _____

Prepared by: _____

A. Personal and Family Information:

1. Your Name (give also any variations used) and Social Security Number:

Name	Alias(es)	Social Sec. #:
_____	_____	_____

2. Citizenship - Are you a United States citizen?

<u>Yes</u>	<u>No</u>	<u>If No, of what country?</u>
_____	_____	_____

3. Residence:

Address: _____

Telephone (_____) _____
Fax: (_____) _____
E-mail: _____

4. Business:

Company: _____
Occupation: _____
Address: _____

Telephone (_____) _____
Fax: (_____) _____

5. Date and place of birth: _____

6. Date began residence in California: _____

7. (a) Prior marriages, if any (include name of former spouse):

<u>Name of Former Spouse</u>	<u>Ended by Dissolution or Death?</u>	<u>Year of Dissolution or Death</u>
_____	_____	_____
_____	_____	_____

If dissolution, do you have continuing financial obligations? _____

(If dissolution, please provide copy of decree/order of dissolution)

(b) Are you now, or have you ever registered as a Domestic Partner?

Name of Partner

Year of Registration

State of Registration

Has/Have any Domestic Partnership relationship(s) been terminated? _____
(If yes, provide a copy of the termination document(s))

9. Name and birth date of children (if of a prior marriage, so indicate):

Full Legal Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Name of deceased children (if any)

Full Legal Name

Left Living Children?

_____	_____
_____	_____
_____	_____
_____	_____

11. Name of grandchildren and name of grandchild's parent(s):

Grandchild's Name

Parent(s) of Grandchild

_____	_____
_____	_____
_____	_____
_____	_____

12. Your Living parents: _____

13. Your living brothers and sisters: _____

14. **Military service (give branch and dates of service):**

15. **Location of safe deposit box and important papers:**

16. **Do you have prior wills? (If yes, give dates and provide copies):**

Name & Telephone or Address of prior Estate Planning counsel: _____

17. **Have you created a trust or trusts? (If yes, give dates, describe trust agreement or declaration and provide copies):**

18. **Your Accountant:**

Name: _____
Address: _____

Telephone: _____

B. Income:

1. **Salary or other earned income:** _____

2. **Other income:** _____

C. Asset Information (check deeds or ownership documents for how title is held*):

* CP = Community Property ON = Own Name
JT = Joint Tenancy TR = Trust
FLP = Family Limited Partnership

1. **Real Property (include address):**

<u>Address</u>	<u>How Title Is Held</u>	<u>Approx. Present Value</u>	<u>Approx. Present Debt</u>
_____	_____	\$ _____	\$ _____

Parcel #: _____			
_____		\$ _____	\$ _____

Parcel #: _____

_____ \$ _____ \$ _____

Parcel #: _____

_____ \$ _____ \$ _____

Parcel #: _____

2. Cash (checking & savings accounts; incl. institution, branch name and location):

<u>Institution Name And Branch</u>	<u>Type</u>	<u>Acct. #</u>	<u>Titling of Acct.</u>	<u>Approx. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

3. Brokerage Accounts (include broker name, branch and location):

<u>Institution Name And Branch</u>	<u>Type</u>	<u>Acct. #</u>	<u>Titling of Acct.</u>	<u>Approx. Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

4. Securities not in brokerage accounts:

<u>Name of Security</u>	<u>Type</u>	<u>Titling of Security</u>	<u>Approx. Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Tangible personal property (jewelry , household furnishings, cars, etc.):

<u>Description of Item</u>	<u>Ownership</u>	<u>Approx. Value</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Business interests (partnerships, proprietorships, controlled corporations, etc.); for each interest, state whether a buy-out agreement exists:

<u>Entity Name</u>	<u>Type</u>	<u>Percent Owned</u>	<u>How Title Held</u>	<u>Approx. Value</u>	<u>Buy-Out?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(For each entity, provide copy of constituent document(s), share certificates, if any, and any buy-out agreements)

7. Debts owed to you by others:

<u>Debtor(s)</u>	<u>Amount</u>	<u>Written Obligation?</u>	<u>Security/Collateral?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Life Insurance:

Total Coverage of all policies: \$ _____

Term Insurance

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Whole Life Insurance

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Death or other benefits from a qualified retirement plan, Keogh, IRA or annuities:

Death Cash

<u>Company</u>	<u>Type</u>	<u>Beneficiary</u>	<u>Benefit</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. Other assets (including copyrights, patents and mineral rights; indicate how title is held and approximately value:

<u>Type/Description</u>	<u>How Title Is Held</u>	<u>Approximately Present Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Other Interests or Expectancies:

1. Beneficial interests in trusts:

<u>Creator Of Trust</u>	<u>Name of Trustee</u>	<u>Your Interest</u>	<u>Power of Appointment?</u>	<u>Present Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Expected inheritances or gifts (from parents or others):

E. Liabilities

1. Notes, loans, spousal or child support obligations and judgments (include amount and to whom owed):

2. Have you entered into any agreement regarding property acquired during any previous or anticipated marriage. If yes, state whether agreements is oral or written, whether it was entered into before or after your marriage, and provide copy:

Yes ___ No ___

F. Gifts Made by You to others:

1. Have you made any gifts in excess of \$10,000.00? If yes, give description and amount of gift, to whom given and date of gift.

2. Was a Gift Tax Return filed for any gifts made by you (if so, provide copies, or name/phone of accountant who filed for you):

Yes _____ No _____

If Yes, for what year(s): _____

G. Certain Will and/or Trust Provisions:

1. Trustee(s) of trust established now or in Will:

1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

2. Executor of Will:

1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

3. Guardian(s) or person and/or estate of minor children:

1st choice: _____
Successor _____
2nd Successor _____

Will bond be required: Yes or No

4. State briefly how you wish your property to be disposed of upon your death:

H. Certain Health Care Decision Matters:

1. Durable Power of Attorney for Health Care (“DPAHC”) or Advance Health Care Directive (“AHCD”):

Have you executed a DPAHC or AHCD document? Yes ____ No ____

Who do you wish to make health care decisions for you if you are not able to do so?

1st choice: _____
Successor _____
2nd Successor _____

2. Physician Orders for Life-Sustaining Treatment (“POLST”) Document:

Have you executed any such health care document? Yes ____ No ____

If so, with what Physician? _____

3. Do Not Resuscitate (“DNR”) Order?

Have you executed a DNR document? Yes ____ No ____

If so, where is the original? _____

Signature