



**CONFIDENTIAL**

**CLIENT ESTATE PLAN INFORMATION REPORT**

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FOR OFFICE USE

FILE NO. \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

REPORT DATED \_\_\_\_\_

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I. PERSONAL INFORMATION

1. Husband: Wife:

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Birthplace \_\_\_\_\_

Birthdate \_\_\_\_\_

Citizenship \_\_\_\_\_

Period of Residence in California \_\_\_\_\_

If less than 10 years, note prior residences \_\_\_\_\_

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2. Marital Status

a. Married?  Yes  No

If yes, date and place of marriage \_\_\_\_\_

b. Prior marriage(s)?  Yes  No

If yes, give each prior spouse's name and address; date of death or divorce from prior spouse; the title, location, and the case number of probate or divorce court.

\_\_\_\_\_

\_\_\_\_\_

3. Children: (living and deceased)  
Note (\*) if from prior marriage  
Note (\*\*) if adopted

<u>Name</u>	<u>City/State</u>	<u>Birthdate</u>	<u>Spouse (if married)</u>

4. Grandchildren (living and deceased)

<u>Name</u>	<u>Birthdate</u>	<u>Parent's Name</u>

5. Please list parents, brothers, sisters, grandparents and others (if relevant). Please note if any of those listed are dependent on you for support.

- a. For Husband

<u>Name</u>	<u>Relationship</u>	<u>City/State</u>	<u>Age or Birthdate</u>

b. For Wife

<u>Name</u>	<u>Relationship</u>	<u>City/State</u>	<u>Age or Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. ADDITIONAL INFORMATION REQUESTED

1. Pre- or Post-Nuptial Agreement
2. Property settlement or Dissolution Agreement, if applicable
3. Copies of present Wills of husband and wife
4. Most recent gift tax returns, if any
5. Last Federal Income Tax return
6. Copies of Trust Agreements under which either spouse is a donor or beneficiary
7. Durable Powers of Attorney for Health Care
8. Durable Powers of Attorney for Asset Management
9. Directive to Physicians

III. PROFESSIONAL ADVISORS

(List name, firm, address and telephone number, if known)

Other Attorney \_\_\_\_\_

Securities Broker \_\_\_\_\_

Tax Advisor \_\_\_\_\_

Insurance Underwriter \_\_\_\_\_

Investment Advisor \_\_\_\_\_

IV. FINANCIAL INFORMATION

1. Assets:

Note: **IF RECENT DETAILED FINANCIAL STATEMENT AVAILABLE PLEASE ATTACH AND SKIP THIS SECTION.**

a. Cash & Bank Balances:

	<u>Name of Bank, Address &amp; Account No.</u>	<u>Held in Name of*</u>	<u>Approx. Balance</u>
Checking Accounts	_____	_____	\$ _____
	_____	_____	\$ _____
Savings Accounts	_____	_____	\$ _____
	_____	_____	\$ _____
Safe Deposit Box No.	_____		
At	_____	TOTAL	\$ _____

b. Notes & Accounts Receivable: Include details (amount, payor, payee, date) of all items over \$1,000.00 due you.

		TOTAL	\$ _____

c. Stocks Held – Mutual Fund Shares: (Attach separate list, if preferable)

<u>Number of Shares</u>	<u>Name of Company</u>	<u>Held in Name of*</u>	<u>Approx. Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		TOTAL	\$ _____

\* Key  
 JT: Joint Tenancy                      H: Husband  
 CP: Community Property              W: Wife  
 TC: Tenancy in Common

d. Bond Holdings – Savings & Other Bonds: (Attach separate list, if preferable)

<u>Maturity Values</u>	<u>Description</u>	<u>Held in Name of*</u>	<u>Approx. Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

e. Real Estate: (Please furnish xerox copy of current deeds for title analysis)

	<u>Address</u>	<u>Mortgage Amount</u>	<u>Title*</u>	<u>Approx. FMV Value</u>
Residence	_____	_____	_____	\$ _____
Vacation	_____	_____	_____	\$ _____
Other (Rental Business)	_____	_____	_____	\$ _____
TOTAL				\$ _____

f. Business Interests: Briefly describe any interest you may have in a limited liability company, partnership, sole proprietorship or closely held corporation and indicate present value of interest. Attach copy of operating partnership, buy-sell or other agreement, if applicable.

_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

g. Employee Benefits: Include all Pension and Profit sharing plans, stock options, etc. Briefly describe source, amount and present beneficiary provisions or attach separate data from employer periodic report. Attach beneficiary designations, if available.

_____	_____	_____	_____	\$ _____
TOTAL				\$ _____

- \* Key
- |                        |            |
|------------------------|------------|
| JT: Joint Tenancy      | H: Husband |
| CP: Community Property | W: Wife    |
| TC: Tenancy in Common  |            |

h. Interest in Trusts: Briefly describe trust, beneficial interest and approximate present value of interest. If available, attach copy of trust instrument.

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TOTAL     \$ \_\_\_\_\_

i. Inheritance received or anticipated: Briefly describe source, amount and beneficiary (H or W)

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TOTAL     \$ \_\_\_\_\_

j. Personal property: (Indicate how ownership held)

	<u>Ownership*</u>	<u>Approx. Present Value</u>	
Home Furnishings	_____	_____	\$ _____
Automobiles	_____	_____	\$ _____
Artwork	_____	_____	\$ _____
Jewelry	_____	_____	\$ _____
Other (collections, etc.)	_____	_____	_____
TOTAL			\$ _____

k. Total Assets (a-j) TOTAL ASSETS \$ \_\_\_\_\_

2. Liabilities (Exclusive of Mortgages):

<u>Description</u> (Debtor H or W)	<u>Creditor</u>	<u>Approx. Present Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL LIABILITIES		\$ _____

3. Net Worth: (exclusive of life insurance) NET WORTH \$ \_\_\_\_\_

\* Key  
 JT: Joint Tenancy                      H: Husband  
 CP: Community Property            W: Wife  
 TC: Tenancy in Common

4. Gifts: Prior gifts to any individual not sheltered by \$10,000 annual gift tax exemption. Attach latest Federal gift tax returns filed.

<u>Date</u>	<u>Recipient</u>	<u>Description</u>	<u>Value</u>
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5. Have you executed a Durable Power of Attorney

- for Health Care?       Yes       No
- for Asset Management?       Yes       No

If yes, please attach copies.



6. Life Insurance: Please include life insurance on both husband's and wife's life and any other policy that names either husband or wife as beneficiary.

	<u>Insurance Company</u>	<u>Policy Number</u>	<u>Type of Policy</u>	<u>Face Amount</u>	<u>Owner</u>	<u>Insured</u>	<u>Beneficiaries</u>	<u>Cash Surrender Value</u>	<u>Loans Against Policies</u>
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____	_____

NOTE: If ownership of policy has been irrevocably assigned, please attach assignment form and applicable documents (trust, etc.).