

Client Estate Plan Information Gathering Report

We design and implement estate plans that not only meet the human and personal needs of our clients and their families, but which reduce, or completely eliminate, the tax burdens that can erode family wealth.

Please answer these questions to the best of your knowledge. All information will be kept confidential. If you are not married, please complete information as it relates to either husband or wife only, and please provide information about former spouse(s), if any, on page 2.

HUSBAND & WIFE

	HUSBAND:	WIFE:
Name:	_____	_____
Maiden Name:	_____	_____
Social Security No.:	_____	_____
Home Address:	_____	_____
	_____	_____
City, Zip:	_____	_____
Home Telephone:	_____	_____
Occupation:	_____	_____
Work Address:	_____	_____
	_____	_____
City, Zip:	_____	_____
Work Telephone:	_____	_____
E-mail:	_____	_____
Birth Date:	_____	_____
Birthplace:	_____	_____
Period of residence in California:	_____	
If less than ten years, note prior residences:	_____	

MARITAL STATUS: FAMILY INFORMATION

- 1. Are you now married? If yes, date and place of marriage _____
- 2. Are both spouses U.S. Citizens? Yes No
- 3. If not, which spouse is not a U.S. citizen and of what country is this spouse a citizen?
Whom? _____ Country? _____
- 4. Has either spouse ever been married before? Yes No

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

- 5. Do you have copy of property settlement(s)? Yes No
- 6. Have you ever had children? *(If yes, please complete page 3 & 4)* Yes No
- 7. Please list parents, brothers, sisters, grandparents, and others *(if relevant they will be a beneficiary, trustee or executor)*.

*Please note if any of those listed are dependent on you for support.

HUSBAND

Name	Relationship	Address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WIFE

Name	Relationship	Address	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN & GRANDCHILDREN

1. Children of present marriage (*living and deceased*).

Name	Address/Phone Number	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Children of husband's prior marriage and name of mother (*living and deceased*).

Name	Address/Phone Number	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Children of wife's prior marriage and name of father (*living and deceased*).

Name	Address/Phone Number	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Adopted children (*living and deceased*). Adopted by both spouses? Yes No

Name	Address/Phone Number	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Grandchildren (*living and deceased*).

Name	Address/Phone	Birth Date	Parent's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL ADVISORS

Other Attorney(s): _____
Accountant: _____
Securities Broker: _____
Tax Advisor: _____
Insurance Underwriter: _____
Investment Counselor: _____
Bankers: _____

ADDITIONAL INFORMATION

1. Location of Safe Deposit Box: _____
2. Who has access to Safe Deposit Box: _____
3. Are there present Wills for husband and wife: Yes No
4. Are there present Trusts for husband and wife: Yes No
5. Does Husband or Wife:
 - a. Expect to inherit something from parents or others?
 Yes
 No
 - b. Expect to receive benefits from a qualified retirement plan?
 Yes
 No
 - c. Have powers of appointment? (that is, the power to say who is to receive assets of a trust)
 Yes
 No
 - d. Expect to receive gifts from parents or others?
 Yes
 No
 - e. Have beneficial interest in trusts?
 Yes
 No
 - f. Have interest in buy-sell agreement?
 Yes
 No

6. Is all your property Community Property?

Yes

No

7. Does Husband own Separate Property?

Yes

No

8. Does Wife own Separate Property?

Yes

No

9. Have you or your wife made gifts to your children or others in excess of \$10,000 per person?

Yes

No

10. Any Marriage Agreements:

Prior to Marriage? Yes No

After Marriage? Yes No

11. Please mail **copies** of the following to our office:

- a. Present wills of husband and wife
- b. Deeds to all real property, including legal descriptions
- c. Prior gift tax returns, if any
- d. Last federal income tax return
- e. Trust agreements in which husband or wife are donor, trustee or beneficiary
- f. Buy-Sell or buy-out agreements for businesses
- g. Marital agreements

12. Information of person(s) whom you desire to act as the executor and/or trustee (*if you desire that more than one person act as executor/trustee of your estate at the same time, please indicate this desire*):

Name: _____

Address: _____

Relationship to You: _____

Co-Executor/Co-Trustee (if desired):

Name: _____

Address: _____

Relationship to You: _____

First Alternate Executor/Trustee:

Name: _____

Address: _____

Relationship to You: _____

Second Alternate Executor/Trustee:

Name: _____

Address: _____

Relationship to You: _____

13. Information of person(s) whom you desire to act as the guardian of your children:

Name: _____

Address: _____

Relationship to You: _____

First Alternate Guardian:

Name: _____

Address: _____

Relationship to You: _____

ASSET/LIABILITY INFORMATION

This questionnaire is intended to provide a comprehensive list of your assets and liabilities. Please note in the margin beside each description if title is held as joint tenancy (JT), community property (CP) or separate property of husband or wife (SP-H, SP-W). Add additional sheets if necessary.

Approximate gross estate: \$ _____

ASSETS

Real Property: \$ _____

Encumbrances? Yes No

Substantial Improvements? Yes No

Address	Present Gross Value	Tax Basis	Deed Attached
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corporate Securities: \$ _____

Any received as gift or inheritance? Yes No

Do you have certificates? Yes No

No.	Description	Date of Acquisition	Cost	Present Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Noncorporate Bonds: \$ _____

Any received as gift or inheritance? Yes No

Do you hold bonds? Yes No

No.	Maturity Date	Description	Date of Acquisition	Cost	Maturity Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Cash: \$ _____

Account Number	Name of Bank	Address	Balance	Name(s) on Account
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Mutual Funds: \$ _____

Any received as gift or inheritance? Yes No

Account No.	Description	Date of Cost Acquisition	Basis	Present Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Life Insurance \$ _____ (*face value*)

Owner different from insured? Yes No

Do any have cash value? Yes No

Policy Number	Insurer/Agent	Life Insured	Source Premium Paid	Face Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Tangible Personal Property: \$ _____ (include value of all household items, vehicles, etc. but describe only unusual and highly valuable items below)

Description	Date of Acquisition	Cost	Present Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Employee Death Benefits: \$ _____

Plan No. 1

Type of Retirement Plan: _____

ERISA Qualified: Yes No

Beneficiary (ies): _____

Payment: Lump Sum Annuity To be Elected

By: _____

Comment: _____

Plan No. 2

Type of Retirement Plan: _____

ERISA Qualified: Yes No

Beneficiary (ies): _____

Payment: Lump Sum Annuity To be Elected

By: _____

Comment: _____

Plan No. 3

Type of Retirement Plan: _____

ERISA Qualified: Yes No

Beneficiary (ies): _____

Payment: Lump Sum Annuity To be Elected

By: _____

Comment: _____

Plan No. 4

Type of Retirement Plan: _____

ERISA Qualified: Yes No

Beneficiary (ies): _____

Payment: Lump Sum Annuity To be Elected

By: _____

Comment: _____

Client Owned Business: \$ _____

No. 1

Name: _____

Type of Entity: _____

Co-owners: _____

Buy-Out/Buy-Sell Agreement? Yes No

Date: _____ Copy Attached: Yes No
Cost: _____ Present value: _____
Comment: _____

No. 2

Name: _____
Type of Entity: _____
Co-owners: _____

Buy-Out/Buy-Sell Agreement? Yes No
Date: _____ Copy Attached: Yes No
Cost: _____ Present value: _____
Comment: _____

Limited Partnership Interest: \$ _____ DBA: _____ Value: \$ _____
Address: _____
General Partner(s): _____

DBA: _____ Value: \$ _____
Address: _____
General Partner(s): _____

DBA: _____ Value: \$ _____
Address: _____

If there are other assets which you own, or if there is other information about the assets you have listed which you believe is important, please describe: _____

Beneficial Interest in Trusts

1. Trust No. 1

a. Trustor_____

b. Trustee_____

c. Date Created_____

d. How Created_____

e. Location of Documents_____

f. Power of Appointment?_____

g. Present Value of Assets_____

h. Other Beneficiaries_____

i. Other Data_____

Expected Inheritances or Gifts

Any Other Assets of Significant Value that You Feel Should be Included?

LIABILITIES

Total Liabilities: \$ _____

Home Loan: \$ _____

Secured Real Property Loans: \$ _____

Secured Personal Property Loans: \$ _____

Loans on Insurance Policies: \$ _____

Unsecured Promissory Notes: \$ _____

General Obligations: \$ _____

Other: (Please Specify) \$ _____

Other: (Please Specify) \$ _____

Support Obligations: \$ _____

Judgments/Orders: \$ _____

Comments:

GIFTS

Date(s) of Gift(s) _____

Donor(s) _____ Donee(s) _____

Description and Amount of gift _____

Where are returns? _____