

ESTATE AND TRUST LAW, PROFESSIONAL LAW CORPORATION

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ESTATE PLANNING CHECKLIST

We will use the information you provide in this questionnaire:

1. To help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are desired or required.
2. To help you evaluate our estate planning recommendations. The estate plan is your plan, not your lawyer's, and you must be satisfied that it is workable.

The information you provide must be as accurate as possible. We suggest that if you are uncertain about exact information, you tell us that the information you are providing is your best assessment. If we believe that exact information is required, we will ask you to be more precise.

You may provide as much or as little information as you want. We recognize that this questionnaire is fairly intrusive. Keep in mind, however, that more complete information will better equip you and us throughout the planning process to come up with the best possible estate planning alternatives. Your information will be kept confidential by this office unless you authorize its release to others.

We ask that you bring copies of all of your important papers to your initial interview for reference. Those papers will be returned to you at the conclusion of the interview.

Personal and Family Information

State the names below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

First Name : _____ Middle _____ Last _____

Nickname(s), assumed name(s), former name(s):

Address _____ City _____ Zip _____

Mailing Address, if Different

Phone: Home _____ Cell _____ Work _____

e-mail _____

Birthdate _____ Gender ____ M ____ F Social Security #: _____

Current marital status: __ married __ unmarried.

If married, Date of current marriage _____ In what state were you married? _____

If you were not married in California, in what year did you move to California? _____

Any previous marriages? ____ If yes, how many previous marriages? ____

Are you a U.S. citizen: ____ If no, are you a non-resident alien, i.e., a resident of another country? yes ____ no ____ If yes, what country? _____

Name of Spouse

FIRST MIDDLE LAST
Nickname(s), assumed name(s), maiden name, or former name(s):

Do you and your spouse have same residence and phone number? ____ If no, complete the following: Spouse's address: _____
City _____, State _____, Zip _____ Phone: Home _____
Cell _____ Work _____ e-mail _____
Spouse's Social Security #: _____ Date of Birth: _____

Personal Information About Spouse

Are there any previous marriages for client's spouse? ____

If yes:

How many previous marriages? ____

Is client's spouse a U.S. citizen? ____

If no, is spouse a non-resident alien, that is, a resident of another country? yes ____ no ____

Information Regarding Previous Marriage(s) of CLIENT:

Name of former spouse: _____

This marriage terminated because of:

____ divorce Year of final decree: ____
____ death Date of former spouse's death: ____
____ annulment Year of final decree: ____

Name of former spouse: _____

This marriage terminated because of:

____ divorce Year of final decree: ____
____ death Date of former spouse's death: ____
____ annulment Year of final decree: ____

If you need more space please go to reverse side of this page. [Repeat the following for each previous marriage.]

Information Regarding Previous Marriage(s) of SPOUSE:

Name of former spouse: _____

This marriage terminated because of:

____ divorce Year of final decree: ____
____ death Date of former spouse's death: ____
____ annulment Year of final decree: ____

If you need more space please go to reverse side of this page.

Your Children, Their Spouses, and Their Children

Indicate which, if any, of your children is your child but not your spouse's, or vice versa. Also, please show the date of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and/or children.

1. Child: _____ Nickname _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Child's spouse: _____

Is this child of the current marriage? If no, name of child's other parent _____

Child's children (and their dates of birth):

(i) _____

(ii) _____

(iii) _____

2. Child: _____ Nickname _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Child's spouse: _____

Is this child of the current marriage? If no, name of child's other parent _____

Child's children (and their dates of birth) :

(i) _____

(ii) _____

(iii) _____

3. Child: _____ Nickname _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Child's spouse: _____

Is this child of the current marriage? If no, name of child's other parent _____

Child's children (and their dates of birth):

(i) _____

(ii) _____

(iii) _____

Other Information

Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

Personal and Family Financial Assets

The following questions do not require detailed responses. For example, shares in publicly traded companies might be shown simply as "common stocks." On the other hand, for property interests that are more or less unique, such as interests in real estate, greater detail will be helpful. With regard to real estate, it is important for this office to know the location (city and state) of the real estate, how title is held, and the character of the property, e.g., commercial or residential.

The following abbreviations may be used to describe certain attributes of particular assets:

JT = Joint tenancy with right of survivorship

CPROS = Community Property with right of survivorship

TC = Tenancy in common

C = Client's name alone

S = Spouse's name alone

FMV = Fair market value (or your best guess)

Real Estate

1. Personal residence.

Address: _____

Description (e.g., single family, condo, or similar description):

How do you hold title: _____

FMV: _____ Mortgage Balance, if any _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

2. Other personal residences or vacation homes:

Address: _____

How do you hold title: _____

FMV: _____ Mortgage balance, if any _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

3. Other investment real property:

Address: _____

How do you hold title: _____

FMV: _____ Mortgage balance, if any _____

Mortgage life insurance? _____

Date of occupancy _____ or intended occupancy _____

Please bring grant deeds or quit claim deeds (not deeds of trust) or property tax statements.

Personal and household effects:

If you think that the general categories do not provide an adequate description, please provide additional detail. Also, state your best estimate of the value of each kind of property and who owns it (how you hold title).

Automobiles:

Year _____ Make _____ Model _____ Value _____

Year _____ Make _____ Model _____ Value _____

Year _____ Make _____ Model _____ Value _____

Approximate value of general personal and household effects such as furniture, furnishings, books, and pictures of no special value: _____

Valuable jewelry (indicate if insured) _____

Valuable works of art (indicate if insured): _____

Valuable antiques: _____

Other valuable collections, e.g., coins, stamps or gold: _____

Other tangible personal property that does not seem to be covered by any of the other categories: _____

Closely held business interests.

Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., sole proprietorship, partnership, limited liability company, "c" corporation, "s" corporation, etc.), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the corporation.

Name of business _____ Form of organization _____

Type of business (eg: manufacturing, service, etc) _____

Address and phone number _____

Which spouse is active in the business?

Client _____ In what capacity? _____

Spouse _____ In what capacity? _____

Current fair market value of the business _____

Estimated fair market value if Client dies or becomes disabled _____

Estimated fair market value if Spouse dies or becomes disabled _____

Please bring all relevant documents, including partnership agreements, articles of incorporation, by-laws, buy-sell agreements, etc., to your initial interview.

Cash, cash deposits, and cash equivalents. Who owns item:

(a) Personal Checking accounts:(Do not report business accounts here)

Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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(b) Money Market accounts:

Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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(c) Ordinary savings accounts:

Name of financial institution	Branch	Account number	Balance
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Name of financial institution	Branch	Account number	Balance
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(d) Certificates of deposit:

Name of financial institution	Branch	CD or Account number	Balance
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Name of financial institution	Branch	CD or Account number	Balance
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Name of financial institution	Branch	CD or Account number	Balance
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(e) Non-Retirement Investment Accounts: (Indicate retirement accounts on page 7)

Name of Brokerage firm	Broker	Account number	Balance
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Name of Brokerage firm	Broker	Account number	Balance
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Name of Brokerage firm	Broker	Account number	Balance
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Please bring statements of accounts, passbooks, and certificates of deposit to initial interview.

Pension & profit-sharing plans, ESOPs, SEPs, etc.

(a) Pension plans.

Employer: _____
Employee _____ Type of Plan _____ Date vested: _____ Value _____
Name, address and phone number of administrator _____

Employer: _____
Employee _____ Type of Plan _____ Date vested: _____ Value _____
Name, address and phone number of administrator _____

(b) Profit-sharing plans.

Name, address and phone number of Employer: _____

Employee _____ Date vested: _____ Value _____
Name, address and phone number of administrator _____

Name, address and phone number of Employer: _____

Employee _____ Date vested: _____ Value _____
Name, address and phone number of administrator _____

(c) Individual Retirement Accounts (IRAs).

_____	_____	_____	_____
Name of financial institution	Branch	Account number	Balance
_____	_____	_____	_____
Name of financial institution	Branch	Account number	Balance
_____	_____	_____	_____
Name of financial institution	Branch	Account number	Balance
_____	_____	_____	_____
Name of financial institution	Branch	Account number	Balance

(d) Other tax-qualified employee benefit plan interests. Please provide pertinent information.

Please bring current statements and other materials to your initial interview.

Investment assets.

(a) Publicly traded stocks and corporate bonds-do not include stocks held in brokerage accounts

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer		

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer		

Entity	Number of shares	Value
Name, address and phone number of Agent for Transfer		

(b) Municipal bonds.

Entity	Number of shares	Value
Agent for Transfer		

Entity	Number of shares	Value
Agent for Transfer		

(c) Long-term U.S. Treasury Notes and Bonds/ Short-term U.S. obligations (T-bills)

Denomination	Number	Expiration Date	Value
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Denomination	Number	Expiration Date	Value
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(d) Limited partnership interests.

Name	Value
Managing Partner/contact info	

(f) Other investments. Please describe the nature and value of other investment interests.

Investment	Type	Value
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Please bring bonds, stock certificates, and other investment documents to your initial interview.

Annuities

Annuity company _____ Contract number _____ Current cash value _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____

Annuity company _____ Contract number _____ Current cash value _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____

Life Insurance on YOUR life.

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if any: _____

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if any: _____

Life insurance on your SPOUSE's life.

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if any: _____

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if any: _____

Life insurance on the life of another

Insurance company _____ Policy number _____ Face amount _____
Owner of policy _____ Primary Beneficiary (ies) _____
Contingent beneficiary(ies) _____ Type of policy: Ordinary ___ Term/Group ___
Current cash value _____ Loans _____ Accidental death benefits, if any: _____

Do you or your spouse have **long term care** insurance? _____ If yes:

Insurance company _____ Policy number _____ Coverage: _____

Please bring policies and other relevant correspondence with you to your initial consultation.

Other Interests of Current or Future Value

1. Interests in trusts. Describe any trusts created by you or by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, attach a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it .

2. Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

3. Other assets or interests of value. Describe the general nature, form or ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

Liabilities

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

Please bring all relevant documents to your initial interview.

Guardians and Executors

1. Guardians for minor children. If you have minor children, you may designate in your will a guardian or guardians of the children and their estate in the event of your death and/or your spouse's. We recommend you designate a different person for Guardian of the child(ren) than for Guardian of the child(ren)'s Estate. If you are thinking of naming a married couple, designate the person you would choose if the couple got divorced.

(a)Guardian of the child(ren):

First Choice Name: _____

Address: _____ Phone _____

Substitute guardian of the child(ren):

Name(s): _____

Address: _____ Phone _____

(b)First choice guardian of the child(ren)'s estate:

Name(s): _____

Address: _____ Phone _____

Substitute guardian of the estate.

Name(s): _____

Address: _____ Phone _____

2. Executor. Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

(a)Principal executor.

Name(s): _____

Address: _____ Phone _____

(b)Substitute executor.

Name(s): _____

Address: _____ Phone _____

Trustees. Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create. Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. Trustees can be corporations (qualified to act) or individuals. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust.

Every case is different, every family is different, however, we generally do not recommend:

1. your adult children who are beneficiaries of the trust as trustees if you have more than one child because this tends to create conflict among the children.
2. co-trustees (except in the case of the settlors of the trust) because the duplication of efforts tends to create conflict and increase costs of administration. If you are considering co-trustees so that one can “keep an eye on the other” we suggest you reconsider your choice of trustees.

As a suggestion, keeping in mind the qualities of integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen, consider one of your own siblings, your accountant, a trusted friend or perhaps a professional fiduciary. If you want, feel free to request from us the list of private fiduciaries from which the court appoints, or, depending on the size of your estate, we may be able to recommend three institutional fiduciaries.

(a) Principal trustee(s).

Name(s): _____

Address(es): _____

_____ Phone _____

Name(s): _____

Address(es): _____

_____ Phone _____

(b) Substitute trustee(s) (to act if one or more of the principal trustees cannot or will not act).

Name(s): _____

Address(es): _____

_____ Phone _____

Name(s): _____

Address(es): _____

_____ Phone _____

Powers of attorney.

Have you previously given a power of attorney to your spouse, a child, or any other person authorizing that person to do either specific things on your behalf or to act generally on your behalf? If so, please indicate to whom it was given, the nature of the power (specific or general), the date, and the location of the document granting the power. _____

If you answered yes above, do you wish to designate the same person as your attorney in fact in the new document which will be created for you by this office? yes___ no___

If no, or if you have never previously designated an attorney in fact, who do you wish to designate as your attorney in fact for Financial matters?

Client's choices

1. Name _____
Address _____
Phone _____
2. Name _____
Address _____
Phone _____
3. Name _____
Address _____
Phone _____

Spouse's choices

1. Name _____
Address _____
Phone _____
2. Name _____
Address _____
Phone _____
3. Name _____
Address _____
Phone _____

Who do you wish to designate as your agent

for health care decisions:

Client's choices

1. Name _____
Address _____
Phone _____
2. Name _____
Address _____
Phone _____
3. Name _____
Address _____
Phone _____
4. Name _____
Address _____
Phone _____

Spouse's choices

1. Name _____
Address _____
Phone _____
2. Name _____
Address _____
Phone _____
3. Name _____
Address _____
Phone _____
4. Name _____
Address _____
Phone _____

1. Do you want your Attorney in Fact to have the authority to maintain your pets? _____
2. Do you want your Attorney in Fact to have the authority to make arrangements for funeral or memorial services, and for burial or cremation of remains? Client _____ Spouse _____
3. Do you have a preference between burial and cremation? Client _____ Spouse _____
If yes, please describe your wishes:
Client _____
Spouse _____
4. Have you already made arrangements for burial or cremation? Client _____ Spouse _____
If yes, please describe:
Client: _____
Spouse _____
5. Do you want your Attorney in Fact to have the authority to make anatomical gifts?
Client _____ Spouse _____
Do you wish to limit this authority in any way? ___ If yes, so specify: _____
6. Select the statement below that reflects your desires regarding life prolonging treatment, services and procedures.
Client
 - a. I do not wish to receive medical treatment if I am in an irreversible persistent vegetative state; if terminally ill and life-sustaining procedures would only artificially delay death; or if burdens of treatment outweigh expected benefits.
 - b. I want to receive medical treatment unless I am in an irreversible coma.
 - c. I do not wish to receive life-sustaining procedures if I have a terminal condition.
 - d. Do not include a statement regarding life-prolonging treatment, services, and procedures.
Spouse
 - a. I do not wish to receive medical treatment if I am in an irreversible persistent vegetative state; if terminally ill and life-sustaining procedures would only artificially delay death; or if burdens of treatment outweigh expected benefits.
 - b. I want to receive medical treatment unless I am in an irreversible coma.
 - c. I do not wish to receive life-sustaining procedures if I have a terminal condition.
 - d. Do not include a statement regarding life-prolonging treatment, services, and procedures.

