

**CONFIDENTIAL DATA FORM - SINGLE PERSON  
TRUST BASED**

Family Information and Asset Summary

**PLEASE COMPLETE ALL SECTIONS EXCEPT FOR THE  
PURPLE TEXT SECTIONS—GO THROUGH ALL PAGES**

**The Law Offices of Theresa Carter Geoffroy  
9401 East Stockton Blvd., Suite 140  
Elk Grove, California 95624**

**(916) 572-1998 Fax (916) 682-9065**

**Email: [theresa@geoffroylaw.com](mailto:theresa@geoffroylaw.com)**

**[www.geoffroylaw.com](http://www.geoffroylaw.com)**

## Confidential Data Form

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents. Completion of this form will help in accomplishing your estate planning objectives.

### PLEASE PRINT ALL INFORMATION

Date of Preparation \_\_\_\_\_

**ESTATE PLANNING OBJECTIVES: TRUST BASED  WILL BASED**

### NAME:

Full Legal Name: \_\_\_\_\_

Name Used to Sign: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security No.: COMPLETE AT SIGNING (CAS)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ U S Citizen: Yes or No  
(Circle One)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Own Business? \_\_\_\_\_

Email Address: \_\_\_\_\_ (Yes, it is okay to communicate with me via my email address)

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

State of Voter's Registration: \_\_\_\_\_

**FORMER SPOUSE:**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ U S Citizen: Yes or No  
(Circle One)

Date of Marriage: \_\_\_\_\_

Did the marriage end by: Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Existing Pre- or Postnuptial Agreement \_\_\_\_\_ *If so, please furnish a copy.*

Have you previously completed a will, trust, or estate planning? \_\_\_\_\_ *If so, please furnish copies of these documents.*

If yes, what kind of planning and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your parents still living? Yes No

## PROPERTY INFORMATION

### INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION CHECKLIST*

#### General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

#### Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

#### “Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If your name alone, with no other person	S
Joint Tenancy with someone , i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

## REAL PROPERTY

**TYPE:** Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

## REAL PROPERTY INSURANCE

**HOME OWNERS' INSURANCE INFORMATION:** List the Company Name, Policy Number, and Company Address for your Homeowner's Policy

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## FURNITURE AND PERSONAL EFFECTS

**TYPE:** List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## AUTOMOBILES, BOATS AND RVs

**TYPE:** For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

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## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRA's or 401(k)'s here

Name of Institution	Type	Owner	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
		<i>Total</i>	<hr/>

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

## STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
		<i>Total</i>	<hr/>

### LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

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Total \_\_\_\_\_

### RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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Total \_\_\_\_\_

### BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

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Total \_\_\_\_\_





## SUMMARY OF VALUES

	<b>Amount*</b>
<b>ASSETS</b>	<b>Total Value</b>
Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money owed to your	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
<b>Total Assets:</b>	_____

## CHILDREN

List the full names and birthdates of all of your children.

**Child # 1** *Son or daughter?* \_\_\_\_\_ *Beneficiary?*  Yes  No  
 Any special needs?      Medical      Educational      Financial      *Disinherit?*  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
     Married      Divorced      Widowed      Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child # 2** *Son or daughter?* \_\_\_\_\_ *Beneficiary?*  Yes  No  
 Any special needs?      Medical      Educational      Financial      *Disinherit?*  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
     Married      Divorced      Widowed      Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child # 3** *Son or daughter?* \_\_\_\_\_ *Beneficiary?*  Yes  No  
 Any special needs?      Medical      Educational      Financial      *Disinherit?*  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
     Married      Divorced      Widowed      Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child # 4** Son or daughter? \_\_\_\_\_ Beneficiary?  Yes  No  
 Any special needs? Medical Educational Financial Disinherit?  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Married Divorced Widowed Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child # 5** Son or daughter? \_\_\_\_\_ Beneficiary?  Yes  No  
 Any special needs? Medical Educational Financial Disinherit?  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Married Divorced Widowed Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child # 6** Son or daughter? \_\_\_\_\_ Beneficiary?  Yes  No  
 Any special needs? Medical Educational Financial Disinherit?  Yes  No

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Married Divorced Widowed Single  
 Spouse's name \_\_\_\_\_ Date Married \_\_\_\_\_  
 Children (name and age) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are all of your children listed above beneficiaries?**  Yes  No

## **POTENTIAL "INDIVIDUAL" BENEFICIARIES:**

Identify all potential individual beneficiaries of your estate (other beneficiaries). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. You will supply all social security numbers at the time you sign your final documents, if necessary. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary).

**Beneficiary 1** Relationship to client: \_\_\_\_\_ Any special needs?      Medical   Educational      Financial

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_

**Beneficiary 2** Relationship to client: \_\_\_\_\_ Any special needs?      Medical   Educational      Financial

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_

**Beneficiary 3** Relationship to client: \_\_\_\_\_ Any special needs?      Medical   Educational      Financial

Full legal name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_ Please check here and list additional beneficiary information on the back of this page.

**Any deceased children that left children of their own?** YES or NO \_\_\_\_\_, Please list:  
 Name: \_\_\_\_\_, Name: \_\_\_\_\_, Name: \_\_\_\_\_

**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property. Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To heirs-at-law.  
 To the following named individuals and/or charities:

### Questions About Your Children or Other Beneficiaries: (Circle Yes or No)

1. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or special needs? Yes or No
2. Do you have a child or beneficiary with a learning disability? Yes or No
3. Are any of your children or beneficiaries institutionalized? Yes or No
4. If you answered YES to any of the above questions, please describe the type of disability that your beneficiary has \_\_\_\_\_  
\_\_\_\_\_
5. Do you have any adopted children? Yes or No  
Name(s): \_\_\_\_\_
6. Do any of your children or beneficiaries have any other special needs or circumstances that are of concern to you? If yes, Please describe \_\_\_\_\_
7. Are you concerned with your beneficiaries' ability to get along with one another? Yes or No

### OTHER DEPENDENTS:

Do you have anyone who depends on either of you for all or part of their support?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, PLEASE LIST:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_

### QUESTIONS ABOUT YOU:

1. Are you receiving social security or disability benefits? \_\_\_\_\_
2. Do you have any health concerns? \_\_\_\_\_
3. Do you own property in any state other than California? \_\_\_\_\_
4. Have you ever filed gift tax returns with the IRS? \_\_\_\_\_
5. Are you currently making annual gifts to anyone? \_\_\_\_\_
6. Have you been widowed? \_\_\_\_\_ *If a federal estate tax return or a state death tax return was filed, please furnish a copy.*

7. Have you ever filed federal or state gift tax returns? \_\_\_\_ *If so, please furnish copies of these documents.*

8. Are you making payments pursuant to a divorce or property settlement order?

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9. Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain:* \_\_\_\_\_

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10. Do you desire to benefit any charities in your estate plan? \_\_\_\_\_

11. Are you currently the beneficiary of anyone else's estate plan? \_\_\_\_\_

12. Have you ever created a copyrighted work? \_\_\_\_\_

13. Have you ever assigned a copyright interest? \_\_\_\_\_

14. How do you want incapacity to be determined?

Disability Panel \_\_\_\_\_

Two Licensed Physicians \_\_\_\_\_

Attending Physician \_\_\_\_\_

### **TRUST SPECIFIC DISTRIBUTIONS—WHO DO YOU WANT TO GIVE YOUR TANGIBLE PERSONAL PROPERTY TO**

Some people believe that there is certain tangible personal property that should go to a specific person, while other believe that the distribution of tangible personal property should be decided by the beneficiaries. Although the latter may be the right approach to a majority of your items; however, if you have specific distributions of tangible personal property, please list here” [Tangible personal property includes small gifts of cash, household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, apparel and jewelry, books, sporting goods, and hobby paraphernalia.]

**SPECIFIC GIFTS:** List any specific gifts of tangible or cash gifts you wish to make to either individuals or charities.

<b>Individual or Charity</b>	<b>Amount or Property</b>
_____	_____
_____	_____
_____	_____
_____	_____

**DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS  
USE OF PERSONAL PROPERTY MEMORANDUM:**

Any property not listed in the trust or on the memorandum should be distributed to:

- Children
- To the balance of the trust.
- Other named individuals. List on next lines.

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**FOR DISCUSSION AT FIRST MEETING ( FOR OFFICE USE ONLY)**

**HOW AND WHEN TO DISTRIBUTE MY PROPERTY:**

**DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

**STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who is the one to manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires: \_\_\_\_\_

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## **TRUST APPOINTMENTS—PEOPLE TO ASSIST YOU**

One of the most important aspects of any estate plan is the ‘appointment’ of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed ‘helpers’ are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

### **DISABILITY AND DEATH TRUSTEES INSTRUCTIONS:**

If you were disabled or deceased, who would you choose to administer and distribute your Trust (it can be the same person as the personal representative for the Will)? Usually the Maker will be the Trustee of his or her own trust.

Name: Address & telephone number(s)

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

### **DISTRIBUTION TRUSTEES INSTRUCTIONS:**

This is an optional Trustee. Use of a “Distribution Trustee” bifurcates the role of the trustee, separating the managerial and investment duties from the authority to make distributions of trust income and principal from the trust to or for the beneficiary. Often, the use of a Distribution Trustee is used to provide additional asset protection where the beneficiary is a trustee of his or her share or in cases of minor children, you may not want the same person who is caring for the child to manage the assets of the minor.

Name: Address & telephone number(s)

1st \_\_\_\_\_

2nd \_\_\_\_\_



## **ANCILLARY APPOINTMENTS—PEOPLE TO ASSIST YOU**

One of the most important aspects of any estate plan is the ‘appointment’ of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed ‘helpers’ are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

### **PERSONAL REPRESENTATIVES INSTRUCTIONS:**

If you were deceased, who would you choose to administer and distribute your Will? It could be the same person(s) for your Trust(below).

#### In order of preference

Name: Address & telephone number(s)

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

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Do you want a burial or cremation? \_\_\_\_\_

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name: Address & telephone number(s) and relationship to you

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

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### **FINANCIAL INSTRUCTIONS (GENERAL POWER OF ATTORNEY):**

If you were unable to make financial decisions for yourself, whom would you want to make decisions for you with regard to finances?

#### In order of preference

Name: Address & telephone number(s)

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Yes  No

Gifting Power Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you want the Power of Attorney to be effective **when incapacity is determined or immediately?** \_\_\_\_\_

Do you have any religious preference?  Yes  No If so, please list: \_\_\_\_\_

**HIPPAA AUTHORIZATIONS:**

If you were hospitalized, who do you want to authorize to receive information regarding your condition [note: these folks only can receive information about you---they are not authorized to give any instructions to your medical care providers]?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**PRIMARY TREATING PHYSICIAN:**

Name: Address & telephone number(s)

1st \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSTRUCTIONS (HEALTH CARE POWER OF ATTORNEY):**

If you were unable to make medical decisions for yourself, whom would you want to make decisions for you with regard to medical treatment and/or life support machines?

In order of preference

Name: Address & telephone number(s)

1st \_\_\_\_\_  
\_\_\_\_\_

2nd \_\_\_\_\_  
\_\_\_\_\_

3rd \_\_\_\_\_  
\_\_\_\_\_

Do you want to authorize your Medical Agent to take whatever steps are necessary to keep you in a personal residence rather than nursing home?

Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission?

Yes  No

Do you want to authorize your Medical Agent to take arrange for hospice care?

Yes  No

**ADVANCE HEALTH CARE DIRECTIVE:**

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_

Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_

**Affirmation: I understand that the Law Office of Theresa Carter Geoffroy (the “Firm”) will need to rely on the information I supply to develop an estate plan. I also understand that inaccurate or incomplete information could negatively impact my estate plan. Consequently, if I retain the Firm, I will provide the Firm accurate and complete information prior to signing my estate plan documents.**

**Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Additional Documentation**

**General Document Request.** In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentations:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Pre or Postnuptial Agreement (if applicable).
3. Long-term care policies (if any).
4. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exists.

**Congratulations on completing this questionnaire.**

**YOU ARE NOW ONE STEP CLOSER TO MAKING YOUR LEGACY MATTER!**