



Janet Tallett Law Firm

CONFIDENTIAL ESTATE PLANNING

PERSONAL INFORMATION FORM

4984 El Camino Real Suite #110
Los Altos, CA 94022
650-988-0800
janet@tallettlaw.com
www.tallettlaw.com



SIMPLE BACKGROUND INFORMATION

The information you provide in this section will provide important objective information about you. This section will also ensure correct spelling is used in your documents.

CLIENT 1 INFORMATION

Full Legal Name _____
Birth date ____ / ____ / ____ Age: _____ Preferred Name _____
Home Address: _____ Social Security #: _____
Home Telephone: _____ City: _____ State: ____ Zip: ____
Business Telephone: _____ Cell Phone: _____
Employer: _____ Position: _____
Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable:

Marital Status? Never Married Married Widowed Divorced (date: _____)
US Citizen? Yes No
Is either of your parents still living? Yes No
Is either of your grandparents still living? Yes No

CLIENT 2 INFORMATION

Full Legal Name _____
Birth date ____ / ____ / ____ Age: _____ Preferred Name _____
Home Address: _____ Social Security #: _____
Home Telephone: _____ City: _____ State: ____ Zip: ____
Business Telephone: _____ Cell Phone: _____
Employer: _____ Position: _____
Email Address: _____ Is it okay to communicate via Email? _____

Circle Applicable:

Marital Status? Never Married Married Widowed Divorced (date: _____)
US Citizen? Yes No
Is either of your parents still living? Yes No
Is either of your grandparents still living? Yes No

IF MARRIED

Date of Marriage: _____
Existing Pre or Postnuptial agreement? Yes No Date: _____

POTENTIAL "INDIVIDUAL" BENEFICIARIES

Identify all potential individual beneficiaries of your estate (e.g. children and grandchildren). Also, identify individuals who you may wish to be a beneficiary of your estate. Use full legal names. Note: listing a person here is not a firm indication of your decision to provide for that individual.

BENEFICIARY 1

Relationship to client: _____ *Special Needs:* Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children (name and age): _____

BENEFICIARY 2

Relationship to client: _____ *Special Needs:* Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children (name and age): _____

BENEFICIARY 3

Relationship to client: _____ *Special Needs:* Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children (name and age): _____

BENEFICIARY 4

Relationship to client: _____ *Special Needs:* Medical Educational Financial
Full Legal Name: _____ DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Status: Married Divorced Widowed Single Spouse's Name: _____ Date Married: _____
Children (name and age): _____

Are you concerned with your beneficiaries /children's ability to get along with one another? Yes No

POTENTIAL “CHARITABLE” BENEFICIARIES

Some clients desire to direct a portion of their estate toward charities or other non-profit organizations. Indicate whether you would ever include such a bequest within your plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest.

Name of Charity or Non-Profit Organization	Address

PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. For example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and account title.

Title	Name	Phone Number
Tax Advisor		
Family Attorney		
Life Insurance Agent		
Financial Advisor		
Stock Broker		
Banker		
Long Term Care Advisor		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

APPOINTMENTS – PEOPLE TO ASSIST YOU

In this section, you must “appoint” various persons to assist you and your family in times of need, particularly when death or disability strikes. These appointed “helpers,” or agents, receive different titles depending on the type of estate plan you elect to implement. This section focuses on the roles these helpers play in protecting your family and your estate.

SUCCESSORS TO YOU*

Whom do you nominate to serve as a guardian for your minor children (if applicable)?

		Client 1 Response	Client 2 Response
Guardians	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Response	Client 2 Response
Financial Agents	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Response	Client 2 Response
Health Care Agents	Initial Choice		
	Back Up #1		
	Back Up #2		

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Response	Client 2 Response
Estate Fiduciary Personal Representative	Initial Choice		
	Back Up #1		
	Back Up #2		

*Ultimately, we will need the addresses and telephone numbers of the persons identified above. Please consider providing this information on the next page

CONTACT INFORMATION FOR APPOINTMENTS

Please use this form to provide addresses and telephone numbers for those that you chose on the previous page.

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

Full name: _____ Telephone: _____

Address: _____ City: _____ State: ____ Zip: _____

ASSET ASSESSMENT

This section determines the ownership, value, and character of your assets. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer. (If necessary, approximate current total values.)

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, art, vehicles, boats, etc.)						
Retirement Plans (i.e. 401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests						
Sole Proprietorship Interests						
Moneys owed to you (promissory notes)						
Personal Residence						
Other Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES						

NET ESTATE						
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AFFIRMATION

We understand that The Law Office of Janet Tallett (the “Law Office”) will need to rely on the information we supply to develop our estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Law Office, we will provide the Law Office accurate and complete information prior to signing our estate planning documents.

Client 1: _____

Date: _____

Printed Name: _____

Client 2: _____

Date: _____

Printed Name: _____