



CONFIDENTIAL CLIENT INFORMATION SHEET

The following questions are intended to furnish us with the information necessary in providing you with the most accurate and effective estate-planning representation possible.

We understand that some, if not most, of these questions ask you to provide us with very personal and sensitive information. Please remember that the attorney-client privilege protects this information, and that we will maintain that confidentiality at all times.

The nature of your family relations-and a detailed account of your financial holdings-represent essential information to protect your estate-planning interests. Many legal issues arise based upon this information, and we cannot address these issues without accurate data.

Date: _____

ASSESSOR'S # _____

(A.P.N. is found in the top right hand portion of your property tax bill.)

A. Family and Personal Information

1. Your Full Name: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-Mail Address: _____

2. Occupation: _____

3. Age: _____

4. Marital Status: _____
Married
Single
Divorced
Widowed

In California Since: _____

5. Spouse's (or Domestic Partner's) Full Name: _____

6. Spouse's Occupation: _____

7. Spouse's Age: _____

8. Children - Name(s) and Age(s):

(Please indicate: H=Husband's Child W=Wife's Child B=Both A=Adopted)

Full Name	D.O.B.	Full Name	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Do you have grandchildren? Yes
No

B. Financial Information

1. Estimate the gross fair-market value of all your assets (do not include insurance).

- Greater than \$2,000,000
- Between \$1,000,000 and 2,000,000
- Between \$750,000 and \$1,000,000
- Between \$500,000 and \$750,000
- Less than \$500,000

2. Do you own real estate (including family home)? Yes No

	1	2	3
State where located:	_____	_____	_____
Title (Community, Joint, Separate):	_____	_____	_____
Fair Market Value:	_____	_____	_____
Indebtedness:	_____	_____	_____

3. How much (approximately) do you currently owe all creditor(s), including mortgage loan(s) on real estate? \$ _____

4. What is the estimated annual income of you and your spouse?

- Greater than \$100,000 per year
- Between \$50,000 and \$100,000 per year
- Less than \$50,000 per year

5. Do you have life insurance currently in effect on your life? Yes No

If so:

	<u>Husband</u>	<u>Wife</u>
(a) Type (e.g. term, whole life, etc.)	_____	_____
(b) How much face value?	_____	_____
(c) Who owns the policy?	_____	_____
(d) Who is the insured?	_____	_____
(e) Who is the beneficiary?	_____	_____

C. Will and Trust Information

1. Do you currently have a will or trust? Yes No

If so, specify which (will or trust?), when and where executed:

D. Please answer the following questions. If you are unclear about the question, please leave it blank and it can be discussed with the attorney in conference:

Questions

	<u>Husband</u>		<u>Wife</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1. Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a resident of the State of California?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been married prior to your current status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have continuing obligations under a divorce or property settlement agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have children from a previous marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you own a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any retirement plan assets, including pension or profit sharing, Keogh or IRA account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If married, do you own any separate property (i.e. non-community property)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you anticipate that you may be inheriting property sometime soon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you own any property that is located outside of California?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you made gifts to anyone of over \$10,000 in one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will and Trust Information Continued

2. Guardian Preference for Minor Children:

(a) Name and address of person(s) to be nominated:

(b) Name and address of alternate choice(s):

3. Successor Trustee and Executor Designations:

(a) Name and address of person(s) chosen:

(b) Name and address of alternate choice(s)

4. Do you have a pre-nuptial agreement? Yes No

5. Are you or any of your intended beneficiaries currently receiving government benefits? (e.g. Medi-Cal, SSI, etc) due to a physical or mental disability?

Yes No

Thank you for taking the time to answer these very important questions. They will greatly assist the attorney during your consultation.

Will and Trust Information Continued

BENEFICIARIES

Please name your beneficiaries and relationship to you as well as the percentage share of your estate/trust (total shares must equal 100%)

<u>Beneficiary</u>	<u>Relationship</u>	<u>% Share of all Assets</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

<u>HEALTH CARE AGENTS</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
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1. _____
2. _____
3. _____