

CLIENT (Individual) INFORMATION as of ___ / ___ / ___
[Strictly Confidential]

*Please complete all items as best you can. If any item does not apply to your situation, simply mark "N/A" in that space or leave it blank. * If you need more room to answer one or more questions, you can use the space provided after questions #15, #16, and #17, below.

Legal Name: _____ Date of Birth ___ / ___ / ___

Other Names used: _____ Soc Sec # _____ - _____ - _____

Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

Email address _____ alt email address _____

CA Driver's license #: _____ Exp date _____

US citizen? Yes No. If no, what nationality: _____

Employment/businesses owned: _____

Prior Marriages?

Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

YES **NO**

1. Any deceased children?

If yes, name: _____

If yes, survived by issue (heirs)?
YES **NO**

3. Any adopted children?

- If yes, name(s): _____

4. Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?.....

5. Do you have any relatives (other than children) who depend on you for all or part of their support?

6. Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?

7. Do you wish to disinherit any of your children, grandchildren or any other close relative?

8. Do you have existing wills?

9. Do you have any existing trusts?

YES **NO**

10. Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

If "Yes", briefly describe the age at which you would like specific portions of your estate to be distributed: (Example 1/3 at age 25; 2/3 at age 30; all remaining principal at age 35) _____

Trustee(s), Executor(s), Agent(s) to hold Power of Attorney, Guardian(s) for minor beneficiaries, Agent for Healthcare and end-of- life decisions.

11. The name of the person(s) who you want to be the decision-maker(s) concerning the management and control of your trust assets, i.e. your trustee and/or executor: Please indicate relationship; for example, your friend, your sister, etc.

1. first successor trustee: _____

2. second successor trustee: (if any) _____

3. third successor trustee: (if any) _____

12. The name of the person(s) who you want to be the decision maker concerning the management and control of assets *not* in the name of your trust (e.g. IRAs, 401(s), etc., i.e., the person(s) who will hold your durable financial power of attorney (DPOA): Indicate relationship; for example, friend, sister, etc.

1. first DPOA _____
2. second successor DPOA (if any) _____
3. third successor DPOA (if any) _____

13. the name(s) of the person(s) that you want to raise a child under the age of 18 (or other disabled or otherwise incapacitated person) if you are unable to do so, i.e., guardian(s): Indicate relationship; for example, friend, sister, etc.

1. first successor guardian: _____
2. second successor guardian (if any) _____
3. successor guardian (if any). _____

14. The name of the person(s) who you want to make any major medical or end-of-life (EOL) decisions on your behalf: Indicate relationship; for example, friend, sister, etc.

1. first agent for medical & EOL decisions: _____
2. second agent for medical & EOL decisions: _____
3. third successor agent for medical, EOL decisions: _____

15. In general, state how you want your estate distributed among your beneficiaries after your death? (For example, do you wish to make specific distributions to family members or others not indicated elsewhere in this data sheet?)

16. State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

17. Other Comments or Notes:

INSTRUCTIONS FOR MEDICAL CARE & END-OF-LIFE DECISIONS

Initial the statement which best states your desires:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

YES NO

____ Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

____ Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

____ Do you wish to designate a primary physician? If so, name & contact information:

RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed)

OTHER WISHES:

YES NO [“YES” means I agree with the statement and :NO” means I do NOT agree.]

____ If I ever fall into a persistently vegetative state, I wish my misery to be reduced as painlessly as possible.

____ If I become senile, I wish to die naturally and without any extraordinary medical treatment.

____ If I am in an irreversible coma or persistent vegetative state, I do not want any form of cardiopulmonary resuscitation (CPR).

____ If I am already in an irreversible coma, or persistent vegetative state and I develop some other illness or condition for which an additional course of treatment would be considered, I do not want any additional treatment to be initiated. For example, if I am in an irreversible coma and it is subsequently discovered that I have cancer, I do not want surgery, chemotherapy and or radiation. . (Add additional sheets if needed)

FINAL DISPOSITION INSTRUCTIONS / BURIAL WISHES

At my death, I wish to be: cremated buried

- If cremation, I would like my ashes disposed as follows:

- If buried, I would like my remains interred as follows:

- I have already made arrangements at:

ESTATE ASSETS*

*Abbreviations for types of ownership / titling: IND = Individual name; J/T = Joint with Rights of Survivorship; TIC = Tenants in Common

Real Estate [attach copy of deed(s) if available]

Property name / Description	Titling	APN / Parcel #	Notes

Vehicles (does it have a title?)

Make/ Model/ Description	Titling	VIN #	Notes

Bank Accounts

Bank / Credit Union / Other	Titling	Account #	Beneficiary named? (Y or N)

Other Personal Property, Collectibles, Intangible Assets, etc.

Description	Titling		

ESTATE ASSETS (cont'd)

Investment / Brokerage accounts

Brokerage firm / Mutual Fund Other	Titling	Account #	Beneficiary named? (Y or N)

Retirement Accounts

Where held / Description	Owner	Account #	Beneficiary named? (Y or N)

Life Insurance

Company	Insured	Policy #	Beneficiary named? (Y or N)

Name printed:

Signature

____/____/____
Date