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◆ An Association of Attorneys ◆

ESTATE PLANNING • TRUST ADMINISTRATION • PROBATE
DURABLE POWERS OF ATTORNEY FOR LEGAL AND FINANCIAL AFFAIRS
ADVANCED HEALTH CARE DIRECTIVES

ESTATE PLANNING INFORMATION PACKET

(PLEASE COMPLETE THIS PACKET)

Please have this Information Packet completed prior to our initial meeting. We would appreciate your providing us with the information prior to our meeting so that we have enough time to understand the specifics of your situation before our meeting, however, don't worry if you are not able to complete this packet prior to our meeting. If you need assistance completing the information, call our office at (925) 933-9047 and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY - JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION IS STRICTLY CONFIDENTIAL

ATTORNEY USE ONLY		Date: _____
Referred by:	_____	
Fee:	_____	
Settlor(s):	___ Individual(s)	___ Joint Settlers
Type:	___ Simple Estate	Other _____
	___ A-B	Separate Share or Sprinkling until _____
	___ A-B (Disclaimer Trust)	Deeds _____
	___ A-B-C	Notes _____
	___ Wills/POA/Other	_____

- **Personal Profile** - Please provide us with information about you.
 - Client Full name
 - Other names used
 - Home address
 - County of Residence
 - Home Phone
 - Work Phone
 - Cell Phone
 - Email address
 - Occupation
 - Employer
 - Social Security Number
 - Date of Birth
 - Period of Residence in California
 - Are you a U.S. Citizen? Circle One: Yes No
 - Spouse Full name - Please provide us with information about your spouse.
 - Other names used
 - Home address
 - County of Residence
 - Home Phone
 - Work Phone
 - Cell Phone
 - Email address
 - Occupation
 - Employer
 - Social Security Number
 - Date of Birth
 - Period of Residence in California
 - Are you a U.S. Citizen? Circle One: Yes No
- Is there a prenuptial agreement? Circle One: Yes No
- Date and place of marriage

● **Marital Relationships**

- Prior marriages of Client/Spouse
 - Has Client or Spouse been married before? Circle One: Yes No
 - Number of prior marriage for Client _____ Spouse _____
 - If yes, give the following information for each former marriage:
 - Name of former spouse
 - Date of marriage
 - Was marriage ended by death or divorce?
 - Date the divorce was final (or date of death)?

● **Children** - Please provide us with information about your children.

- Child(1) - ____ Male ____ Female
 - Name
 - Child of: Circle One: Client/Spouse Client Spouse
 - Address
 - Phone No.
 - Birthdate
 - Special Needs of Child: Circle One: Yes No Describe:
- Child(2) - ____ Male ____ Female
 - Name
 - Child of: Circle One: Client/Spouse Client Spouse
 - Address
 - Phone No.
 - Birthdate
 - Special Needs of Child: Circle One: Yes No Describe:
- Child(3) - ____ Male ____ Female
 - Name
 - Child of: Circle One: Client/Spouse Client Spouse
 - Address
 - Phone No.
 - Birthdate
 - Special Needs of Child: Circle One: Yes No Describe:
- Child(4) - ____ Male ____ Female
 - Name
 - Child of: Circle One: Client/Spouse Client Spouse
 - Address
 - Phone No.
 - Birthdate
 - Special Needs of Child: Circle One: Yes No Describe:
- Child(5) - ____ Male ____ Female
 - Name
 - Child of: Circle One: Client/Spouse Client Spouse
 - Address
 - Phone No.
 - Birthdate
 - Special Needs of Child: Circle One: Yes No Describe:

- Are there any deceased children? Circle One: Yes No
 - If so, did they leave any surviving children? Circle One: Yes No
 - Names and ages of any surviving children of the deceased children:
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● **If Your Children Are Minors:**

- If you have children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would. If you choose a married couple, your should consider what should happen should the parties divorce or if one of the spouses dies.

- Name, address, and phone number of person to serve as Guardian
 - _____
 - _____
 - _____

- Backup
 - _____
 - _____
 - _____

● **Financial Profile** - Please provide us with information about your financial situation.

○ Income	Husband	Wife	Joint
- Monthly Earned Income	_____	_____	_____
- Monthly Social Security Income	_____	_____	_____
- Monthly Pension Income	_____	_____	_____
- Other Monthly Income	_____	_____	_____

- List all Real Property (i.e., land or homes) owned by you and how title is held:
 - **Please provide “Grant Deeds” for all California real property.**
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - Total Gross: _____
 - Total Net: _____

- Cash (checking accounts, savings accounts, CDs, or money markets)
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - Total Gross: _____
 - Total Net: _____

- Automobiles, Boats and RV’s
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____

○ Securities (common stock, preferred stock, corporate bonds, mutual funds)

- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- Total Gross: _____
- Total Net: _____

○ Retirement or other employee benefits including 401(k), IRA or Keogh accounts, include the names of the beneficiaries of these benefits.

- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- Total Gross: _____
- Total Net: _____

○ Life Insurance which you own

- Face value
- Cash value
- Type of Policy (term, whole life)
- Name and address of each insurance company and policy number.
- _____
- _____
- _____

○ Business Interests

- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____
- _____ FMV: _____ Owe: _____

○ Are you the holder of any promissory notes? Circle One: Yes No

- If yes, for each, list name of payor , the name of the payee and the current outstanding balance.
- _____

○ Are you the beneficiary of any trust? Circle One: Yes No

- If yes, please indicate:
 - Name of the trust
 - Name of the trustee
 - Value of trust principal and income

○ Any general power of appointments in another persons will or trust? Circle One: Yes No

- If yes, who?

- List your tangible personal property of significant value:
 - Miscellaneous Furniture and Goods FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - Total Gross: _____
 - Total Net: _____

- Anticipated Gifts or Lawsuit Judgment (Please describe)
 - _____
 - _____
 - Total Gross: _____

- Other Assets
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - _____ FMV: _____ Owe: _____
 - Total Gross: _____
 - Total Net: _____

- Summary of Values
 - Real Property _____
 - Cash _____
 - Automobiles _____
 - Securities _____
 - Retirement _____
 - Life Insurance _____
 - Business Interests _____
 - Notes _____
 - Inheritance _____
 - Power of Appointments _____
 - Personal Property _____
 - Gifts of Judgments _____
 - Other Assets _____
 - **TOTAL** _____

- **Total Gross Estate:** _____
- **Total Net Estate:** _____

- Advisors

	<u>Name</u>	<u>Telephone</u>	<u>Email Address</u>
- Personal Attorney	_____	_____	_____
- Accountant	_____	_____	_____
- Financial Advisor	_____	_____	_____
- Life Insurance Agent	_____	_____	_____
- Casualty Insurance Agent	_____	_____	_____

- Are you happy with your current advisors? Yes No
- Do you need a referral for any of the above? Yes No
- Is there an advisor that you believe I should get to know: _____

- **Trustees and Executors:** After your death, who do you want carrying out your instructions, for distribution of your estate and, if desired, for management of the property for your beneficiaries.

- Name, address and telephone number of person you wish to serve as your **Trustee**

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-
-

- Name, address and telephone number of person you wish to serve as your **Backup Trustee**

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-
-
-

- Name, address and telephone number of person you wish to serve as your **Executor**

- Same as Trustee? Circle One: Yes No

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- Name, address and telephone number of person you wish to serve as your **Backup Executor**

- Same as Backup Trustee? Circle One: Yes No

-

- **Disposition of Your Estate**

- Please indicate any specific gifts of real or personal property that you wish to leave to a specific person:

-
-
-
-
-

- How do you wish the remainder of your estate to be distributed?

- If you have children:

- Should your property be divided equally amongst your children? Yes No

- Should your property be held in trust until the children are more mature? Yes No

- Until what age should your property be held in trust? _____

- Anything else?

- Is there anyone you wish to specifically disinherit? If so, please indicate below:

- Other notes:

- **Powers of Attorney for Legal and Financial Affairs:** If you were unable to make legal or financial decisions for yourself, who would you want to make those decisions for you?
 - **Client:** Name, address and telephone number of person you wish to serve as your **DPA Finances**
 - Spouse is the first Agent? Circle One: Yes No
 - If No, then First
 -
 -
 - Second
 -
 - Third
 -
 - **Spouse:** Name, address and telephone number of person you wish to serve as your **DPA Finances**
 - Spouse is the first Agent? Circle One: Yes No
 - If No, then First
 -
 -
 - Second
 -
 - Third
 -

- **Advanced Health Care Directive:** If you were unable to make health care decisions for yourself, who would you want to make those decisions for you?
 - **Client:** Name, address and telephone number of person you wish to serve as your **DPA Health**
 - Spouse is the first Agent? Circle One: Yes No
 - If No, then First
 -
 -
 - Second
 -
 - Third
 -
 - **Spouse:** Name, address and telephone number of person you wish to serve as your **DPA Health**
 - Spouse is the first Agent? Circle One: Yes No
 - If No, then First
 -
 -
 - Second
 -
 - Third
 -

● **Special Instructions**

○ **Disposition of Remains:** Any special burial or funeral instructions for your executor?

- **Client:**

- Circle One: Buried Cremated Other

- Details

-

-

- **Spouse:**

- Circle One: Buried Cremated Other

- Details

-

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○ **Autopsy:** Should your agent have the authority to request an autopsy?

- Client Circle One: Yes No

- Spouse Circle One: Yes No

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○ **End of Life Decisions:** Do you wish to be kept on life support should you be in an irreversible coma or vegetative state?

- Client Circle One: Pull Plug Maintain on Life Support

- Spouse Circle One: Pull Plug Maintain on Life Support

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○ **Relief From Pain:** Do you wish the use of medications to alleviate pain and suffering even if they may hasten the moment of death?

- Client Circle One: Yes No

- Spouse Circle One: Yes No

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○ **Other Wishes:** Do you wish food and hydration to keep you comfortable?

- Client Circle One: Yes No

- Spouse Circle One: Yes No

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○ **Organ Donation:** Do you wish to make any anatomical donations?

- Client Circle One: Yes No

- Client limitations _____

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- Spouse Circle One: Yes No

- Spouse limitations _____

