

ESTATE PLANNING - COUPLE

CONFIDENTIAL CLIENT PROFILE

The information requested on this Profile helps us understand your situation and wishes for the future. Your time investment in this Profile ensures that our time together is productive and that your concerns are addressed during our initial visit.

*All information provided is strictly **confidential** and protected by a legal privilege. By completing this Profile, you are helping us to design a custom estate plan that meets your unique goals.*

*Please return the completed worksheet to our office
by mail, e-mail or fax seven days **in advance** of your initial visit.*



Client's Legal Name _____ aka _____
 Birth date _____ SS# _____ US Citizen? _____ INS Status: _____
 Employer _____ Position _____
 Business Address _____ Business Telephone _____
 E-mail: _____ Driver's License # _____ Expiration: _____
 Previously Married? Date of Death or Divorce: _____ Support Order in Place? _____

Spouse's Legal Name _____ aka _____
 Birth date _____ SS# _____ US Citizen? _____ INS Status: _____
 Employer _____ Position _____
 Business Address _____ Business Telephone _____
 E-mail: _____ Driver's License # _____ Expiration: _____
 Previously Married? Date of Death or Divorce: _____ Support Order in Place? _____

Our Home Address _____
 Mailing Address _____
 Residence County _____ Home Telephone _____
 Date of Marriage _____ Legal Plan Coverage _____
 Best times / place to reach us _____ It is okay to communicate with us via E-mail.

Our Children

Full Legal Name	Birth date	Social Security #
1. _____ Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____	_____
2. _____ Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____	_____
3. _____ Parent: <input type="checkbox"/> Both of Us <input type="checkbox"/> Client <input type="checkbox"/> Spouse	_____	_____

Special needs or concerns regarding children: _____
If you have more than three children, please use the reverse side to provide information about them.

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

Please sign here if I have your permission to contact your other advisors: X _____



Please rate the following goals and concerns on a scale from 1 to 5. Your most important goals and concerns should be scored as “1”, while a score of “5” will tell me that you are not concerned about that particular goal.

	Rating				
	1	2	3	4	5
<i>Financial Goals</i>					
Arrange your affairs and create a comprehensive plan to manage affairs in case of death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate and death taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate, will contests or other disputes among family members after death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting our assets from lawsuits or creditors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of an ongoing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for the transfer and survival of a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving the privacy of our affairs in case of disability or at the time of our death from the courts, business competitors, predators, dishonest persons and curiosity seekers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce administration costs at time of our death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Family Goals</i>					
Ensuring that our family has sufficient financial resources in case of our death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for and protect my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for children from a prior relationship in a blended family situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide for and protecting children or grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan for the care and maintenance of a child with special needs or disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect our child/grandchild’s inheritance from the possibility of a failed marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protect our child/grandchild’s inheritance in the event of a surviving spouse’s remarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinheriting a family member; preventing a specific relative from handling our affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Personal Goals</i>					
Transferring my values & ideals to our beneficiaries, in addition to our wealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable giving during life or at death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding court proceedings in the event of our disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding placement in a nursing home, assisted living facility or other institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that our wish to accept or reject medical treatment is honored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning in advance for our memorial services, funeral or the disposition of your remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving our eligibility for government benefits (i.e. social security, disability, or other)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any other goals or concerns you may have in the space below or on the reverse side.

HAVE EITHER OF YOU ...	YES	NO
Completed previous will, trust, or estate planning? <i>If so, please attach copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Signed a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lived outside the State of California while married to each other? <i>If so, please explain where & when.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ever filed federal or state gift tax returns? <i>If so, please attach copies of these documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Been widowed in a prior marriage? <i>If a federal or state estate/death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>

ARE EITHER OF YOU:	YES	NO
Receiving social security, disability, or other governmental benefits? <i>If so, please describe below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Making payments pursuant to a divorce or property settlement order? <i>If so, please provide a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Currently the beneficiary of anyone else’s trust? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting any charities now that you wish to continue after your death? <i>If so, please explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Planning to make charitable gifts upon your death? <i>If so, please describe below.</i>	<input type="checkbox"/>	<input type="checkbox"/>

OUR ASSETS

How you hold title to your property is extremely important in determining how to best manage that property in the context of your estate plan. Please use the initials of the owner and the following designations when listing the "Owner."

- CP Community property, which is property acquired by one or both spouses while married to each other.
 S For property owned by an unmarried individual, or one spouse prior to marriage and kept **separate** from marital property.
 JTS Joint tenancy between spouses and no other person.
 JTO Joint tenancy with another person besides your spouse.

REAL ESTATE

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

Address	Type	Market Value	Mortgage	Equity
Total				

Please attach copies of deeds and mortgage information.

FURNITURE & PERSONAL PROPERTY

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)		
Total		

AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

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

Type or Description	Owner	Market Value	Loan	Equity
Total				

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable *to you*, or other moneys owed to you.

Name of Debtor	Note Date	Maturity	Owed to	Value
Total				

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" *Do not include IRA's or 401(k)'s here.*
If Account is in your name for the benefit of a minor, please specify the minor's name.

Financial Institution	Type	Owner	Acct. Number	Value
Total				

INVESTMENT ACCOUNTS, STOCKS & BONDS

TYPE: List stocks and bonds. *If held in a brokerage account, list the accounts, not the holdings. List tax-deferred/retirement assets below.*

Financial Institution	Type	Owner	Acct. Number	Value
Total				

RETIREMENT PLANS

TYPE: Tax-deferred retirement accounts, including IRA, 401(k), 403(b), Pension (P), Profit Sharing (PS), H.R. 10, etc.

Custodian (Financial institution)	Beneficiary	Type	Owner	Account Number	Value
Total retirement investments					

TYPE: Term, whole life, split dollar, group life, annuity.

Insurance Company & Agent	Beneficiary	Insured	Owner	Contract #/Type	Face Value
Total coverage					

BUSINESS INTERESTS

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

Name and Type	Owner	Market Value
<i>Total</i>		

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT OR OTHER ASSETS

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.

Description _____

Total estimated value _____

SUMMARY OF VALUES

For joint property held with someone other than your spouse, enter the value of the share owned by you or your spouse.

Assets	Client	Spouse	Total Value
Real estate			
Furniture and Personal Property			
Automobiles, Boats & RVs			
Money Owed to You			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Accounts			
Business Interests			
Anticipated Inheritance, Gift or Lawsuit Judgment			
Other			
<i>Total</i>			

In designing your estate plan, we will need the names, addresses and telephone numbers of the individuals you will designate to act on your behalf in a number of different roles:

1. Financial decision-makers in the event of your incapacity or death
2. Health Care decision-makers in the event of your incapacity
3. Caregivers for any minor children
4. Primary Care Physician, if you have one

Please think of alternate individuals for each role. If you know what role you want an individual to have, please note that below. If you need more room, please feel free to use the back side of this page. Also, if any person that you wish to name is not a citizen of the United States of America, please designate the country of citizenship and their residency status.

CLIENT

Name, Address & Telephone	Relationship / Citizenship	Role
Tel:		Financial Decision-Makers: 1. _____
Tel:		2. _____ 3. _____
Tel:		Medical Decision-Makers: 1. _____
Dr. Clinic: Address: Tel:	Primary Care Physician	2. _____ 3. _____ Caregivers for Minor Children: 1. _____ 2. _____ 3. _____

SPOUSE

Name, Address & Telephone	Relationship / Citizenship	Role
Tel:		Financial Decision-Makers: 1. _____
Tel:		2. _____ 3. _____
Tel:		Medical Decision-Makers: 1. _____
Dr. Clinic: Address: Tel:	Primary Care Physician	2. _____ 3. _____ Caregivers for Minor Children: 1. _____ 2. _____ 3. _____