

**LAW OFFICES OF
SHAHIN MOTALLEBI, ESQ.**

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Personal Information for Estate Planning

Date: _____

1. CLIENT(S):

Name: _____ SSN: _____

A.K.A.: _____

Home Address: _____

Bus. Address: _____

Home Phone No.: (____) _____ - _____ Business Phone No.: (____) _____ - _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

Name: _____ SSN: _____

A.K.A.: _____

Home Address: _____

Bus. Address: _____

Home Phone No.: (____) _____ - _____ Business Phone No.: (____) _____ - _____

Birthdate: _____ Birthplace: _____ Citizenship: _____

2. CHILDREN, OTHER BENEFICIARIES (Please include children of deceased children)

Name	Relationship	Address	Birth date
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__
_____	_____	_____	__/__/__

3. MARITAL STATUS:

Date and place of present marriage: _____

Date and place of prior marriage: _____

Any marital property (settlement) agreements? _____

ESTATE PLANNING INFORMATION

I. Revocable Trust Agreement? Yes No

Name of Trust: _____

II. Beneficiaries:

<u>Name</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

III. Trustees (in order of preference):

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

IV. Executor/Executrix:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

V. Residue:

VI. Other Trust Provisions:

VII. Guardian (in order of preference):

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

VIII. Conservator of Person

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____

IX. Conservator of Estate

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____

X. Durable Power of Attorney Agent (in order of preference):

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

XI. Removal From Life Support System Yes No

After 30 Days 60 Days 90 Days

Left to Agent's Discretion

FINANCIAL INFORMATION

4. PROFESSIONAL ADVISORS:

	Name	Address	Telephone
Other Atty:	_____	_____	_____
Accountant:	_____	_____	_____
Securities Broker:	_____	_____	_____
Investment Counselor:	_____	_____	_____
Insurance Agent	_____	_____	_____
—— <i>life</i> :	_____	_____	_____
—— <i>casualty</i> :	_____	_____	_____
Personal Physician:	_____	_____	_____
Other:	_____	_____	_____

5. INCOME AND ASSET INFORMATION:

\$ _____ ANNUAL INCOME \$ _____ MONTHLY INCOME

\$ _____ TOTAL GROSS VALUE OF REAL PROPERTY

Address	Title			Present <u>Gross</u> Value	<u>Cost</u>	Description of Property
	SP	CP	JT*			
_____	[]	[]	[]	\$ _____	\$ _____	_____
APN _____						

*Co -Owner(s): _____

Address	Title			Present <u>Gross</u> Value	<u>Cost</u>	Description of Property
	SP	CP	JT*			
_____	[]	[]	[]	\$ _____	\$ _____	_____
APN _____						

*Co -Owner(s): _____

_____ [] [] [] \$ _____ \$ _____

APN _____

*Co -Owner(s): _____

\$ _____ **STOCKS**

<u>Number of Shares</u>	<u>Company</u>	<u>Title</u>			<u>Present Value</u>
		<u>SP</u>	<u>CP</u>	<u>JT*</u>	
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____
_____	_____	[]	[]	[]	\$ _____

*Co -Owner(s): _____

\$ _____ **BONDS**

<u>Value</u>	<u>Description</u>	<u>Title</u>			<u>Yield</u>	<u>Maturity Date</u>
		<u>SP</u>	<u>CP</u>	<u>JT*</u>		
\$ _____	_____	[]	[]	[]	____%	__/__/__
\$ _____	_____	[]	[]	[]	____%	__/__/__
\$ _____	_____	[]	[]	[]	____%	__/__/__
\$ _____	_____	[]	[]	[]	____%	__/__/__
\$ _____	_____	[]	[]	[]	____%	__/__/__

*Co -Owner(s): _____

\$ _____ **CASH**

<u>Account Number</u>	<u>Type</u>			<u>Balance</u>	<u>Name(s) on Account</u>
	<u>C/A</u>	<u>S/A</u>	<u>Bank</u>		
_____	[]	[]	_____	\$ _____	_____
			(name)		

			(address)		
_____	[]	[]	_____	\$ _____	_____
			(name)		

_____ (address)
 _____ [] [] _____ \$ _____
 _____ (name)
 _____ (address)
 _____ [] [] _____ \$ _____
 _____ (name)
 _____ (address)
 _____ [] [] _____ \$ _____
 _____ (name)
 _____ (address)

\$ _____ PROMISSORY NOTES

<u>Balance Due</u>	<u>Debtor</u>	<u>Date Due</u>	<u>Face Amount</u>	<u>Date Signed</u>
\$ _____	_____	__/__/__	\$ _____	__/__/__
\$ _____	_____	__/__/__	\$ _____	__/__/__
\$ _____	_____	__/__/__	\$ _____	__/__/__
\$ _____	_____	__/__/__	\$ _____	__/__/__

\$ _____ LIFE INSURANCE

<u>Policy Number</u>	<u>Insurance Company</u>	<u>Life Insured</u>	<u>Beneficiary</u>	<u>Face Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

\$ _____ TANGIBLE PERSONAL PROPERTY (including vehicles)

<u>Description</u>	<u>Present Value</u>
<i>Furniture and furnishings</i>	\$ _____
<i>Personal effects</i>	\$ _____
_____	\$ _____
_____	\$ _____

\$ _____ **EMPLOYEE BENEFITS** (deferred compensation)

Type of Plan: _____ Value: \$ _____

Beneficiary: _____

Payment: *Lump sum* *Annuity*

Comments: _____

\$ _____ **IRAS**

<u>Bank/Brokerage Firm</u>	<u>Account No.</u>	<u>Description</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\$ _____ **PARTNERSHIPS**

dba: _____

Value: \$ _____ *community property* *separate property*

Address: _____

General Partner(s): _____

Partnership Agreement: *Yes* *No* No. of units / % _____

dba: _____

Value: \$ _____ *community property* *separate property*

Address: _____

General Partner(s): _____

Partnership Agreement: Yes No No. of units / % _____

\$ _____ **ACTIVE BUSINESS/PROFESSION**

dba: _____

Value: \$ _____ community property separate property

Address: _____

Type (corporation, partnership, sole proprietorship, other): _____

Articles, Bylaws, Partnership Agreement: Yes* No

*Please specify: _____

6. LIABILITIES:

	<u>Title Creditor's Balance</u>	<u>CP</u>	<u>SP</u>	<u>Insurance</u>
Home Loan	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secured Real Property Loans	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secured Personal Property Loans	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans on Insurance Policies	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsecured Promissory Note	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Obligations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. LIFETIME GIFTS MADE:

<u>Amount</u>	<u>Interest Given</u>	<u>Date</u>	<u>Beneficiary</u>
\$ _____	_____	__/__/__	_____
\$ _____	_____	__/__/__	_____
\$ _____	_____	__/__/__	_____
\$ _____	_____	__/__/__	_____

8. ADDITIONAL INFORMATION/COMMENTS:

(1) Are you the beneficiary of a trust

—— established by you?

—— established by someone other than you?

Copy attached? Yes No

(2) To your knowledge, do you hold the power to appoint assets presently subject to a trust?

(3) Are you the trustee of a trust for someone else?

(4) Other: _____

NOTES:

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

1. **Copy of deed(s) of real property, and Property Tax Statement(s);**
2. **Copy of Bank Accounts;**
3. **List of stocks, bonds, Brokerage Statement;**
4. **Description of assets and debts;**
5. **Name, Date of Birth, and Addresses of Alternate Trustees, Guardians, Agents, etc.;**
6. **Copy of Drivers License of the initial Settlers/Trustees (Husband and Wife or other Initial Trustee);**
7. **Title of owned Vehicles;**
8. **Copy of Life Insurance Policy;**