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Del Beccaro, Hornsby & Blake

◆ 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. You can also find us on the web at www.MarkTBlake.com.

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

Referred by: Metlife; ____ ARAG; ____ CLC
 Quoted Fee: Plus recording fees
 Restatement? ____ No ; If ____ Restatement, Trust Name.....
 Settlor(s): Type: A-B
 Individual; OR Simple Estate A-B-C
 Joint Settlers QDOT or
 QDOT Option Separate Sprinkling until.....
 Special Needs? POA (w/ Disclaimer) Wills / DPAs / AHC / Other

● **Personal Profile** - Please provide us with information about you.

○ **CLIENT FULL NAME:**.....

- Gender:..... Male Female Other
- Other names used:
- Home address:
- County Residence:
- Cell Phone:.....
- Home Phone:
- Work Phone:.....
- Email address:
- Occupation:
- Employer:.....
- SSN (123-45-6789):.....
- Date of Birth (mm/dd/yyyy):
- Period of Residence in California:..... Since (year)
- Are you a U.S. Citizen? Check One: Yes No

○ **SPOUSE FULL NAME:**.....

- Gender:..... Male Female Other
- Other names used:
- Home address:
- County Residence:
- Cell Phone:.....
- Home Phone:
- Work Phone:.....
- Email address:
- Occupation:
- Employer:.....
- SSN (123-45-6789):.....
- Date of Birth (mm/dd/yyyy):
- Period of Residence in California:..... Since (year)
- Are you a U.S. Citizen? Check One: Yes No

- Primary taxpayer (Person listed first on tax return)..... Check One: Client Spouse
- Is there a prenuptial agreement or marital agreement?..... Check One: Yes No
 - Date and place of marriage:.....

● **Prior Marital Relationships**

- Has Client or Spouse been married before?..... Check One: Client Spouse
 - If yes, give the following information for each former marriage: (1) Name of former spouse; (2) Date of marriage; (3) Was marriage ended by death or divorce; (4) Date the divorce was final (or date of death).

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

- **Child (1)** - Full Name:.....
 - Gender..... Male Female Other
 - Child of:..... Both Client Spouse Other
 - Address:.....
 - Phone No:.....
 - Birthdate (mm/dd/yyyy):.....
 - Disabled Child or Special Needs:..... Check One: Yes No
- **Child (2)** - Full Name:.....
 - Gender..... Male Female Other
 - Child of:..... Both Client Spouse Other
 - Address:.....
 - Phone No:.....
 - Birthdate (mm/dd/yyyy):.....
 - Disabled Child or Special Needs:..... Check One: Yes No
- **Child (3)** - Full Name:.....
 - Gender..... Male Female Other
 - Child of:..... Both Client Spouse Other
 - Address:.....
 - Phone No:.....
 - Birthdate (mm/dd/yyyy):.....
 - Disabled Child or Special Needs:..... Check One: Yes No
- **Child (4)** - Full Name:.....
 - Gender..... Male Female Other
 - Child of:..... Both Client Spouse Other
 - Address:.....
 - Phone No:.....
 - Birthdate (mm/dd/yyyy):.....
 - Disabled Child or Special Needs:..... Check One: Yes No

- **Child (5) - Full Name:**.....
 - Gender: Male Female Other
 - Child of: Both Client Spouse Other
 - Address:.....
 - Phone No:.....
 - Birthdate (mm/dd/yyyy):
 - Disabled Child or Special Needs:..... Check One: Yes No
- Nature of disability, if any.....
- Other Children:
-
-
- Are there any deceased children?:..... Check One: Yes No
- If so, did they leave any surviving children:..... Check 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, you should consider what should happen should the parties divorce. For each set of joint guardians, please place a (P) next to the "Preferred Spouse", i.e., the spouse that should be preferred.
- **First Guardian(s)**
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
- **Second Guardian(s)**
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
- **Third Guardian(s)(Optional):**
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
- **Fourth Guardian(s)(Optional):**
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....

ATTORNEY USE ONLY

Type: Simple Estate , A-B, POA (w/ Disclaimer), A-B-C, Other.....

Age Restrictions: Separate Share , Sprinkling, Till what age? / Special Needs

Other Notes:.....

- **Estimated Size of The Estate**
 - **Estimated Total Gross Estate:.**
 - **Estimated Total Net Estate: . .**

- **Successor 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. The primary criteria for trustee is trustworthiness. This person should also be good with the management of time and money. This person must be a U.S. Citizen who is at least 18 years of age.
 - **First Successor Trustee (or Executor):**
 - Name:.....
 - Address:
 - Phone No:.....
 - Email Address:.....
 - **Second Successor Trustee (or Executor):**
 - Name:.....
 - Address:
 - Phone No:.....
 - Email Address:.....
 - **Third Successor Trustee (or Executor)(Optional):**
 - Name:.....
 - Address:
 - Phone No:.....
 - Email Address:.....
 - **Fourth Successor Trustee (or Executor)(Optional):**
 - Name:.....
 - Address:
 - Phone No:.....
 - Email Address:.....
 - **Executors:** Same as Successor Trustees?. Check One: Yes No
 - If No:
 - **Prohibited Trustee:** Any persons who should be prohibited from being Trustee?
 - Name 1:
 - Name 2:
 - Name 3:

● **Disposition of Your Estate (Who do you want to be your Beneficiaries?)**

○ 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?

* Check One: Yes No

■ Should the trust property be held in trust until a later age?

* We recommend that you hold property in trust until children are mature

* Check One: Yes No ; If Yes, What age?

* Other:.....

■ Should a deceased child's share go to their children (your grandchildren)?

* Check One: Yes No

* Should the trust property be held in trust until a later age?

* We recommend that you hold property in trust until children are mature

* Check One: Yes No ; If Yes, What age?

* Other:.....

■ If everyone above has passed away?

* Intestate (find your closest living relatives - according to the law); OR

* Something else

■

- Anything else?

-

○ If you don't have children: Who would you like to receive your estate and how much of it should they receive?

-

- If everyone above has passed away?

* Intestate (find your closest living relatives - according to the law); OR

* Something else

*

- Is there anyone you wish to specifically disinherit? If so, please indicate below:
 - This would be someone who does not need to be taken care of with your assets because they already have sufficient assets, or a family member who is estranged from you, or someone who you just don't care for and is a problem person in your life.
 - Name 1:
 - Name 2:
 - Name 3:
 - Reasons:.....

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

-

Other notes:

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- **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?
 - Should the power take effect immediately upon signing OR should you be incapacitated for the power to take effect?
 - Client: Check One: Take effect immediately Take effect upon incapacity
 - Spouse: Check One: Take effect immediately Take effect upon incapacity
 - **Client:** Contact information of person you wish to serve as your **DPA Finances**
 - Spouse is the first Agent?..... Check One: Yes No
 - 1. Next Agent for DPA:
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
 - 2. Next Agent for DPA (Optional):
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
 - 3. Next Agent for DPA (Optional):
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
 - **Spouse:** Contact information of person you wish to serve as your **DPA Finances**
 - Spouse is the first Agent?..... Check One: Yes No
 - 1. Next Agent for DPA:
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
 - 2. Next Agent for DPA (Optional):
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....
 - 3. Next Agent for DPA (Optional):
 - Name:.....
 - Address:.....
 - Phone No:.....
 - Email Address:.....

● **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?

○ Should the power take effect immediately upon signing OR should you be incapacitated for the power to take effect?

- Client: Check One: Take effect immediately Take effect upon incapacity
- Spouse: Check One: Take effect immediately Take effect upon incapacity

○ **Client:** Contact information of your **Agent For Health Care Decisions**

- Spouse is the first Agent?..... Check One: Yes No

- 1. Next Agent for AHC:

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

- 2. Next Agent for AHC (Optional):

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

- 3. Next Agent for AHC (Optional):

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

○ **Spouse:** Contact information of your **Agent For Health Care Decisions**

- Spouse is the first Agent?..... Check One: Yes No

- 1. Next Agent for AHC:

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

- 2. Next Agent for AHC (Optional):

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

- 3. Next Agent for AHC (Optional):

- Name:.....
- Address:.....
- Phone No:.....
- Email Address:.....

● **Special Instructions**

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

- Client:..... Check One: Buried Cremated Other
■ Details, if other:

■

- Spouse:..... Check One: Buried Cremated Other
■ Details, if other:

■

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

- Client:..... Check One: Yes No

- Spouse:..... Check One: Yes No

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

- Client:..... Check One: Pull Plug Maintain Other
■ Details, if other:

■

- Spouse: Check One:..... Pull Plug Maintain Other
■ Details, if other:

■

○ **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:..... Check One: Yes No

- Spouse:..... Check One: Yes No

- Details, if other:

-

○ **Other Wishes:** Do you wish food and hydration to be continued if you are in an irreversible coma or persistent vegetative state?

- Client:..... Check One: Yes No Other

- Spouse:..... Check One: Yes No Other

- Details, if other:

-

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

- Client:..... Check One: Yes No Other

- Spouse:..... Check One: Yes No Other

- Details, if other:

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- Is there anything unique about your situation that the attorney should know about?

- Details:

-

- Do you need a referral to a trusted advisor?

- Do you need a referral to a life insurance professional?. Check One: Yes No
- Do you need a referral to a financial planning professional?. Check One: Yes No
- Do you need a mortgage checkup?. Check One: Yes No
- Do you need a referral to a tax planning professional?. Check One: Yes No
- Do you need a referral for property/ casualty insurance?. Check One: Yes No
- Other:

-

- Click to SAVE this form:

- Estate planning document review and signing appointments are typically available Monday through Thursday starting at 8:30 a.m. Afternoon appointments must usually commence by 4:30 p.m. Morning appointments are available on Fridays from 9 a.m. until 1 o'clock p.m. Exceptions are made for emergencies and special circumstances.

- Please be advised that you have none of the protections an estate plan will provide to you until the documents are actually signed, witnessed and notarized. **Completion of this form will not provide you with any protection.** Your completed estate planning documents must be signed, witnessed and notarized.

- These documents can be signed remotely if needed. Please let me know if this is something that you need.

- **Thank you for allowing us to be of service with your estate planning needs!**

Email this form to Mark T. Blake?. Click to Submit:

If you check submit, this form will be emailed to **Mark@MarkTBlake.com**