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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): _____ Individual; OR _____ Joint Settlers
 Type: _____ Simple Estate _____ QDOT or _____ QDOT Option
 _____ A-B _____ Separate or _____ Sprinkling until.....
 _____ POA (w/ Disclaimer) _____ Wills/DPAs/AHC/Other.....
 _____ A-B-C _____ Deeds (?).
 Notes:.....
 Exclusions (?):.....
 Other Information:.....

● **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? Check One: _____ Yes _____ No
- Spouse 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? Check One: _____ Yes _____ No
- Primary taxpayer (Person listed first on tax return).. _____ Client or _____ Spouse

● Is there a prenuptial agreement or marital agreement? Check One: _____ Yes _____ No

● Date and place of marriage:.....

● **Marital Relationships**

- Prior marriages of Client/Spouse
 - Has Client or Spouse been married before? Check 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: _____ Client/Spouse _____ Client _____ Spouse _____ Other.
 - Address.
 - Phone No.
 - Birthdate.
 - Special Needs of Child: Check One: _____ Yes _____ No Describe:.....
- Child(2) - _____ Male _____ Female
 - Name.
 - Child of: _____ Client/Spouse _____ Client _____ Spouse _____ Other.
 - Address.
 - Phone No.
 - Birthdate.
 - Special Needs of Child: Check One: _____ Yes _____ No Describe:.....
- Child(3) - _____ Male _____ Female
 - Name.
 - Child of: _____ Client/Spouse _____ Client _____ Spouse _____ Other.
 - Address.
 - Phone No.
 - Birthdate.
 - Special Needs of Child: Check One: _____ Yes _____ No Describe:.....
- Child(4) - _____ Male _____ Female
 - Name.
 - Child of: _____ Client/Spouse _____ Client _____ Spouse _____ Other.
 - Address.
 - Phone No.
 - Birthdate.
 - Special Needs of Child: Check One: _____ Yes _____ No Describe:.....
- Child(5) - _____ Male _____ Female
 - Name.
 - Child of: _____ Client/Spouse _____ Client _____ Spouse _____ Other.
 - Address.
 - Phone No.
 - Birthdate.
 - Special Needs of Child: Check One: _____ Yes _____ No Describe:.....

- 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:
 -

● **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.

○ **First Guardian(s)**

- Name.
- Address.....
- Phone No.....

○ **Second Guardian(s)**

- Name.
- Address.....
- Phone No.....

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

- Income

	Husband	Wife	Joint
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 - 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: _____
- 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: _____
- 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: _____
- 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.
-
-
- Client's Amount: _____; Spouse's Amount: _____

○ Business Interests

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

○ Are you the holder of any promissory notes? Check 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? Check 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?

- Check One: ____ Yes ____ No
- If yes, who?

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

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

- 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:.. ..
- When was the last time you refinanced?.. ..

ATTORNEY USE ONLY

Type: ___ Simple Estate , ___ A-B, ___ POA (w/ Disclaimer), ___ A-B-C, ___ Other
Type: ___ Separate Share , ___ Sprinkling, ___ Till what age? _____ / **Special Needs _____
Other Notes: _____

- **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.....
- **Second Successor Trustee (or Executor):**
 - Name.
 - Address.....
 - Phone No.....
- **Third Successor Trustee (or Executor)(Optional):**
 - Name.
 - Address.....
 - Phone No.....
- **Executors:** Same as Successor Trustees? Check One: ___ Yes ___ No Other _____
- **Prohibited Trustee:** Any persons who should be prohibited from being Trustee?
 -

● **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 Other.
 - * Should the trust property be held in trust until a later age?
 - * Check One: ___ Yes ___ No Age?.
 - * If No or Other:
 - *
 - Should a deceased child's share go to their children (your grandchildren)?
 - * Check One: ___ Yes ___ No Other.
 - * Should the trust property be held in trust until a later age?
 - * Check One: ___ Yes ___ No Age?.
 - * If No or Other:
 - *
 - If everyone above has passed away?
 - * ___ Intestate ___ 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 _____ 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.
-
-
-

- Reason:.....

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

-
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-

○ 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?
 - 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:** Name, address and telephone number of person you wish to serve as your **DPA Finances**
 - Spouse is the first Agent? Check 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? Check 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?
 - 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:** Name, address and telephone number of person you wish to serve as your **DPA Health**
 - Spouse is the first Agent? Check 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? Check One: _____ Yes _____ No
 - If No, then First.
 -
 - Second.
 -
 - Third.
 -

● **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

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

- Client: Check One: _____ Yes _____ No
- Spouse: Check One: _____ Yes _____ No

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

- Client: Check One: _____ Yes _____ No
- Would you like to limit your donation to your family? Check One: _____ Yes _____ No
- Other limitations.....
- Spouse: Check One: _____ Yes _____ No
- Would you like to limit your donation to your family? Check One: _____ Yes _____ No
- Other limitations.....

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

- 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.

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