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ESTATE PLANNING DATA SHEET

(Married Couple)

Completed as of _____, 20____

In order to assist our firm in advising you on issues of estate planning, please complete as much as possible of the following form and attach additional sheets if necessary.

1. HUSBAND'S NAME:
2. WIFE'S NAME:
3. ADDRESS:
4. TELEPHONE NUMBER(S):
Home:
Office:
Cell:
Fax:
5. HUSBAND'S SOCIAL SECURITY NUMBER:
6. WIFE'S SOCIAL SECURITY NUMBER:
7. HUSBAND'S BUSINESS OR PROFESSION:
8. WIFE'S BUSINESS OR PROFESSION:
9. LENGTH OF RESIDENCE IN CALIFORNIA:
10. HUSBAND'S DATE OF BIRTH: CITIZENSHIP:
11. WIFE'S DATE OF BIRTH: CITIZENSHIP:
12. PRIOR MARRIAGES, INCLUDING NAME OF FORMER SPOUSES AND DATES OF TERMINATION OF MARRIAGE OR DEATH OF SPOUSE:
HUSBAND: WIFE:

13. CHILDREN:

Name: Birth Date: Address: Tel. No.

Are all of the children listed above the joint children of both Husband and Wife? If not, please indicate which children are Wife's and which children are Husband's.

14. DECEASED CHILDREN (if any):

15. GRANDCHILDREN:

Name: Birth Date: Address/Tel. No.: Parent:

16. OTHER CONTACT PERSONS (names of other important persons or relatives to contact in the event of an emergency):

Name: Relationship: Address: Tel. No.

17. NAME, ADDRESS, TELEPHONE NUMBER OF ACCOUNTANT OR TAX PREPARER:

18. NAME, ADDRESS, TELEPHONE NUMBER OF INSURANCE AGENT(S):

19. NAME, ADDRESS, TELEPHONE NUMBER OF BROKER OR FINANCIAL ADVISOR(S):

20. NAME, ADDRESS, TELEPHONE NUMBER OF RETIREMENT PLAN OR OTHER BENEFITS ADMINISTRATOR(S):

21. DESCRIPTION OF ESTATE DISTRIBUTION: (Please provide a general description of your estate planning goals and desired plan for distributing your assets at death. This topic will be discussed in greater detail with the attorney prior to the preparation of any estate planning documents.)

OFFICE USE ONLY:

Attorney Notes Regarding Estate Distribution:

22. FUNERAL/BURIAL INSTRUCTIONS: (Please describe any funeral, burial or cremation instructions and indicate whether or not you have done any advanced planning such as purchasing a burial plan or plot and provide any relevant contact information):

23. LIFE SUPPORT AND ORGAN DONATIONS: (Please express your desires regarding retention on life support or the making of organ donations):

24. POST-DEATH AND INCOMPETENCY AUTHORITY: Please list your preferences for those persons who you would like to administer the following aspects of your affairs in the event of your death or incompetency:

a. Successor Trustee/Executor

Order of Priority:	Name:	Relationship:	Address:	Tel. No.
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b. Agent for Health Care Decisions

Order of Priority:	Name:	Relationship:	Address:	Tel. No.
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Husband:

Wife:

c. Agent for Asset Management Decisions

Order of Priority:	Name:	Relationship:	Address:	Tel. No.
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d. Guardian for Children

Order of Priority:	Name:	Relationship:	Address:	Tel. No.
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25. MISCELLANEOUS (Please respond to each of the following questions, if applicable):

- a. Do you expect to receive any inheritance? Please describe:
- b. Do you have any interest in a buy-sell arrangement? Please describe:
- c. Have you made any gifts to any person which in any year exceeded \$10,000?
Please describe:
- d. Have you ever filed a U.S. Gift Tax Return? Please describe:

OFFICE USE ONLY:

Attorney Notes on Other Estate Planning Concerns or Advanced Estate Planning Techniques:

Type of Estate Plan:

Fee Quote:

SCHEDULE OF ASSETS/LIABILITIES

(Married Couple)

As of _____, 20____

CLIENT NAME: _____

ASSETS: Please complete the following information listing all of your assets. In the second column marked "Description," provide the requested descriptive information. In the third column marked "CP/SP (H or W)," please indicate whether the property is community property ("CP") or separate property ("SP"), and if separate property, please indicate whether it belongs to Husband ("H") or Wife ("W"). In the fourth column marked "Vesting," please indicate how title is currently held such as "joint" if in both spouse's name, in either spouse's individual name such as "H" for Husband or "W" for Wife, or in "Trust" if held by a trust. In the fifth and last column, "Current Value," please provide your approximate estimate of the asset's current fair market value. If you have difficulty completing this form, please submit the form with the information you have on hand, and our office will assist you further in completing it.

Type	Description	CP/SP (H or W)	Vesting (Title Name)	Current Value
Checking Accounts:	Name of Bank, Account Number:			
Certificates of Deposit:	Name of Bank, Account Number:			
Savings Accounts:	Name of Bank, Account Number:			

Type	Description	CP/SP (H or W)	Vesting (Title Name)	Current Value
Retirement Plan Accounts	Provide Type (i.e. IRA, Profit Sharing, Keogh, etc.), Name of Bank/Institution, and Account Number:			
Brokerage Accounts:	Name of Brokerage, Account Number:			
Stocks or Funds (individually held and not held in brokerage acc't):	Name of Company or Fund, Number of Shares, Certificate Number(s):			
Bonds (not held in brokerage acc't):	Name of Bond, Issue Date, Face Value:			
Real Estate:	Street Address and Description (i.e. residential, commercial, raw land, etc.).			

Type	Description	CP/SP (H or W)	Vesting (Title Name)	Current Value
Businesses or Practices:	Name of Business, Professional Practice, Partnership, or Closely-Held Corporation, Type of Entity (i.e. sole proprietorship, corporation, LLC, or partnership), and Percentage Interest:			
Copyrights, Trademarks, or Patents	Provide General Description:			
Interests in Trusts or Estates:	Provide General Description:			
Limited Partnerships:	Name of Partnership, Percentage Ownership, and Amount of Original Investment:			
Automobiles:	Provide General Description:			

Type	Description	CP/SP (H or W)	Vesting (Title Name)	Current Value
Notes/Mortgages Receivable:	Provide Date, Name of Borrower, and Original Amount Owed:			
Insurance Policies:	Name of Company, Policy Number, Type of Policy (term, whole life, etc.), Face Amount (cash surrender value less any outstanding loans should be listed in Current Value column):			
Collections and Other Valuable Personal Property:	Provide General Description:			
	TOTAL ASSETS:			

LIABILITIES: Please provide the requested descriptive information for any loans or other obligations which you currently owe and provide the approximate current unpaid balance.

Type	Description	Current Outstanding Balance
Loans/Notes/Mortgages Payable:	Name of Lender, Current Outstanding Balance of Loan, and Description of any Collateral Securing the Loan	
Other Liabilities:	Provide General Description (i.e. pending/threatened litigation, judgments, guarantees, etc.)	
	TOTAL LIABILITIES:	

NET WORTH: (i.e. Assets - Liabilities)

Assets

Liabilities

Net Worth

\$ _____ - \$ _____ = \$ _____