

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Your estate plan must be based on information about you, your objectives, your family, your intended beneficiaries, your property and your existing relationships.

The purpose of this memorandum and questionnaire is to obtain information we need to help you effectively plan your estate. Our request arises from our desire to try to accomplish your personal objectives. Please supply the information listed below.

Please print or write legibly the following information. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank. Either bring this document with you, or preferably, mail it to me before our meeting. Also, make copies of relevant deeds, insurance policies, marital/divorce/dissolution judgments, agreements, monthly bank statements, other financial institution statements, retirement fund statements, etc., and any original will or trust.

Date: \_\_\_\_\_

### HUSBAND'S INFORMATION/SPOUSE #1

Legal Name: \_\_\_\_\_

Other names ever known by: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Facsimile: (\_\_\_\_) \_\_\_\_\_

Birthdate and Age:

D/o/b: \_\_/\_\_/\_\_

Age: \_\_\_\_

Place of Birth:

City: \_\_\_\_\_

State or Country: \_\_\_\_\_

State of Residence \_\_\_\_\_

Date Came To State \_\_\_\_\_

Prior Residence and Dates \_\_\_\_\_

\_\_\_\_\_

Military Service Record \_\_\_\_\_

College/University Record \_\_\_\_\_

Marital Status \_\_\_\_\_

Citizenship: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Occupation (and Title or Position): \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone \_\_\_\_\_

Major Health Problems \_\_\_\_\_

Specific gifts of money or property such as personal items, including charity:

Recipient: \_\_\_\_\_

Relationship: \_\_\_\_\_

Amount of Money, Property, or Share of Money or Property:

\_\_\_\_\_

To Be Given:

\_\_\_ upon own death

\_\_\_ upon death of survivor

## **WIFE'S INFORMATION/SPOUSE #2**

Legal Name: \_\_\_\_\_

Other names ever known by: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Facsimile: (\_\_\_\_) \_\_\_\_\_

Birthdate and Age:

D/o/b: \_\_/\_\_/\_\_

Age: \_\_\_\_

Place of Birth:

City: \_\_\_\_\_

State or Country: \_\_\_\_\_

State of Residence \_\_\_\_\_

Date Came To State \_\_\_\_\_

Prior Residence and Dates \_\_\_\_\_  
\_\_\_\_\_

Military Service Record \_\_\_\_\_

College/University Record \_\_\_\_\_

Marital Status \_\_\_\_\_

Citizenship: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Occupation (and Title or Position): \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone \_\_\_\_\_

Major Health Problems \_\_\_\_\_

Specific gifts of money or property such as personal items, including charity:

Recipient: \_\_\_\_\_

Relationship: \_\_\_\_\_

Amount of Money, Property, or Share of Money or Property:

\_\_\_\_\_

To Be Given:

\_\_ upon own death

\_\_ upon death of survivor

**CURRENT MARRIAGE**

Date of Marriage: \_\_/\_\_/\_\_\_\_

City and State: \_\_\_\_\_, \_\_\_\_

Domicile at time of marriage:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

List every other place where Husband and Wife have been domiciled since their marriage:

First Domicile Since Marriage

Date commenced: \_\_/\_\_/\_\_\_\_

State or Country: \_\_\_\_\_

Husband's net worth: \$\_\_\_\_\_

Wife's net worth: \$ \_\_\_\_\_  
Community property jurisdiction? Yes \_\_\_ No \_\_\_

Next Domicile Since Marriage

Date commenced: \_\_/\_\_/\_\_\_\_  
State or Country: \_\_\_\_\_  
Husband's net worth: \$ \_\_\_\_\_  
Wife's net worth: \$ \_\_\_\_\_  
Community property jurisdiction? Yes \_\_\_ No \_\_\_

What were Husband's and Wife's net worths at the time of their marriage?

Husband: \$ \_\_\_\_\_  
Wife: \$ \_\_\_\_\_

For each spouse, provide all employers or occupations and dates of commencement since the date of marriage:

Husband: \_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_

Describe all substantial gifts or inheritance received by either spouse since the date of marriage:

First Item:  
Recipient: \_\_\_\_\_  
Date: \_\_/\_\_/\_\_\_\_  
Gift Giver: \_\_\_\_\_  
Description: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

Next Item:  
Recipient: \_\_\_\_\_  
Date: \_\_/\_\_/\_\_\_\_  
Gift Giver: \_\_\_\_\_  
Description: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

Have the spouses ever entered into any agreements with each other concerning the status of their property as separate, community, or quasi-community?

Date: \_\_/\_\_/\_\_\_\_  
Description and Agreed Status of Property: \_\_\_\_\_

**CHILDREN FROM CURRENT MARRIAGE**

1) Name: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

4) Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

If any children are disabled, list public benefits currently received: \_\_\_\_\_

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? \_\_\_\_\_

Do you plan on having any more children? How many? \_\_\_\_\_

**GRANDCHILDREN FROM CURRENT MARRIAGE**

1) Name: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

4) Name: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

If any grandchildren are disabled, list public benefits currently received:

\_\_\_\_\_

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? \_\_\_\_\_

### **HUSBAND'S PREVIOUS MARRIAGES**

1) Name of spouse: \_\_\_\_\_

Currently alive? Y \_\_\_ N \_\_\_

Current City and State of Residence: \_\_\_\_\_, \_\_\_

How did Marriage Terminate? Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date of Termination: \_\_/\_\_/\_\_\_\_

Title of Divorce or Probate Court: \_\_\_\_\_

Case No. \_\_\_\_\_

Any other relevant information regarding this marriage?

\_\_\_\_\_

2) Name of spouse: \_\_\_\_\_

Currently alive? Y \_\_\_ N \_\_\_

Current City and State of Residence: \_\_\_\_\_, \_\_\_

How did Marriage Terminate? Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date of Termination: \_\_/\_\_/\_\_\_\_

Title of Divorce or Probate Court: \_\_\_\_\_

Case No. \_\_\_\_\_

Any other relevant information regarding this marriage?

\_\_\_\_\_

### **WIFE'S PREVIOUS MARRIAGES**

1) Name of spouse: \_\_\_\_\_

Currently alive? Y \_\_\_ N \_\_\_

Current City and State of Residence: \_\_\_\_\_, \_\_\_

How did Marriage Terminate? Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date of Termination: \_\_/\_\_/\_\_\_\_

Title of Divorce or Probate Court: \_\_\_\_\_

Case No. \_\_\_\_\_

Any other relevant information regarding this marriage?

\_\_\_\_\_

2) Name of spouse: \_\_\_\_\_

Currently alive? Y \_\_\_ N \_\_\_

Current City and State of Residence: \_\_\_\_\_, \_\_\_

How did Marriage Terminate? Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date of Termination: \_\_/\_\_/\_\_\_\_

Title of Divorce or Probate Court: \_\_\_\_\_

Case No. \_\_\_\_\_

Any other relevant information regarding this marriage?

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**HUSBAND'S CHILDREN FROM PRIOR RELATIONSHIPS**

1) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

If any children are disabled, list public benefits currently received: \_\_\_\_\_

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? \_\_\_\_\_

**WIFE'S CHILDREN FROM PRIOR RELATIONSHIPS**

1) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_



Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

If any children are disabled, list public benefits currently received: \_\_\_\_\_

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? \_\_\_\_\_

**HUSBAND'S GRANDCHILDREN FROM PRIOR RELATIONSHIPS**

1) Name: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_\_\_

If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_

Age at death: \_\_\_\_

If Alive: Current Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_

If any grandchildren are disabled, list public benefits currently received:

\_\_\_\_\_

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? \_\_\_\_\_

#### **WIFE'S GRANDCHILDREN FROM PRIOR RELATIONSHIPS**

1) Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_\_\_

If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_

Age at death: \_\_\_\_

If Alive: Current Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_\_\_

If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_

Age at death: \_\_\_\_

If Alive: Current Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_

If any grandchildren are disabled, list public benefits currently received:

\_\_\_\_\_

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? \_\_\_\_\_

**HUSBAND'S (STEP)PARENTS AND SIBLINGS**

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

4) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_

**WIFE'S (STEP)PARENTS AND SIBLINGS**

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_  
Name of Spouse: \_\_\_\_\_ None \_\_

4) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_\_\_  
If Deceased: Date of Death: \_\_/\_\_/\_\_\_\_  
Age at death: \_\_\_\_  
If Alive: Current Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Age: \_\_\_\_

Name of Spouse: \_\_\_\_\_ None \_\_\_

**HUSBAND'S EXISTING DOCUMENTS**

Does Husband have an existing will or revocable living trust?

Will

Date of Will/Trust: \_\_/\_\_/\_\_\_\_

Wills--Location of original: \_\_\_\_\_

Wills--List all codicils by date: \_\_\_\_\_

Revocable Living Trust

Power of Attorney for Health Care

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Power of Attorney for Property

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Power of Attorney for (Other) \_\_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

**WIFE'S EXISTING DOCUMENTS**

Does Wife have an existing will or revocable living trust?

Will

Date of Will/Trust: \_\_/\_\_/\_\_\_\_

Wills--Location of original: \_\_\_\_\_

Wills--List all codicils by date: \_\_\_\_\_

Revocable Living Trust

Power of Attorney for Health Care

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Power of Attorney for Property

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Power of Attorney for (Other) \_\_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

**HUSBAND'S GIFTS AND TRANSFERS**

Total taxable gifts to date: \$\_\_\_\_\_

Unified Estate and Gift Tax Credit used: \$\_\_\_\_\_

Generation-skipping transfer tax exemption used: \$\_\_\_\_\_

California Property Tax parent/child exemption used for transfers of real property other than a principal residence? \$\_\_\_\_\_

**WIFE'S GIFTS AND TRANSFERS**

Total taxable gifts to date: \$ \_\_\_\_\_

Unified Estate and Gift Tax Credit used: \$ \_\_\_\_\_

Generation-skipping transfer tax exemption used: \$ \_\_\_\_\_

California Property Tax parent/child exemption used for transfers of real property other than a principal residence? \$ \_\_\_\_\_

**INSURANCE**

Life (on Husband) (See additional information under Assets / Liabilities, below.)

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Life (on Wife) (See additional information under Assets / Liabilities, below.)

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Auto

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Property

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Excess Liability

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Health

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Renewal Date: \_\_/\_\_/\_\_\_\_

Coverage Limits: \_\_\_\_\_

Disability

Company Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_  
Renewal Date: \_\_/\_\_/\_\_\_\_  
Coverage Limits: \_\_\_\_\_

**ASSETS / LIABILITIES**

Real Estate

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Household Furniture, Furnishings, Appliances

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Jewelry, Antiques, Art, Coin Collections, Fur Coats, Oriental Rugs, Etc.

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_

Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Vehicles, Boats, Trailers

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_



Bank Accounts

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Fair Market Value: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Life Insurance (on Husband) (See additional information under Insurance, above.)

Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Life Insurance (on Wife) (See additional information under Insurance, above.)

Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_

Equipment, Machinery, Livestock

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Stocks, Bonds, Secured Notes

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Retirement, Pension, Profit-Sharing, Annuities, Military/Veteran's Benefits

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Accounts Receivable, Unsecured Notes, Tax Refunds

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Partnerships, Other Business Interests

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_

Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Other Assets and Liabilities (alimony, rental income, existing trust funds, credit card balances, pending lawsuits, judgments, etc.)

1) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

2) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

3) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

4) Description: \_\_\_\_\_  
Owner: Husband \_\_\_ Wife \_\_\_ Community Property \_\_\_  
Gross Fair Market Value: \$ \_\_\_\_\_  
Amount of Debt: \$ \_\_\_\_\_  
Net Fair Market Value: \$ \_\_\_\_\_

Safe Deposit Box:  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Box No.: \_\_\_\_\_  
Who has access? \_\_\_\_\_  
Location of key(s): \_\_\_\_\_

Are there any assets outside the United States? Yes \_\_\_ No \_\_\_  
Describe: \_\_\_\_\_

Is Husband or Wife anticipating receiving any substantial gifts or inheritances in the near future?  
Husband:

\_\_\_\_\_

Wife:  
\_\_\_\_\_  
\_\_\_\_\_

**FIDUCIARY AGENTS AND ADVISORS**

Initial Executor(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Successor Executor(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Initial Trustee(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Successor Trustee(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Initial Guardian(s) for minor children:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Successor Guardian(s) for minor children:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Initial Durable Power of Attorney for Health Care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Successor Durable Power of Attorney for Health Care:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Initial Durable Power of Attorney for Property Management Decisions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Successor Durable Power of Attorney for Property Management Decisions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Initial Durable Power of Attorney for (Other): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Successor Durable Power of Attorney for (Other): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date power granted: \_\_/\_\_/\_\_\_\_

Date power expires: \_\_/\_\_/\_\_\_\_

Initial Conservator(s) for person or estate, or both:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Successor Conservator(s) for person or estate, or both:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Is any beneficiary to be specifically disinherited? \_\_\_ Yes \_\_\_ No

If yes, who? \_\_\_\_\_