

Send Correspondence to:

3636 Nobel Drive
San Diego, CA 92122

9820 Willow Creek Road
Suite 460
San Diego, CA 92131

p. 858-200-1925
f. 619-295-1686
www.estate-elderlaw.com



CALIFORNIA
ESTATE AND ELDER LAW, LLP

CONFIDENTIAL ESTATE INFORMATION

ESTATE SETTLEMENT

*When a loved one passes away, it is a great comfort to know
your family's affairs are in the trusted hands of the
counselors at*

California Estate and Elder Law LLP

*In that sad event, regardless of the value or the
complexities of the estate, a process is required to
accomplish an understandable, timely, and orderly
progression:*

Introductory Call

Gathering the Estate

Evaluation

Initial Visit

Creating Trustee's Authority

Analyzing & Testing

Presenting the Preliminary Plan

Building the Plan

Implementation

Confirmation

PERSONAL INFORMATION – DECEASED PERSON

Date Completed _____

Full Legal Name _____
Also known as _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Date of Death _____
Employer _____ Retired From _____
 Married: Date of Marriage _____ Divorced Widowed Single

Surviving Spouse's Legal Name _____
Signature Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ E-Mail _____
Home Telephone _____ Cell Phone _____ Fax _____
Employer _____ Business Phone _____
Business Address _____
City _____ State _____ Zip _____
Is Surviving Spouse The Successor Trustee? Yes (If yes, skip next section) No (If no, complete next section)

Successor Trustee _____
Signature Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ E-Mail _____
Home Telephone _____ Cell Phone _____ Fax _____

ADVISORS

Name of:	Telephone:
Attorney: _____	_____
Accountant: _____	_____
Financial: _____	_____
Banker: _____	_____
Life Insurance Agent: _____	_____
Stock Broker: _____	_____

Who Referred You?: _____

CHILDREN AND BENEFICIARIES OF THE DECEASED PERSON

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Primary Telephone _____
Relationship to Deceased person _____
If Child: Biological Child Step Child Legally Adopted

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Primary Telephone _____
Relationship to Deceased person _____
If Child: Biological Child Step Child Legally Adopted

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Primary Telephone _____
Relationship to Deceased person _____
If Child: Biological Child Step Child Legally Adopted

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Primary Telephone _____
Relationship to Deceased person _____
If Child: Biological Child Step Child Legally Adopted

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Primary Telephone _____
Relationship to Deceased person _____
If Child: Biological Child Step Child Legally Adopted

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Does any beneficiary have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Does any beneficiary receive governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Is any beneficiary in Prison?	<input type="checkbox"/>	<input type="checkbox"/>
Is any beneficiary in a long-term care or similar facility?	<input type="checkbox"/>	<input type="checkbox"/>
Was the deceased person receiving Social Security, Disability or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did the deceased person have minor children? If so, who are the named guardians? _____ _____		
Was the deceased person previously divorced? If yes, provide copies of all paperwork.	<input type="checkbox"/>	<input type="checkbox"/>
Did the deceased person ever sign a pre- or post-marriage agreement or contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the deceased person or their spouse ever file a federal or state gift tax return? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did the deceased person or their spouse ever file a federal or state estate tax return? If so, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>
In what states did the deceased person live? _____ _____ _____	During what period of time did the deceased person reside there? _____ _____ _____	
Did the deceased person and/or their spouse complete previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are both the deceased person and their spouse United States citizens? If you answered "No", who is not and was the deceased person or their spouse a nonresident alien? _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS FOR COMPLETING THE *ESTATE INFORMATION CHECKLIST*

General Headings This *Estate Information Checklist* is designed to help you list all the assets the deceased person owned, how it is titled, what it is worth at the date of death, and where applicable the asset's "basis" (what was paid for the property including adjustments). The deceased person may have owned more assets than can be listed on this checklist. If so, use extra sheets of paper to list the assets.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence of Title This indicates the document, or documents, you will need as evidence of title to the asset. Please understand that having these documents is essential in transferring property to the beneficiaries. By collecting this documentation yourself you will save substantial professional fees.

"Owner" of Assets How the deceased person owned the assets is extremely important for purposes of distribution and taxation. For each asset category there is a column titled "Owner". When filling in this column, please use the following abbreviations:

Statement of Accounts It is very important to establish the value of all assets as of the date of death. As a result, we need to obtain all bank statements, investment statements and other documentation regarding as close as possible to the date of death. During the administration, values change so we must also continue to receive copies of all bank and investment statements as they are issued.

For Assets Owned As:	With:	Use:
Single or individually	If the deceased person was single (unmarried) and owned property in his or her name only.	I
Community Property	Where the deceased person and his or her spouse owned assets together (not in joint tenancy)	CP
Husband only	No other person. Sole and separate property.	H
Wife only	No other person. Sole and separate property.	W
In Trust Name	Property which is held in trust - Indicate whether the asset(s) owned by the trust is community property, or the separate property of one of the spouses.	T (CP,H,W)
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy In Common	A spouse	TCS
	Someone other than a spouse	TCO

BANK ACCOUNTS

Type: Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD" (*Indicate type below*).
Evidence of Title: Provide the account statement closest in time to the date of death **as well as a copy of all ongoing statements**.
Note: If account is in the deceased person's name (or in the spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Institution	Type	Account Number	Owner	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total				\$ _____

REAL PROPERTY DECEASED PERSON OWNED

Type: Land, buildings, homes. If deceased person had an interest in land or buildings that deceased person owed in partnership with someone other than the spouse, you should list those under the "Partnership Interests" section below. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use "?" for owner.

Evidence of Title: Deed or land contract (Do not use mortgage or tax assessment.)

General Description and/or Address	Owner	Basis	Fair Market Value	Mortgage
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total		\$ _____	\$ _____	\$ _____

BROKERAGE AND MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

Type: Money Market "MM", Investment "I", Cash Management "CM", or other account that is in a street name (*Indicate type below*).

Evidence of Title: The documents signed to set up the account; account statement closest to date of death **and ongoing statements**.

Note: If account is in deceased person's name (or in spouse's name) for the benefit of a minor, please specify and give minor's name.

Name of Brokerage Firm or Mutual Fund	Type	Account Number	Owner	Current Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total				\$ _____

STOCK AND BOND CERTIFICATES HELD BY DECEASED PERSON (NOT HELD IN A BROKERAGE ACCOUNT)

Type: This is for Stock or Bonds where the deceased person has the actual Stock or Bond Certificates or owns the stock or bonds in a "book" share usually in publicly owned corporations which is stock traded on an exchange or over the counter.

Note: Stock owners in family, or non-publicly traded companies, should be listed below under "Corporate Business Interests".

Stock held in an investment account, should be listed above under "Brokerage and Mutual Fund Accounts".

Evidence Of Title: Stock or Bond Certificate.

Company	Owner	Number of Shares	Basis	Fair Market Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
Total				\$ _____

STOCK OPTIONS HELD BY DECEASED PERSON

ISO/NQSO	Company	Owner	Number of Shares	Strike Price	Current Stock Price
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
Total					\$ _____

TRUST DEEDS, NOTES, AND OTHER RECEIVABLES OWED TO DECEASED PERSON

Type: Mortgages or promissory notes payable to deceased person; other monies owed to deceased person.

Evidence Of Title: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date Due	Owed To	Payment (mo/yr)	Current Balance
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
Total				\$ _____

DECEASED PERSON'S PARTNERSHIP AND LLC INTERESTS

Type: General/Limited Partnerships and Limited Liability companies. Please state the percentage interest deceased person had in the partnership when you list their interest as a general/limited partner or member.

Evidence Of Title: Partnership/LLC agreement, certificate of partnership, or any documents the deceased person signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

Partnership Name	Percentage Owned		Owner	Net Value
	General Partner	Ltd Partner/Member		
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
_____	_____ %	_____ %	_____	\$ _____
			Total	\$ _____

DECEASED PERSON'S CORPORATE BUSINESS INTERESTS

Type: Privately owned (non-publicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Evidence of Title: Stock certificate, minute book, Corporate Books, contracts, etc.

Company	Number of shares	Buy/Sell Agreement (Y / N)	Percentage Ownership	Owner	Net Value
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
_____	_____	_____	_____ %	_____	\$ _____
				Total	\$ _____

DECEASED PERSON'S SOLE PROPRIETORSHIP BUSINESS INTERESTS

Type: All of the assets used by deceased person in a sole proprietorship type of business ownership.

Evidence Of Title: Balance Sheet, depreciation schedule, registration or title issued by deceased person's state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have evidence of title.

Name of Business	Description of Business	Owner	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total			\$ _____

DECEASED PERSON FARM AND RANCH INTERESTS (ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

Type: Livestock, machinery, leases and all business assets.

Evidence Of Title: If deceased person's farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in deceased person's name, enter it here. Describe each asset.

Type	Owner	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

DECEASED PERSON OIL, GAS AND MINERAL INTERESTS

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Evidence Of Title: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement deceased person signed to create deceased person's oil, gas or mineral interest.

Type	Owner	Basis	Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total			\$ _____

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", H.R. 10, IRA, SEP, 401(K), Roth (*indicate type below*)

Evidence of Title: Summary plan description, documents deceased person signed to set up the plan, account statement, beneficiary designation.

Type	Participant	Company	Beneficiary	% Vested	Value
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____	_____ %	\$ _____
Total					\$ _____

PERSONAL PROPERTY

Type: Major personal effects. Such as motor vehicles, boats, jewelry, collections, antiques, furs and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*)

Evidence of Title: Registration, or title, issued by deceased person's state, bill of sale, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return, if deceased person received property by gift or inheritance.

Type	Owner	Basis	Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total			\$ _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Type: Gifts or inheritances that deceased person expected to receive at some time in the future; or monies that deceased person anticipated receiving through a judgment in a lawsuit.

Evidence of Title: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences deceased person's anticipated interest.

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Estimated Value		\$ _____

OTHER ASSETS

Type: Other property is any property deceased person had that does not fit into any listed category.
Evidence of Title: Documents deceased person signed to purchase the property. Documents deceased person received when deceased person received the property, or any other document deceased person had that shows deceased person owned the property.

Description:	Basis	Fair Market Value
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Estimated Value		\$ _____

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".*)
Evidence of Title: The policy itself, including all endorsements and amendments, and the original application the deceased person signed.

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium? _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium? _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium? _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

DECEASED PERSON ANNUAL INCOME

Deceased person's W-2 Wages Per Year	\$ _____
Commissions and Bonuses	\$ _____
Stock Options	\$ _____
Interest / Dividend Income	\$ _____
Rental Income	\$ _____
All Retirement Income and Annuities	\$ _____
Social Security	\$ _____
Income from Trust Distributions	\$ _____
Other Income	\$ _____

Deceased person's Total Income

\$ _____

Spouse's W-2 Wages Per Year	\$ _____
Commissions and Bonuses	\$ _____
Stock Options	\$ _____
Interest / Dividend Income	\$ _____
Rental Income	\$ _____
All Retirement Income and Annuities	\$ _____
Social Security	\$ _____
Income from Trust Distributions	\$ _____
Other Income	\$ _____

Spouse's Income

\$ _____

Total Family Income (Deceased person's + Spouse's)

\$ _____

SUMMARY OF VALUES (ENTER TOTALS FROM PRIOR SECTIONS)

	Amount		Total
	Community Property Or Joint Ownership	Separate Ownership (H,W)	
DECEASED PERSON'S ASSETS			
Bank Accounts	\$ _____	\$ _____	\$ _____
Real Property Owned	\$ _____	\$ _____	\$ _____
Brokerage And Mutual Fund Accounts	\$ _____	\$ _____	\$ _____
Stock and Bond Certificates Held	\$ _____	\$ _____	\$ _____
Stock Options Held	\$ _____	\$ _____	\$ _____
Trust Deeds, Notes, and Other Receivables	\$ _____	\$ _____	\$ _____
Owed to Deceased person	\$ _____	\$ _____	\$ _____
Partnership / LLC Interests	\$ _____	\$ _____	\$ _____
Corporate Business Interests	\$ _____	\$ _____	\$ _____
Sole Proprietorship Business Interests	\$ _____	\$ _____	\$ _____
Farm and Ranch Interests	\$ _____	\$ _____	\$ _____
Oil, Gas, and Mineral Interests	\$ _____	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Anticipated Inheritance, Gift, or Lawsuit Judgments	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Death Benefit of Life Insurance Policies And Annuities	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
DECEASED PERSON'S LIABILITIES			
Real Estate Mortgages Payable	\$ _____	\$ _____	\$ _____
Other Loans Payable	\$ _____	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____	\$ _____
Contingent Liabilities	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Other Obligations:	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
NET ESTATE (Total Assets Minus Liabilities)	\$ _____	\$ _____	\$ _____

DECEASED PERSON DEBTS

Credit Cards: Balance Owed:

Name of Issuer:	Account No.:	Owner of Account	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Loans:

Name of Issuer:	Account No.:	Owner of Account	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Notes:

Name of Issuer:	Account No.:	Owner of Account	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other:

Name of Issuer:	Account No.:	Owner of Account	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Deceased Person's Total Debt \$ _____

(Attach Additional Sheets as necessary)

NOTES – ADDITIONAL INFORMATION

