



CALIFORNIA
ESTATE AND ELDER LAW, LLP

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CONFIDENTIAL PERSONAL INFORMATION

From the Attorneys at California Estate and Elder Law LLP:

We are happy to provide a complimentary meeting to discuss your planning needs. However, in exchange for: (1) evaluating your situation; (2) reviewing your tax and financial information; and (3) meeting with us, we require you to fill out this “*Confidential Personal Information*” booklet **in advance** along with the other requested information/materials. You may fill this booklet out and return it or alternatively submit it electronically by visiting our website, www.estate-elderlaw.com, and clicking on the “forms” tab.

Why Do We Ask This? If we do not get the information in advance of the meeting, our team cannot organize it and the Attorney will have to try and understand it and sift through it during the meeting. This is very inefficient and takes away from engaging with and listening to you.

Before we meet with you, our team:

- Organizes and reviews the information;
- Meets as a group and carefully reviews the information; and
- Discusses issues and proposed solutions.

When we meet with you we can spend our time together productively, discussing your unique concerns and goals.

We thank you very much for your confidence in us and for selecting our firm to help with your estate planning needs. We appreciate in advance your courtesy and cooperation in providing the information needed.

The Attorneys of California Estate and Elder Law LLP



Joe Strazzeri



Steve Mancini



Richard Scott Stewart

PERSONAL INFORMATION

Date Completed

Full Legal Name _____
 (Husband/Unmarried Person)

Signature Name _____
 (How you want sign your name on documents)

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 _____

Married: Date of Marriage _____ Divorced Widowed Single

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 _____

Divorced Widowed Single

What is your preferred method of communication: E-mail Telephone (Please choose one)

Are you a Veteran or the surviving spouse of a Veteran? Yes No

If yes, list the Veteran's branch of service _____; and
 the dates the Veteran served: From _____ to _____

Do you have any physical or mental health issues?

Have you made any gifts of over \$7,000.00 in the last thirty (30) months? Yes No

NON-CHILDREN THAT DEPEND ON YOU FINANCIALLY

Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

County _____ Home Telephone _____

Relationship _____

CHILDREN *(Copy this page if necessary)*

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Telephone _____

Is this a biological child of:

Husband and Wife? Yes No Husband Only? Yes No Wife Only? Yes No
Is this child legally adopted? Yes No Is this child financially responsible? Yes No
Is this child in good health? Yes No Is this child dependent upon you? Yes No
Does this child need Special Care? Yes No Is this child married? Yes No
Does this child have children? Yes No

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Telephone _____

Is this a biological child of:

Husband and Wife? Yes No Husband Only? Yes No Wife Only? Yes No
Is this child legally adopted? Yes No Is this child financially responsible? Yes No
Is this child in good health? Yes No Is this child dependent upon you? Yes No
Does this child need Special Care? Yes No Is this child married? Yes No
Does this child have children? Yes No

Full Legal Name _____
Nickname _____ Birth date _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip _____
County _____ Telephone _____

Is this a biological child of:

Husband and Wife? Yes No Husband Only? Yes No Wife Only? Yes No
Is this child legally adopted? Yes No Is this child financially responsible? Yes No
Is this child in good health? Yes No Is this child dependent upon you? Yes No
Does this child need Special Care? Yes No Is this child married? Yes No
Does this child have children? Yes No

How many grandchildren do you have? _____ Both Husband Only Wife Only

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children institutionalized?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving Social security, Disability or other governmental benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary, or other major financial support, to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
If you have minor children, whom do you wish to be the guardians and contingent guardians, if you are unavailable? _____ _____		
Have either of you, or your spouse, been divorced?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement agreement? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage agreement or contract? <i>(Please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse been widowed? <i>(If a federal estate tax return or state death tax return was filed, please furnish a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
In what states have you lived with your current spouse? During what periods of time did you reside there? _____ _____ _____		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are both you and your spouse United States citizens? If you answered "No", who is not and are you (spouse) a nonresident alien? _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
What objectives are you trying to achieve? _____ _____ _____		

What has worked for you in your Estate / Business Planning in the past?

What has not worked for you in your Estate / Business Planning in the past?

What has worked for you in your Investment Planning in the past?

What has not worked for you in your Investment Planning in the past?

What investment objectives are you trying to achieve? (Rank 1 to 5, 1 being the most important)

- Income _____
- Earnings _____
- Meaningful for kids _____
- Charity _____
- Sleep at night _____

ADVISORS

	Name of:	Telephone:	How often do you meet with or contact this advisor?	When was the last time?
Attorney:	_____	_____	_____	_____
Accountant:	_____	_____	_____	_____
Financial Advisor:	_____	_____	_____	_____
Personal Banker:	_____	_____	_____	_____
Life Insurance Agent:	_____	_____	_____	_____
Stock Broker:	_____	_____	_____	_____
Trustee (if any):	_____	_____	_____	_____
Who Referred You?	_____	_____	_____	_____

INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION CHECKLIST*

- General Headings** This *Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your property.
- 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 your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself you will save substantial professional fees.
- “Owner” of Property** How you own your property is extremely important for purposes of properly designing and implementing your comprehensive estate plan. For each property category there is a column titled “Owner”. When filling in this column, please use the following abbreviations:

For Property Owned As:	With:	Use:
Single	If you are single and own property in your name only	I
Community Property	Husband and wife 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 benefits you held in trust	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: Signature card, or the document you signed, to set up the account.

Note: If account is in your name (or in your 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 YOU OWN

Type: Land, buildings, homes. If you have an interest in land or buildings that you own in partnership with someone other than your spouse, you should list those under the "Partnership Interests" section. 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	Fair Market Value	Less Loan Amount	Equals Equity
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Totals:		\$ _____	\$ _____	\$ _____

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 you signed to set up the account; account statement (**please provide most recent full statement**).

Note: If account is in your (or in your 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				\$ _____

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 you signed to set up the plan, account statement, beneficiary designation.

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

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

Type: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owners in family, or nonpublicly traded companies, should be listed under "Corporate Business Interests". Stocks held in a street name, or investment account, should be listed under "Brokerage and Mutual Fund Accounts".)

Evidence Of Title: Stock certificate.

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

STOCK OPTIONS HELD BY YOU

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

Do you have a safe deposit box? Yes No

If yes, where is it located? _____

Who has access to it? _____

TRUST DEEDS, NOTES, AND OTHER RECEIVABLES OWED TO YOU

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

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				\$ _____

YOUR PARTNERSHIP AND LLC INTERESTS

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

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

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

YOUR CORPORATE BUSINESS INTERESTS

Type: Privately owned (nonpublicly 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.

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

YOUR SOLE PROPRIETORSHIP BUSINESS INTERESTS

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

Evidence Of Title: Balance Sheet, depreciation schedule, registration or title issued by your 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			\$ _____

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

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

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

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

YOUR 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 you signed to create your oil, gas or mineral interest.

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

PERSONAL PROPERTY

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

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

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

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Type: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate 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 your anticipated interest.

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

OTHER ASSETS

Type: Other property is any property you have that does not fit into any listed category.

Evidence of Title: Documents you signed to purchase the property. Documents you received when you received the property, or any other document you have that shows you own the property.

Description:

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

Do you have Long Term Care Insurance? Yes No

Burial plots, prepaid funeral expenses? If so, please provide the details below:

_____	\$ _____
_____	\$ _____
_____	\$ _____
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 you 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 \$ _____

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 \$ _____

YOUR ANNUAL Estimated INCOME

HUSBAND OR UNMARRIED PERSON

Your W-2 Wages Per Year	\$ _____
Commissions and Bonuses	\$ _____
Stock Options	\$ _____
Interest / Dividend Income	\$ _____
Rental Income	\$ _____
All Retirement/Pension Income and Annuities	\$ _____
Social Security Benefits	\$ _____
Veteran (VA) disability or other Benefits	\$ _____
Income from Trust Distributions	\$ _____
Other Income	\$ _____
Total Income (this section)	\$ _____

SPOUSE

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	\$ _____
Total Income (this section)	\$ _____

Total Family Income (Both above)

\$ _____

YOUR Annual Estimated EXPENSES

	MONTHLY	ANNUALLY
Income Taxes	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____
Other Housing (Maintenance, Gardner, etc.)	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Travel	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Family Expenses (Yours + Spouse's)	\$ _____	\$ _____

Net Annual Estimated Income

(Total Family Annual Income less Expenses)

\$ _____

SUMMARY OF VALUES (ENTER TOTALS FROM PRIOR SECTIONS)

	Amount		Total
	Community Property Or Joint Ownership	Separate Ownership (H, W)	
ASSETS			
Bank Accounts	\$ _____	\$ _____	\$ _____
Real Property You Own	\$ _____	\$ _____	\$ _____
Brokerage And Mutual Fund Accounts	\$ _____	\$ _____	\$ _____
Stock and Bond Certificates Held By You	\$ _____	\$ _____	\$ _____
Stock Options Held By You	\$ _____	\$ _____	\$ _____
Trust Deeds, Promissory Notes, and Other Receivables			
Owed to You	\$ _____	\$ _____	\$ _____
Your Partnership / LLC Interests	\$ _____	\$ _____	\$ _____
Your Corporate Business Interests	\$ _____	\$ _____	\$ _____
Your Sole Proprietorship Business Interests	\$ _____	\$ _____	\$ _____
Your Farm and Ranch Interests	\$ _____	\$ _____	\$ _____
Your 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	\$ _____	\$ _____	\$ _____
Burial Plots, prepaid funeral expenses	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
LIABILITIES			
Real Estate Mortgages Payable	\$ _____	\$ _____	\$ _____
Other Loans Payable	\$ _____	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____	\$ _____
Contingent Liabilities	\$ _____	\$ _____	\$ _____
Loans Against Life Insurance	\$ _____	\$ _____	\$ _____
Expenses	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Other Obligations:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
NET ESTATE (Total Assets Minus Liabilities)	\$ _____	\$ _____	\$ _____