

Confidential Estate Planning Information

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Final Documents Will Be Signed in: _____ County, on Date: _____ Time: _____
 (Please **print clearly** and provide **all** requested information)

Type of trust (circle one): Unmarried Married (Simple Disclaimer A-B A-B-C Separate Property)

Personal Information

(Print your name as it appears on your driver license or ID card.
 You may use a middle initial rather than your full middle name.)

Client	Mr. Mrs. Miss Dr. Ms.	Email Address		
Date of Birth	U.S. Citizen? Yes No	Total No. of Marriages	Total No. of Children	No. of Deceased Children
Spouse	Mrs. Dr.	Email Address		
Date of Birth	U.S. Citizen? Yes No	Total No. of Marriages	Total No. of Children	No. of Deceased Children
Street Address				
Mailing Address (if different)				
City		State CA	ZIP Code	
County of Residence		Date of Current Marriage		
Primary Phone No.		Other Phone No.		

Children. Be sure to list **all** children, including any you intend to disinherit, any from previous marriages, any born out of wedlock, and any adopted children. You should also list any children you helped raise, such as foster or step-children, even if they are now adults. The parent of each child is very important, so please do not leave that blank. Use the child's real name, not a nickname.

Full Name of Child	Sex M/F	Age or DOB	Parent			Comments
			Ours	His	Hers	
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Financial Fiduciaries. These are the trustees of the trust, executors of your will, and attorneys-in-fact under your durable power of attorney. They will act for you in financial matters in the event of your death or disability. ***They should be people you trust.***

Normally you will act as your own initial trustee(s), and spouses will act for each other on all other documents first. The following individuals would normally act only after both spouses are unable to act, or after an unmarried person is no longer able to act for him or herself. Print the names of your successors below, and make your intentions clear. Write out instructions on a separate sheet if necessary:

Check here if you will **NOT** act as your own **initial** trustee(s). If you are married, your spouse will continue as the sole trustee after you die, unless you indicate otherwise. The following persons will be the **successors** to act after you, or you and your spouse.

Names of Financial Fiduciaries (Trustees, etc.)	Acting Alone?	Acting as Co With:	Comments or Notes
1.			
2.			
3.			
4.			
5.			

Health Care Agent. In the event of your incapacity, the health care agent you name in an Advance Health Care Directive will have full authority to make and carry out any health care decisions on your behalf. Unless you direct otherwise, this document will authorize your health care agent to direct your doctors to remove or withhold artificial life support under certain conditions.

If you are married, your spouse will be named to act as your first health care agent, unless you give clear instructions to the contrary.

Check here if your health care agents (**after your spouse**) will be the same as above. **If different**, enter the names below:

Names of Health Care Agents	Acting Alone?	Acting as Co With:	Comments or Notes
1.			
2.			
3.			
4.			

Special Instructions _____

Guardians for Minor Children. If you die before your children reach age 18, who should be responsible for their care?

First Choice:

Alternate:

Specific Gifts If you intend to make specific gifts of cash or property (*not personal effects*), list them below. Also consider what happens if the described item is sold by you before you die and what happens if the beneficiary dies before they receive the gifted item. These gifts will be in addition to any share of the trust you show below, unless you make it clear that this is to be a part of that person's share and not in addition to it.

You will be provided with separate sheets for writing out gifts of jewelry, furniture, and other personal effects.

Name of Beneficiary Receiving Specific Gift	Description of Specific Gift Item(s)		Lapse if they die or item is sold?
1.			
2.			
3.			

Primary Beneficiaries & Disinheritances: All children equally OR list all of the beneficiaries below.

Name <i>(Print clearly & check spelling)</i>	Relationship to Settlor <i>(if not children)</i>	Share of Trust <i>(Percentage or fraction)</i>	Age for Distribution <i>(if not 21)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Contingent (Secondary) Beneficiaries: Contingent beneficiaries are those who will inherit from you if a primary beneficiary (listed above) should die (or cease to exist if a charity) before he or she actually receives the inheritance.

Default: *Unless you give other instructions below*, if an individual beneficiary dies before he or she actually receive the inheritance, that deceased beneficiary's share will go first to his or her issue (children then grandchildren, etc.). If the deceased beneficiary left no living issue, then his or her share will be proportionately added to the shares of the other (remaining) beneficiaries. Lastly, if all of the beneficiaries die and none of them left any issue, then the entire trust estate will go to your next of kin (closest living blood relatives).

Other Instructions: *Instead of* the above default provisions, use the following instructions for contingent beneficiaries: _____

Age for Distributions Age 21 is the default. If not age 21, when should a beneficiary receive their inheritance? Age _____ OR

(1) **Staged Distributions:** _____ % at age _____, then _____ % at age _____, then _____ % at age _____; OR

(2) **Other:** *(Explain):* _____

Important Questions The following information is important in order to identify tax and trust funding issues.

	<u>Client</u>	<u>Spouse</u>
Do you have any obligations to a former spouse from a divorce or property settlement? <i>(If "yes", explain fully and provide a copy of the documents)</i>	Yes No	Yes No
Do you own any separate property? (Assets acquired before your marriage and kept separate) <i>(If "no", this means that you consider all assets to be community property.)</i>	Yes No	Yes No
Do you have an existing trust? <i>(If yes, please provide a copy)</i>	Yes No	Yes No
Do you own any real estate? <i>(If yes, please provide a copy of the deed for each parcel)</i>	Yes No	Yes No
Do you have any retirement accounts (IRA, 401(k), etc.)? <i>(If yes, have you already named primary and contingent beneficiaries?)</i>	Yes No	Yes No
Do you have any life insurance policies? <i>(If yes, have you already named primary and contingent beneficiaries?)</i>	Yes No	Yes No
Do you own a subchapter S corporation, limited liability company or partnership? <i>(If yes, please provide information on your ownership percentage)</i>	Yes No	Yes No

Client Statement & Signature

I have prepared or reviewed the foregoing information. It correctly and completely represents my desires and instructions regarding my estate planning; and I will bear full responsibility for the consequences if I have failed to disclose any pertinent information.

_____ Client's Signature _____ Date	_____ Spouse's Signature _____ Date
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