

CONFIDENTIAL ESTATE PLANNING INFORMATION AND INVENTORY FORM

EES Paralegal Services

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PERSONAL INFORMATION

Date: _____

(Please complete this form to the best of your ability and return it prior to your first appointment. Typed or neatly printed completion preferred. Please remember the advice and planning rendered is only as good as the information you provide.)

HUSBAND:

Name: _____ S.S. Number: _____

Address: _____ Date Of Birth: _____

City County State Zip

Home Phone: (____) _____ Mobile Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Marital Status (circle one): Married (Date _____) Single Divorced Widowed

EMAIL: _____

WIFE:

Name: _____ S.S. Number: _____

Address: _____ Date Of Birth: _____

City County State Zip

Home Phone: (____) _____ Mobile Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

EMAIL: _____

CHILDREN:

Name: _____ S.S. Number: _____

Address: _____ Date Of Birth: _____

City County State Zip

Home Phone: (____) _____ Mobile Phone:(____) _____ Work Phone:(____) _____

Important Existing Documents:

Existing Wills and/or Revocable Trusts?	Yes	No	Pre-or Post- Marital Agreement?	Yes	No
Community Property Agreement?	Yes	No	Deeds to Real Property?	Yes	No
Partnership Agreements?	Yes	No	Contracts to Make a Will?	Yes	No
Shareholders Agreements?	Yes	No	Life Insurance Trusts?	Yes	No
Dissolution Decree/Property Settlement Agreements?				Yes	No
Other documents about which you have questions?				Yes	No

FIDUCIARIES

Executor/Successor Trustee		
1 st Successor Executor/Trustee		
2 nd Successor Executor/Trustee		
Guardian of Person (minor child)		
Successor of Guardian of Person		
Guardian of Property (Minor Child)		
Successor Guardian of Property		
Attorney-in-Fact (Financial)		
Successor		
Health Care Attorney-in-Fact	(H)	(W)
Successor	(H)	(W)

NOTES/COMMENTS:

ASSETS/LIABILITIES

ASSETS AND LIABILITIES: Please provide a list of your assets and liabilities, showing how title is held to each asset (separate property, community property, quasi-community property, joint tenancy). Use a recent financial statement or loan application, or use the attached Asset Worksheet. The purpose of the exercise is to determine how title is held, whether there are problem assets, and to what extent estate taxes will be an issue.

Do you have LIFE INSURANCE? If so, please list for each policy the Insurance Company, Policy Number, Insured, Beneficiary, Owner, Net Cash Value, and Death Benefit. Your agent may be able to provide this, or use the LIFE INSURANCE SECTION	Yes	No
Are you a BENEFICIARY OR TRUSTEE under a trust? If so, please provide a copy.	Yes	No
Do you own any REAL ESTATE IN ANOTHER STATE OR COUNTRY?	Yes	No
Have you made GIFTS TO CHILDREN or others exceeding \$10,000 per year? If so, please provide copies of any GIFT TAX RETURNS either of you have filed.	Yes	No
Are either of you likely to receive an INHERITANCE?	Yes	No
Do either of you wish to make SPECIFIC BEQUESTS of cash or property to particular family members, friends or charities? If so, please list on a separate sheet.	Yes	No
Are either of you participants in any PENSION PLAN, PROFIT SHARING PLAN, KEOGH, OR IRA? If so, please fill out Annuities, Individual Retirement Accounts, Pension Benefits Section (#4)	Yes	No

ASSETS

1. Checking and Savings Accounts, Certificate of Deposit, Asset Management Accounts and Stock Brokerage Accounts

<i>Type of Account</i>	<i>Name/Address of Institution</i>	<i>Acct. No.</i>	<i>In Whose Name(s)</i>	<i>Balance</i>

Total _____

2. Life Insurance

<i>Name/Address of Company</i>	<i>Policy #</i>	<i>Insured</i>	<i>Policy Owner</i>	<i>Beneficiary</i>	<i>Face Value</i>

Total _____

3. Stocks, Bonds, Mutual Funds (not held in an investment or brokerage account)

<i>Description (Include No. Shares Serial or Account # if Stock or Mutual Fund)</i>	<i>Owner(s)</i>	<i>Date Purchased or Acquired</i>	<i>Purchase Price or Market Value When Acquired</i>	<i>Current Market Value</i>

Total _____

4. Annuities, Individual Retirement Accounts, Pension Benefits

Please provide a summary plan description, the most recent executed beneficiary designation form, and, if available, the pension trust documents.

<i>Name and Address of Company, Plan, Institution, Where Located</i>	<i>Acct. #</i>	<i>Owner (s)</i>	<i>Beneficiary</i>	<i>Amount</i>

Total _____

5. Real Estate, Business Interest (Is it C or S Corporation, Partnership, or Sole Proprietorship?)

Please enclose copies of all deeds, and the most recent county real estate tax bill, to property you wish to transfer into your Trust.

<i>Property Description and Location</i>	<i>Owner (s)</i>	<i>Type of Ownership</i>	<i>Date Purchased Or Acquired</i>	<i>Market Value</i>

Total _____

6. Other Personal Property (Automobiles, Boats, Jewelry, Antiques, Other Items of Special Value)

<i>Property Description and Location</i>	<i>Owners</i>	<i>Date Purchased or Acquired</i>	<i>Market Value</i>

Total _____

LIABILITIES

Secured Debt (Real Estate, Automobiles, Loans)

<i>Property</i>	<i>Name and Address of Creditor or Mortgage-Holder</i>	<i>Person(s) Responsible for Payments</i>	<i>Payment Amount</i>	<i>Payment Due Date</i>	<i>Amount Owed</i>

Total Owed: _____

ESTIMATED ESTATE

GROSS ESTATE

<i>Source</i>	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>
1. Amounts in checking and savings accounts, certificates of deposit brokerage accounts			
2. Face value of life insurance (Omit if insured is not the policy holder.)			
3. Market value of stocks, bonds mutual funds			
4. Annuities individual retirement accounts pensions			
5. Market value of Real Estate or Business Interests			
6. Market value of other Personal property			
Total	\$	\$	\$

LIABILITIES

Source	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Secured debts (not covered by insurance)	\$	\$	\$
2. Other debts (not covered by insurance)	\$	\$	\$
Total	\$	\$	\$

GROSS ESTATE _____

LESS LIABILITIES _____

NET ESTATE _____