

Confidential Estate Planning InformationMinor & Keene, A P.C.
530-477-2281

Signing Date: _____

Personal Information: (Print your name exactly as you intend to sign the documents)

Client Name: (this name must match your driver's license for notary purposes)	
Legal AKA, if any:	
Date of Birth:	U.S. Citizen? Yes No
Soc. Sec. Number:	Occupation:
Number of marriages:	
Total Number of Children:	No. of children deceased:

Contact Information:

Street Address:	
Mailing Address (if different):	
City, State, Zip:	
County of Residence:	
Home Phone Number:	Cell Phone Number:
E-Mail Address:	

Remainder of This Page Left Blank Intentionally

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 stepchildren, even if they are now adults.

Full Name of Child	Sex (M/F)	Age or DOB	City & State where child lives

Do you have any children who are deceased? _____ If yes, did they leave children surviving? Yes No

Do you or your children have any stepchildren? No

How many grandchildren do you have _____ Age of youngest _____ Age of oldest _____

Any children or grandchildren born out of wedlock? Yes No

If so, list name/s: _____

Guardians for Minor Children:

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

First Choice:
Alternate:

Is there anyone you think might want to contest your trust or will?

If there are any relatives or others you wish to expressly disinherit, please list them below:

Name

Relationship

Financial Fiduciaries. These are the trustees of the trust, executors of your will, and attorney-in-fact under your durable power of attorney. They will act for you and on your behalf in the event of your death or disability. ***They should be people you trust.*** Normally you will act as your own initial trustee. 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 act as your own initial trustee. The following persons will be the **Successors** to act **after** you.

1. Alone or Co with # _____	<i>Address & Phone Number:</i>
2. Alone or Co with # _____	<i>Address & Phone Number:</i>
3. Alone or Co with # _____	<i>Address & Phone Number:</i>
4. Alone or Co with # _____	<i>Address & Phone Number:</i>

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.

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

1. Alone or Co with # _____	
2. Alone or Co with # _____	<i>Address & Phone Number:</i>
3. Alone or Co with # _____	<i>Address & Phone Number:</i>
4. Alone or Co with # _____	<i>Address & Phone Number:</i>

Primary Beneficiaries. List all of the beneficiaries; their relationship to you, and their share of the total trust estate.

_____ All children are equal beneficiaries.

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

Contingent (Secondary) Beneficiaries: If a primary beneficiary (named above) dies before they receive their inheritance, that deceased person’s share should go to (*Indicate whichever applies **first:***)

- His or her children (issue), or
- The other beneficiaries listed above (in proportion to their respective shares),
- To: _____

Age for Distributions. When should each primary & contingent beneficiary receive his/her inheritance?
(*Choose whichever applies*)

- (1) **All at once:** Age _____ (age 21 will be used if this is left blank); or
- (2) **Staged Distributions:** _____% at age _____, and _____% at age _____; and _____% at age _____
- (3) **Debts to Settlor(s):** If any beneficiary owes money to the Settlor(s) the loan should be:
 Forgiven upon Settlor(s) death, or Reduce their share of the inheritance, or Other: _____
- (4) **Other (Explain):** _____
- (4) **Special Circumstances:** If one or more of the beneficiaries for one reason or another, should not receive his/her share outright you can have that beneficiary’s share subject to special treatment. The beneficiary may be disabled and on SSI or may be a spendthrift who cannot handle money. Indicate how this special beneficiary’s inheritance should be treated:

Name of Special Beneficiary: _____ Present Age: _____

- Special Needs Trust (*money to be used **only** for expenses **not** covered by SSI or other programs*) for the beneficiary’s life, or
- Annuity (*to be purchased by trustee*) Starting one year after death, or _____

Accounts in Banks, Savings, & Loans & Credit Unions

(i.e.: Checking, Savings, Money Market) **Please note: If a CD. Give maturity date**

[IRA AND OTHER RETIREMENT ACCOUNTS GO ON THE LAST PAGE]

	Name of Bank	Type of Account <i>and</i> maturity date	Balance
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

Real Property: Please list all the real property you own. This information is necessary to properly fund your trust. Real property includes: homes, rentals, vacant land, co-ownership investment properties, commercial properties, timeshares, etc. Be sure to include any out of state property as well.

Please Bring Property Deed and The Property Tax Bill For Each Property

	Property Address	Cost	Market value	Debt
1.				
2.				
3.				

4.				
5.				
6.				

Limited or General Partnerships

	Name of Partnership	Type of Investment	Total Market Value
1.			
2.			
3.			
4.			

Stocks and Bonds

	Name of Stock	Number of Shares	Total Market Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

Mutual Funds and \or Brokerage Accounts

	Name of Brokerage Firm or Fund	Total Market Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$

Trust Deeds and Promissory Notes

REMINDER:

Please bring the Trust deed and \ or promissory note

	Name of Debtor	Secured by Trust Deed?	Due Date	Balance
1.		Yes No		\$
2.		Yes No		\$
3.		Yes No		\$

LIFE INSURANCE

	Insured Person	Company	Whole life <i>or</i> Term?	Death Benefit
1.				
2.				
3.				
4.				
5.				

ANNUITIES

(Not part of a Retirement Plan)

	Company	Annuitant	Value
1.			\$
2.			\$
3.			\$
4.			\$

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

	Name where account is <i>(Bank, Broker, Employer, etc.)</i>	Type <i>(401K, IRA, TSA, etc.)</i>	Total Market Value
1.			
2.			\$
3.			\$
4.			\$
5.			\$

When Do You Plan To Retire? _____

OTHER ASSETS

1. Approximate value of personal property: _____

(Household Goods, Jewelry, Vehicles, Antiques, etc.)

2. Family Business? _____

(Provide name, Value and how held. Is it a corporation?)

3. Are you expecting any large inheritances soon? _____

4. Other Assets _____

Questions that you would like to ask:

