

MILLER & MILLER-BAZEMORE

A Law Corporation

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ESTATE PLANNING WORKSHEET

*The following information is needed to advise you fully regarding the options available to you. Such information is strictly confidential and will be used only by this office in the preparation of your estate matter. Please fill this out to the best of your ability. Attach as many additional sheets as necessary. Thank you.

Date _____, _____

Please use "n/a" to indicate "not applicable."

GENERAL INFORMATION

CLIENT 1

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

U.S. Citizen _____ Yes _____ No

CLIENT 2 [CURRENT SPOUSE OF CLIENT 1]

Full name: _____

Any other name(s) used: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

U.S. Citizen _____ Yes _____ No

Date and Place of Marriage: _____

ADDRESS AND TELEPHONE INFORMATION:

Home telephone number: _____

Business telephone number:

Client 1: _____

Client 2: _____

Permanent residence:

Address: _____

Own or rent? _____

How long have you resided there? _____

Other residence(s): _____

Own or rent? _____

(FILL IN ONLY) If you have residences in more than one state:

State in which you are registered to vote: _____

When did you first register to vote in that state? _____

State in which your car is registered: _____

Address used on your federal tax return: _____

Address to which your credit card bills are sent: _____

PRIOR MARRIAGE(S)

CLIENT 1:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CLIENT 2:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

Children of Existing Marriage:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

3. Full name: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

4. Full name: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Prior Marriage(s)

Client 1:

1. Full name: _____ Child With: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of child's spouse (if any): _____

Name(s) of grandchildren (if any): _____

Other information requested above (if any): _____

2. Full name: _____ Child With: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of child's spouse (if any): _____

Name(s) of grandchildren (if any): _____

Other information requested above (if any): _____

Client 2:

1. Full name: _____ Child With: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of child's spouse (if any): _____

Name(s) of grandchildren (if any): _____

Other information requested above (if any): _____

2. Full name: _____ Child With: _____

Address: _____

Date of birth: _____

Gender: [] Male [] Female

Name of child's spouse (if any): _____

Name(s) of grandchildren (if any): _____

Other information requested above (if any): _____

DECEASED CHILDREN

Client 1:

Child's Full Name: _____ Child with: _____

Date of death: _____

Child Spouse's Name: _____

Address: _____

Any grandchildren? [] Yes [] No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Client 2:

Child's Full Name: _____ Child with: _____

Date of death: _____

Child Spouse's Name: _____

Address: _____

Any grandchildren? [] Yes [] No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

ASSET INFORMATION

Real Estate: PLEASE BRING COPIES OF DEED AND MOST RECENT TAX BILL.

1. Address: _____

Present value: _____ Mortgage owed: _____

2. Address: _____

Present value: _____ Mortgage owed: _____

3. Address: _____

Present value: _____ Mortgage owed: _____

Vehicles, Boats, and Trailers:

1) Description: _____
(Year) (Make) (Model)

2) Description: _____
(Year) (Make) (Model)

3) Description: _____
(Year) (Make) (Model)

Marketable Stocks & Bonds: (Please bring copies of most recent brokerage statements)

1) Stock: _____ Number of shares: _____

2) Stock: _____ Number of shares: _____

3) Stock: _____ Number of shares: _____

Present value of all stock: _____

Mutual Fund Accounts & Other Brokerage Accounts:

1) Name of Fund/Brokerage: _____ Balance in fund:\$ _____

2) Name of Fund/Brokerage: _____ Balance in fund:\$ _____

3) Name of Fund/Brokerage: _____ Balance in fund:\$ _____

Businesses, Partnerships, etc.:

1) Name: _____

Address: _____

Type of entity: _____ Your percentage of ownership: _____

Bank Accounts, Savings Accounts, & Certificates of Deposit:

1) Bank Name & Address: _____

Type of Account: _____ Checking _____ Savings Other: _____

Account Number: _____ Names on Account: _____

Present Balance: _____

2) Bank Name & Address: _____

Type of Account: _____ Checking _____ Savings Other: _____

Account Number: _____ Names on Account: _____

Present Balance: _____

3) Bank Name & Address: _____

Type of Account: _____ Checking _____ Savings Other: _____

Account Number: _____ Names on Account: _____

Present Balance: _____

Safe Deposit Box:

Location: _____ *Who is authorized to open
box _____

Life Insurance & Annuities:

Name & Address of Company or Agent: _____

Policy number: _____ Name of designated beneficiary: _____

Cash Value: \$ _____

Name & Address of Company or Agent: _____

Policy number: _____ Name of designated beneficiary: _____

Cash Value: \$ _____

Other Assets (Jewelry, Art, Unique Items, etc.):

Description: _____

Description: _____

Description: _____

APPROXIMATE VALUE OF TOTAL NET ESTATE: _____

HOW YOU WISH TO DISTRIBUTE YOUR ESTATE

EXECUTORS (person who'd be in charge when will was probated):

In order of preference, please list the full names, relationships and address of your desired Executors (This will apply if drafting living trust also):

Your spouse first: [] Yes [] No _____, then in the following order:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

TRUSTEES (person who'd be in charge of administering trust):

In order of preference, please list the full names, relationships and address of your desired Trustees (if drafting a living trust or other trust document):

Same as above: [] Yes [] No , then in the following order:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

GUARDIANS OF MINOR CHILDREN:

In order of preference, please list the full names, relationships, and address of desired Guardians of any Minor Children:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT

In order of preference, please list the full names, relationships and address of your desired Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

All same as Executors: [] Yes [] No

If no - Spouse First?: [] Yes [] No , then in the following order:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

DURABLE POWER OF ATTORNEY, HEALTH CARE

In order of preference, please list the full names, relationships and address of your desired Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

All same as Executors: [] Yes [] No

If no - Spouse First?: [] Yes [] No , then in the following order:

1. Name: _____

Relationship: _____

Address: _____

2. Name: _____

Relationship: _____

Address: _____

DISTRIBUTION OF PROPERTY ON DEATH

In General

What is your desired disposition of your property on your death and/or your spouse's death?

If married:

All to your spouse on your death Yes No

Then to your children in equal shares on your
spouse's death Yes No

If not married:

To your children in equal shares Yes No

If neither of the above apply, to whom do you wish to leave your property, and in what proportions? Please list full names and addresses. (Specific Gifts Listed Later)

1. Name: _____

Address: _____

Proportion: _____

2. Name: _____

Address: _____

Proportion: _____

Children's Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No

Outright on your spouse's death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

Fractional or % Interest
Age of Share

Name of Child: Jane Alexandra Smith

age 21 1/4 of share

EXAMPLE: age 24 1/2 of share

age 30 Remainder of share

Fractional or % Interest
Age of Share

Name of Child: _____

Name of Child: _____

Name of Child: _____

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution? Yes No

If “yes,” at same ages listed above? Yes No

If “no,” where would you like distribution to now go: _____

Specific Bequests (Would Include Charitable Gifts Here)

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual’s issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

1) _____

2) _____

3) _____

4) _____

