

**LAW OFFICES OF JAMES F. MILLER, P.C.**

1275 E. Green Street, Pasadena, CA 91106-2616

Phone (626) 792-2910 Fax (626) 792-7755 JFMillerLaw.com mail@JFMillerLaw.com

Date \_\_\_\_\_

Referred by \_\_\_\_\_

**ESTATE PLANNING DATA FORM**

(Unmarried Couple)

**Name A** \_\_\_\_\_ SSN \_\_\_\_\_

Name (as shown on valid identification)

Use full name on documents  Use middle initial only

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen? \_\_\_\_ Occupation/Employer \_\_\_\_\_

**Name B** \_\_\_\_\_ SSN \_\_\_\_\_

Name (as shown on valid identification)

Use full name on documents  Use middle initial only

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen? \_\_\_\_ Occupation/Employer \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip Code

**Preferred Phone #** \_\_\_\_\_  
Person A Person B

**Email Address** \_\_\_\_\_  
Person A Person B

Preferred primary contact?  Person A  Person B

Prefer contact by phone or email?  Phone  Email

Prefer to receive drafts of documents by email or regular mail?

Email to:  Person A  Person B

Regular mail

Registered as domestic partners?  Yes  No

**Children**

| Name (full legal name, not nickname) | Birthdate      | Sex   | Child of Person A, Person B, or both? | Biological or Adopted? |
|--------------------------------------|----------------|-------|---------------------------------------|------------------------|
| _____                                | ____/____/____ | _____ | _____                                 | _____                  |
| _____                                | ____/____/____ | _____ | _____                                 | _____                  |
| _____                                | ____/____/____ | _____ | _____                                 | _____                  |
| _____                                | ____/____/____ | _____ | _____                                 | _____                  |
| _____                                | ____/____/____ | _____ | _____                                 | _____                  |

Any deceased children? If yes:

| Name  | Birthdate      | Died           | Did deceased leave surviving issue? |
|-------|----------------|----------------|-------------------------------------|
| _____ | ____/____/____ | ____/____/____ | _____                               |
| _____ | ____/____/____ | ____/____/____ | _____                               |

**Accountant** \_\_\_\_\_

Name Phone

---

Street City State Zip Code

---

Email

**Financial Planner** \_\_\_\_\_

Name Phone

---

Street City State Zip Code

---

Email Send copy of documents/communication to your  
Financial Planner?  Yes  No

**Prior Marriages**

|                        | Person A | Person B |
|------------------------|----------|----------|
| Name of Prior Spouse   | _____    | _____    |
| Date of Prior Marriage | _____    | _____    |
| How Terminated/Date    | _____    | _____    |

**Miscellaneous**

Are you or any of your children or beneficiaries disabled, in need of special medical care, or currently receiving Medi-Cal or SSI benefits?

\_\_\_\_\_

Are you currently supporting your parents or other persons (or do you anticipate doing so in the future)?

\_\_\_\_\_

**DESIRES REGARDING DECISION MAKERS, DISTRIBUTION, ETC.**

**Agent Under General Power of Attorney for Financial Management ("Attorney-in-Fact"):** Person(s) who would handle non-trust finances (such as your personal checking account) if you become incapacitated (in order of priority).

|               | Person A | Person B |
|---------------|----------|----------|
| First Choice  | _____    | _____    |
| Second Choice | _____    | _____    |
| Third Choice  | _____    | _____    |

**Agent to Make Health Care Decisions:** Who would you want to make health care decisions on your behalf if you were incapacitated (in order of priority)?

|               | Person A | Person B |
|---------------|----------|----------|
| First Choice  | _____    | _____    |
| Second Choice | _____    | _____    |
| Third Choice  | _____    | _____    |

Specific directions regarding disposition of remains (ex. cremation or burial), or donation of organs?

Person A \_\_\_\_\_

Person B \_\_\_\_\_

**Trustee/Executor:** The Trustee will distribute your assets as directed by your trust. The Executor will see that the terms of your will are carried out, which will usually consist only of transferring assets to the trust, if necessary. These are typically the same person, but are not required to be. Initially, you will act as Trustees. When both of you are deceased or incapacitated, who should act as successor trustee/executor (in order of priority).

| Trustee             | Executor            |
|---------------------|---------------------|
| First Choice _____  | First Choice _____  |
| Second Choice _____ | Second Choice _____ |
| Third Choice _____  | Third Choice _____  |

**Guardians:** If you have minor children, please designate guardians for them in the event you are both deceased or incapacitated (in order of priority).

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**Distribution:** If you have more than one primary beneficiary, it is generally advisable to distribute the estate on a percentage basis; however, you may wish to designate certain personal effects, specific assets, or specific amounts of cash to individuals or organizations before the balance is divided percentage-wise among your primary beneficiaries. In the event any named individual beneficiary should predecease you, consideration should be given to an alternate distribution (e.g., does the bequest lapse, or does it go to the beneficiary's children?).

Distributions to Individuals

| Name  | Relationship | Specific asset, amount of cash, or % |
|-------|--------------|--------------------------------------|
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |
| _____ | _____        | _____                                |

Distributions to Religious or Charitable Organizations

| Name of Organization | Specific asset, amount of cash, or % |
|----------------------|--------------------------------------|
| _____                | _____                                |
| _____                | _____                                |
| _____                | _____                                |
| _____                | _____                                |

Distribution of Pets: Do you have pets who you want to go to a specific caretaker? And if so, do you want them to receive a cash bequest for the care of the pets as well?

| Caretaker | Value of bequest | Pet name and information |
|-----------|------------------|--------------------------|
| _____     | _____            | _____                    |
| _____     | _____            | _____                    |

## ASSETS

**Bank Accounts:** Checking, savings, CDs, safe deposit box.

| Bank/Institution | Type of Acct. | Owner(s)/Name(s) on Account | Value    |
|------------------|---------------|-----------------------------|----------|
| _____            | _____         | _____                       | \$ _____ |
| _____            | _____         | _____                       | \$ _____ |
| _____            | _____         | _____                       | \$ _____ |
| _____            | _____         | _____                       | \$ _____ |
| _____            | _____         | _____                       | \$ _____ |

**Real Estate:** For each parcel of real estate, please provide a copy of the most recent tax bill and the current deed.

| Address | How Title is Held | Mortgage | Value    |
|---------|-------------------|----------|----------|
| _____   | _____             | \$ _____ | \$ _____ |
| _____   | _____             | \$ _____ | \$ _____ |
| _____   | _____             | \$ _____ | \$ _____ |
| _____   | _____             | \$ _____ | \$ _____ |

**Investments and Other Assets:** Stocks, bonds, trust deeds, promissory notes, loans receivable, brokerage accts.

| Institution/Broker/Payor | Type  | Name(s) on Account or Asset/Payee on Note | Value    |
|--------------------------|-------|---|----------|
| _____                    | _____ | _____                                     | \$ _____ |
| _____                    | _____ | _____                                     | \$ _____ |
| _____                    | _____ | _____                                     | \$ _____ |
| _____                    | _____ | _____                                     | \$ _____ |

**Retirement Accounts:** Pension plan, IRA, 401(k), annuity, etc.

| Financial Institution | Type of Plan | Owner/Participant | Benefit Value |
|-----------------------|--------------|-------------------|---------------|
| _____                 | _____        | _____             | \$ _____      |
| _____                 | _____        | _____             | \$ _____      |
| _____                 | _____        | _____             | \$ _____      |
| _____                 | _____        | _____             | \$ _____      |

**Business Interests:** Corp, LLC, etc.

| Name of Entity | Entity Type | Owner and Ownership % | Value    |
|----------------|-------------|-----------------------|----------|
| _____          | _____       | _____                 | \$ _____ |
| _____          | _____       | _____                 | \$ _____ |

**Insurance Policies:** Life insurance, disability insurance.

| Insured | Owner | Company | Type  | Beneficiary | Benefit Value |
|---------|-------|---------|-------|-------------|---------------|
| _____   | _____ | _____   | _____ | _____       | \$ _____      |
| _____   | _____ | _____   | _____ | _____       | \$ _____      |
| _____   | _____ | _____   | _____ | _____       | \$ _____      |
| _____   | _____ | _____   | _____ | _____       | \$ _____      |

**Tangible Personal Property:** Specific items worth over \$5,000 each (e.g., jewelry, art, antiques, cars).

| Item  | Value    |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Estimated total value of all other tangible personal property of nominal value (furniture, furnishings, jewelry, etc.)  
 \$ \_\_\_\_\_

**Anticipated Inheritance:** Do you anticipate inheriting a significant amount? If so, from whom?

| Person inheriting | Name and relationship of person whose estate you anticipate inheriting | Estimated Value |
|-------------------|--|-----------------|
| _____             | _____  | \$ _____        |
| _____             | _____  | \$ _____        |

**Other Assets:** Not listed above

| Description of Asset | Value    |
|----------------------|----------|
| _____                | \$ _____ |
| _____                | \$ _____ |
| _____                | \$ _____ |
| _____                | \$ _____ |

## ESTATE SUMMARY

**Assets**

**Liabilities**

Bank Accounts \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Investments/Other \$ \_\_\_\_\_  
 Business Interests \$ \_\_\_\_\_  
 Retirement Benefits \$ \_\_\_\_\_  
 Personal Property \$ \_\_\_\_\_  
 Other Assets \$ \_\_\_\_\_  
 Total Assets \$ \_\_\_\_\_

Mortgages \$ \_\_\_\_\_  
 Other Secured Debt \$ \_\_\_\_\_  
 Unsecured Debt \$ \_\_\_\_\_  
 Total Liabilities \$ \_\_\_\_\_

ESTIMATED CURRENT NET WORTH \$ \_\_\_\_\_ (Assets – Liabilities)

LIFE INSURANCE - Death Benefit \$ \_\_\_\_\_

TOTAL ESTATE \$ \_\_\_\_\_ (Net Worth + Death Benefit)