

LAW OFFICES OF JAMES F. MILLER, P.C.
Estate Planning Data Form (Unmarried Couple)

Date _____
Referred by _____

Trustor #1: _____
First Middle Last (as shown on valid identification)

Use full name on documents, or middle initial only?

Date of Birth _____ Birthplace _____ SSN _____

US citizen? _____ Occupation/Employer _____

Trustor #2: _____
First Middle Last (as shown on valid identification)

Use full name on documents, or middle initial only?

Date of Birth _____ Birthplace _____ SSN _____

US citizen? _____ Occupation/Employer _____

Address _____
street City State zip

Phone _____
home work-TR #1 work-TR #2 cell-TR #1 cell-TR #2

fax _____ email _____

Are you registered with the Secretary of State as Domestic Partners? _____

Accountant _____
Name Phone

Address

**Financial
Planner**

Name Phone

Address

Children

Name	Birthdate	Sex	Child of which Trustor?	Biological or Adopted?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any deceased children? If yes:

Name	Born	Died	Did deceased child leave surviving issue?
_____	_____	_____	_____

DESIRES REGARDING DECISION MAKERS, DISTRIBUTION, ETC.

Agent Under General Power of Attorney for Financial Management ("Attorney-in-Fact"): This person would handle non-trust finances (such as paying your personal bills from your checking account and making other financial decisions) if you become incapacitated:

Trustor #1	_____	Trustor #2	_____
	first choice		first choice
	_____		_____
	second choice		second choice
	_____		_____
	third choice		third choice

Agent to Make Health Care Decisions: Who would you want to make health care decisions on your behalf (including decisions regarding withdrawal of life support) if you were incapacitated?

Trustor #1	_____	Trustor #2	_____
	first choice		first choice
	_____		_____
	second choice		second choice
	_____		_____
	third choice		third choice

Guardians: If either of you has minor children, please designate guardians for them in the event you both deceased or incapacitated.

_____	_____
first choice	relationship
_____	_____
second choice	relationship
_____	_____
third choice	relationship

Executor/Trustee: 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 of assisting in transferring assets to the trust, if necessary, or handling minor non-trust issues, if any. These are typically the same person, but are not required to be. Usually, either or both of you will act as trustee until both are deceased or incapacitated, then the successor trustee named below will assume responsibility.

_____	_____
first choice	relationship
_____	_____
second choice	relationship
_____	_____
third choice	relationship

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?). **Please note if a bequest is to be made on a particular Trustor's death, whether first or second (as opposed to all distributions being made only when both of you are deceased).**

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 %
_____	_____
_____	_____
_____	_____

Distributions to Other Persons

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

MISCELLANEOUS INFORMATION

	Prior Marriages	
	Trustor #1's Prior	Trustor #2's Prior
Name of Prior Spouse	_____	_____
Date of Prior Marriage	_____	_____
How terminated/Date	_____	_____

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

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

ON A SEPARATE SHEET, PLEASE PROVIDE ADDRESSES FOR ALL PERSONS NAMED ABOVE AS BENEFICIARIES, DECISION MAKERS, ETC.

ASSETS

BANK ACCOUNTS (checking, savings, CDs, safe deposit box)

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

REAL ESTATE

Address	How title is held	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

INVESTMENTS & OTHER ASSETS (stocks, bonds, trust deeds, promissory notes, loans receivable)

Institution/Broker/Payor	Type	Name(s) on account or asset/payee on note	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

BUSINESS INTERESTS

Name of Entity	Type of Entity (Corp., LLC, etc.)	Owner and % ownership	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

RETIREMENT ACCOUNTS [Pension Plan, IRA, 401(k), Annuity, etc.]

Financial Institution	Type of Plan	Owner/ Participant	Monthly income/ death benefits
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TANGIBLE PERSONAL PROPERTY

Specific items worth over \$3,000 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 Amount
_____	_____	\$ _____
_____	_____	\$ _____

OTHER ASSETS NOT LISTED ABOVE:

Description of Asset	Value
_____	\$ _____
_____	\$ _____

INSURANCE POLICIES

Insured	Company	Life or Disability	Beneficiary	Death or Disab. Benefit
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

ESTATE SUMMARY

Assets		Liabilities	
Bank Accounts	\$ _____	Mortgages	\$ _____
** Real Estate	\$ _____	Other Secured Debt	\$ _____
Investments/Other	\$ _____	Unsecured Debt	\$ _____
Business Interests	\$ _____		
Retirement Benefits	\$ _____		
Personal Property	\$ _____		
Other Assets	\$ _____		
TOTAL	\$ _____	TOTAL	\$ _____

ESTIMATED CURRENT NET WORTH (Assets minus liabilities) \$ _____

LIFE INSURANCE - Death Benefit \$ _____

TOTAL ESTATE INCLUDING DEATH BENEFITS \$ _____

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

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