

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

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Date \_\_\_\_\_

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

**ESTATE PLANNING DATA FORM**

(Married Couple)

**Husband** \_\_\_\_\_ SSN \_\_\_\_\_

Name (as shown on valid identification)

Use full name on documents  Use middle initial only

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

**Wife** \_\_\_\_\_ 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

Date of marriage \_\_\_\_\_

**Preferred Phone #** \_\_\_\_\_  
Husband Wife

**Email Address** \_\_\_\_\_  
Husband Wife

Preferred primary contact?  Husband  Wife

Prefer contact by phone or email?  Phone  Email

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

Email to:  Husband  Wife

Regular mail

**Children**

Name (full legal name, not nickname)	Birthdate	Sex	Child of Husband, Wife, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Prior Marriages**

	Husband	Wife
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).

	Husband	Wife
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)?

	Husband	Wife
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____

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

Husband \_\_\_\_\_

Wife \_\_\_\_\_

**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)