

PERSONAL PROFILE

CLIENT ONE

CLIENT TWO

Full Legal Name: First Middle Last

Other Name(s) Used

Social Security Number

Date of Birth and Birthplace

Citizenship

Veteran ID number/Branch of service

Work Address

Work Telephone number

Cell Phone number

Email address

Full Legal Name: First Middle Last

Other Name(s) Used

Social Security Number

Date of Birth and Birthplace

Citizenship

Veteran ID number/Branch of service

Work Address

Work Telephone number

Cell Phone number

Email address

Home Address: _____

Telephone number: _____ Home Fax: _____

Name of Trust:

What would you like to name the trust we make for you?

Following are several examples:

“The Barbara and Joseph Brown Revocable Intervivos Trust”

“The Barbara and Joseph Brown Trust”

“The Brown Family Trust”

“The Wong and Smith Family Trust”

“The Barbara J. Brown and Henry W. Smith Revocable Living Trust”

Do you already have a trust? () Yes, date established: _____ () No

Name three people you trust to make financial decisions in the event of your death or incapacity

- 1.
- 2.
- 3.

MARITAL INFORMATION

If you are unmarried, do you plan to marry or register as domestic partners in the near future?
 Yes No

If you are currently married, or registered as domestic partners, please provide the date and place of marriage or registration: _____

Since your marriage or registration, have you or your spouse resided outside of California?
 Yes, date and place: _____ No

Have you executed a prenuptial or postmarital agreement? Yes No

CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name who you would trust to raise your children if you could not raise them yourself?

- 1.
- 2.

Age of distribution to young beneficiaries Percent

- 1.
- 2.
- 3.

Do any of the children listed above have special needs? Yes No

Do you or your spouse/domestic partner have any child support obligations to a former spouse or domestic partner? Yes No

Do you or any of your descendants have sperm or ovum on deposit at a laboratory or invitro fertilization clinic? Yes No

Do you have any grandchildren? Yes No

OTHER FAMILY

CLIENT ONE

Children of prior marriage or relationship:

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Parents:

Name & Age (Mother)

Address

Name & Age (Father)

Address

Siblings:

Name

Name

Name

Name

Former Spouse:

Name

Ended by death or divorce? Date?

CLIENT TWO

Children of prior marriage or relationship:

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Name _____
Date of Birth _____
SS Number _____
Citizenship _____

Parents:

Name & Age (Mother)

Address

Name & Age (Father)

Address

Siblings:

Name

Name

Name

Name

Former Spouse:

Name

Ended by death or divorce? Date?

FINANCIAL PROFILE

For every parcel of real property you own, please provide an address and if possible an Assessor's Parcel Number:

For every financial account you own, attach a few pages of a recent statement. Examples of accounts are:

- Bank accounts
- Brokerage accounts
- IRA, SEP-IRA
- 401(k), 403(b)
- Profit Sharing, etc.

List every life insurance policy you own:

Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount
Insured	Insurance company	Policy number	Face Amount

Please describe all businesses in which you own an interest. Examples include:

Professional Practice; Sole Proprietorship; S. Corp; C. Corp; Family Limited Partnership; Limited Liability Company; Partnerships; Limited Partnerships.

Liabilities:

Mortgage: _____

Average credit card debt: _____ Other debts: _____

OTHER INFORMATION

Do you expect to inherit property in the near future? Yes No
Have you made gifts of over \$10,000 to anyone? Yes No
Where do you keep a list of your passwords? If reluctant to disclose, who knows where you keep a list of your passwords? _____
Do you have a prepaid burial, cremation or funeral plan? Yes No

ADVANCE HEALTH CARE DIRECTIVE

List the names, addresses, telephone numbers and e-mail addresses of those you trust to make medical decisions for you in the event you cannot make them yourself.

CLIENT ONE

Agent One:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address

Agent Two:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address

Agent Three:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address

CLIENT TWO

Agent One:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address

Agent Two:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address

Agent Three:

Name

Address

Home Phone #

Cell Phone #

Work Phone #

Email address