

CONFIDENTIAL DATA FORM

*Family Information and Asset Summary*

**Married Couple**



**Shawn J. Wachter, Esq.**

Castro Law

377 E. Chapman Ave., Suite 220

Placentia, CA 92870

888-560-2743 office

888-792-9110 fax

shawn@CastroLawPC.com

## CONFIDENTIAL DATA FORM

Completion of this form will help accomplish your estate planning objectives. However, if you are unable to answer some of the questions, it is important that you keep your appointment, as we can discuss those issues.

**Please print all information**

Date of Appointment \_\_\_\_\_

### A. YOUR INFORMATION

HUSBAND: Full Legal Name: \_\_\_\_\_

Name Used on Legal Documents: \_\_\_\_\_

Prefer to be Called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen: Yes No

Employer: \_\_\_\_\_ Position \_\_\_\_\_

Own business? Yes No If Yes, Company Name \_\_\_\_\_

WIFE: Full Legal Name: \_\_\_\_\_

Name Used on Legal Documents: \_\_\_\_\_

Prefer to be Called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ U.S. Citizen: Yes No

Employer: \_\_\_\_\_ Position \_\_\_\_\_

Own business? Yes No If Yes, Company Name \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Best Day Phone: \_\_\_\_\_ H W

Fax: \_\_\_\_\_ Email \_\_\_\_\_ H W

Date Married: \_\_\_\_\_ Have either of you been divorced or widowed? Yes No

If yes, details: \_\_\_\_\_

### B. YOUR CHILDREN

S = Single  
M = Married

SN = Special Needs  
H = Related to Husband only

W = Related to Wife only  
B = Related to both

Child's Full Name	Date of Birth	S	M	SN	W	H	B

Any deceased children? \_\_\_\_\_

Do any of your children have step- or foster-children? \_\_\_\_\_

C: QUESTIONS ABOUT YOU AND YOUR SPOUSE

- |    |  |     |    |
|----|--|-----|----|
| 1. | Do you or your spouse have serious health concerns?<br>If yes, what? _____                     | YES | NO |
| 2. | Have either of you ever filed federal gift tax returns   | YES | NO |
| 3. | Are you currently making annual gifts to anyone?   | YES | NO |
| 4. | Did you and your spouse ever sign a pre-post marital contract?                                 | YES | NO |
| 5. | Do you desire to benefit any charities in your estate plan?<br>If Yes, name of Charities _____ | YES | NO |
| 6. | Do either of you anticipate any inheritance from anyone else?                                  | YES | NO |

D. GUARDIAN (for your children under age 18): Name in order of preference: (One person per line) You can nominate as many alternate guardians as you wish.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E. OTHER DEPENDENTS

Do either of you have anyone (OTHER THAN your minor children) who depends on you for all or part of their support? Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

F: BENEFICIARIES.

1. Special Gifts. Please list any specific items you wish to give to individuals, churches, colleges or charities (that is, heirloom, collectibles, pets and/or cash gifts).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Primary Beneficiaries. Please designate who should receive the balance of your assets, after the distributions of special gifts, above. Please designate % or dollar amounts. Should beneficiaries receive inheritance all at once, or portions at specific ages (for example, children to receive part of estate at graduation from college, or ages 21, 25 and 30)? Do you wish any other restrictions? There are many other options, which we will discuss.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Instructions: If any Primary Beneficiaries should die before you, do you want the gift to that person to go to his/her children? Yes No If yes, who: \_\_\_\_\_

\_\_\_\_\_

4. Contingent Beneficiary: In the unlikely event all of the above Primary Beneficiaries (and their children) are deceased, who should inherit your estate? Nearest relatives, charity or specific persons? Please give names and relationship: \_\_\_\_\_  
\_\_\_\_\_

5. Disinheriting: Is there anyone who you wish to exclude from your estate benefit? Yes No  
\_\_\_\_\_

G. TRUSTEE/AGENT FOR MONETARY DECISIONS:

Trustee Upon Your Disability. If, during your lifetime, you become disabled and unable to manage financial affairs, you can name one or more persons to act on your behalf as your disability Trustee.

Trustee Upon Your Death. Upon your death, your Trustee is responsible for distributing your assets in accordance with your instructions, such as sale of property or retention of assets in trust for a loved one. Who do you want to supervise this process as your death trustee?

Who Should be Your Trustee? May be adult children, responsible relatives or friends, and/or a professional corporate trustee. Your agents can act alone, or jointly, as you desire. You may nominate as many alternate agents as you wish.

To avoid confusion, most persons nominate the same trustee for both death and disability, however you may wish to do otherwise. Please let us know.

DEATH & DISABILITY TRUSTEE FOR HUSBAND AND WIFE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

H. AGENT FOR MEDICAL INSTRUCTIONS: If you were unable to make medical decisions for yourself, who do you want to make decisions for you with regard to medical treatment and life support instructions? You may name as many alternate agents as you wish.

FOR HUSBAND

1. (My spouse) \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

2. \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

3. \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

ADVANCE HEALTH CARE DIRECTIVE:

- |   |            |          |           |
|---|------------|----------|-----------|
| 1. Do you want your life prolonged by artificial means? | YES        | NO       |           |
| 2. Do you prefer cremation or burial?                   | CREMATION  | BURIAL   |           |
| a. Cemetery preference or existing plan?                | _____      |          |           |
| 3. Would you like to donate your organs?                | YES        | NO       |           |
| a. For what purposes:                                   | TRANSPLANT | RESEARCH | EDUCATION |

FOR WIFE

1. (My spouse) \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

2. \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

3. \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

ADVANCE HEALTH CARE DIRECTIVE:

4. Do you want your life prolonged by artificial means? YES NO

5. Do you prefer cremation or burial? CREMATION BURIAL

a. Cemetery preference or existing plan? \_\_\_\_\_

6. Would you like to donate your organs? YES NO

a. For what purposes: TRANSPLANT RESEARCH EDUCATION

I. FINANCIAL ANALYSIS: In completing this section, simply use your memory to estimate values; it is usually very close. Estimates need only be rounded to the nearest \$10,000.

H=Husband W=Wife CP=Community Property

CASH & SAVINGS - Name of Bank (account number if available) Checking/Savings/Credit Union/CD/Money Market/Other	Value	H	W	CP
RETIREMENT PLANS - Company Name (w/account number)IRA/401K/Keogh Plan/Profit Sharing/Pension Plans/Annuities	Value	H	W	CP
SECURITIES - Company or Broker Name (W/account number) Stocks & Bonds/Mutual funds/Other	Value	H	W	CP

REAL ESTATE - Location - Family Residence/Time Shares/ Income (For each parcel of real estate, please submit: 1) Copy of deed or other document showing ownership and legal description 2) copy of recent property tax bill.)	Resale Value	H	W	CP

OTHER ASSETS - Name (W/account number) Business interests/ Partnerships/Trust Deeds, Mortgages, Loans Receivable/ Patent/Copyrights/Other	Value	H	W	CP
TOTAL: All Assets				
LESS: Mortgages				
LESS: Other Debts (credit cards, vehicles, etc)				
GRAND TOTAL (Amount subject to Inheritance taxes)				
CURRENT INCOME (Approx. per year) Salary and Wages				
INVESTMENT INCOME				

OTHER COMMENTS: