

CONFIDENTIAL DATA FORM

Family Information and Asset Summary

Single Person



Shawn J. Wachter, Esq.

Castro Law, PC

377 E. Chapman Ave., Ste. 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

Full Legal Name: _____

Name Used on Legal Documents: _____

Prefer to be Called: _____

Birth Date: _____ Age: _____ SS#: _____ 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

Have you ever been divorced/widowed? If yes, details: _____

B. YOUR CHILDREN

S = Single

M = Married

SN = Special Needs

Child's Full Name	Date of Birth	S	M	SN

Any deceased children?: _____

Do any of your children/grandchildren have step- or foster-children? _____

C. 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: _____

D. OTHER DEPENDENTS

Do 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: _____

E: 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). In a Memo? Y N

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 of Primary Beneficiaries should die before you, do you want the gift to that person to go to his/her children? _____

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 provide names and relationship)_____

5. Disinheriting: Is there anyone who you wish to exclude from your estate benefit? _____

F. 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

1. _____
2. _____
3. _____

G: AGENT FOR MEDICAL INSTRUCTIONS: If you were unable to make medical decisions for yourself, who would 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.

1. _____ Telephone: _____
Address: _____
2. _____ Telephone: _____
Address: _____
3. _____ Telephone: _____
Address: _____

RETIREMENT PLANS - Company Name (w/account number) IRA/401K/Keogh Plan/Profit Sharing/Pension Plans/Annuities	Value
SECURITIES - Company or Broker Name (W/account number) Stocks & Bonds/Mutual funds/Other	Value

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
LIFE INSURANCE - Company Name (W/ policy number)	Death Value
OTHER ASSETS - Name (W/account number) Business interests/ Partnerships/Trust Deeds, Mortgages, Loans Receivable/ Patent/Copyrights/Other	Value
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 Investments	

COMMENTS: