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CONFIDENTIAL
CLIENT ESTATE PLAN INFORMATION REPORT

Date _____

GENERAL CLIENT/SPOUSE/PARTNER INFORMATION

CLIENT 1

Full name: _____

Any other name(s) used: _____

Home Address: _____

Home Phone: _____

Home E-Mail: _____

Birth Date: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes

No

If no, country of citizenship: _____

Occupation: _____

Work Address: _____

Work Phone Number: _____

Work E-Mail: _____

CLIENT 2 [SPOUSE OR PARTNER OF CLIENT 1]

Full name: _____

Any other name(s) used: _____

Home Address: _____

Home Phone: _____

Home E-Mail: _____

Birth Date: _____

Place of Birth: _____

Social Security Number: _____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

Occupation: _____

Work Address: _____

Work Phone Number: _____

Work E-Mail: _____

MARITAL STATUS; FAMILY INFORMATION

Date and Place of Marriage: _____

Did you execute a pre or post marital (nuptial) agreement? Yes No If yes, please attach a copy.

Prior Marriage(s):

Client 1: _____

Client 2: _____

Date and Place of Prior Marriage(s):

Client 1: _____

Client 2: _____

If marriage ended by divorce, list date and location of judgment papers:

Client 1: _____

Client 2: _____

If marriage ended by death, list date and location of death certificate:

Client 1: _____

Client 2: _____

CHILDREN/GRANDCHILDREN

Children of Current Marriage:

1. Full name: _____

Address: _____

Telephone: _____

Date of birth: _____ Gender: Male Female

Name of spouse (if any): _____

Name(s) and date of birth(s) of children (if any): _____

2. Full name: _____

Address: _____

Telephone: _____

Date of birth: _____ Gender: Male Female

Name of spouse (if any): _____

Name(s) and date of birth(s) of children (if any): _____

3. Full name: _____

Address: _____

Telephone: _____

Date of birth: _____ Gender: Male Female

Name of spouse (if any): _____

Name(s) and date of birth(s) of children (if any): _____

Children of Prior Marriage(s):

Client 1:

1. Full name: _____
Address: _____
Date of birth: _____ Gender: Male Female
Name of spouse (if any): _____
Name(s) and date of birth(s) of children (if any): _____

2. Full name: _____
Address: _____
Date of birth: _____ Gender: Male Female
Name of spouse (if any): _____
Name(s) and date of birth(s) of children (if any): _____

Client 2:

1. Full name: _____
Address: _____
Date of birth: _____ Gender: Male Female
Name of spouse (if any): _____
Name(s) and date of birth(s) of children (if any): _____

2. Full name: _____
Address: _____
Date of birth: _____ Gender: Male Female
Name of spouse (if any): _____
Name(s) and date of birth(s) of children (if any): _____

DECEASED CHILDREN

Client 1:

Child's Full Name: _____

Date of death: _____

Spouses Name: _____

Address: _____

Any living issue of this child? [] Yes [] No

Name of grandchild: _____

Date of birth: _____

Client 2:

Child's Full Name: _____

Date of death: _____

Spouses Name: _____

Address: _____

Any living issue of this child? [] Yes [] No

Name of grandchild: _____

Date of birth: _____

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify.

Client 1:

1. Name and address: _____

Relationship: _____

Date of birth: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Client 2:

1. Name and Address: _____

Relationship: _____

Date of birth: _____

2. Name and Address: _____

Relationship: _____

Date of birth: _____

DISINHERITANCE

Are there any family members you wish to intentionally disinherit? YES / NO

If YES, please list the names: _____

ALTERNATE TRUSTEE/EXECUTOR INFORMATION

Executor/ Successor Trustee:

Name: _____

Address: _____

Phone Number: _____

Executor/Successor Trustee:

Name: _____

Address: _____

Phone Number: _____

Will any of the people listed above act in a joint capacity? YES / NO

If YES, please state: _____

Are there any individuals you wish to preclude from acting as trustee/executor? YES / NO

If YES, please state: _____

ALTERNATE ATTORNEY-IN-FACT INFORMATION

Two Alternate Agents for Durable Power of Attorney (General):

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

GUARDIANS

Guardian for Minor Children (if any):

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

HEALTH DIRECTIVE

1. Do you wish to state that no heroic means will be used to maintain your life if you are determined brain dead or in an irreversible coma? ____ YES ____ NO
2. Do you wish to donate your organs? ____ YES ____ NO
3. Do you wish to place limits on the use of your organs by science or medicine? If so, please state your desires: _____

Two Alternate Agents for Advance Health Care Directive:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

PROFESSIONAL ADVISORS

Other Lawyer:

Name and address: _____

Telephone number: _____

Accountant:

Name and address: _____

Telephone number: _____

Stockbrokers/Investment Advisors:

Name and address: _____

Institution: _____

Telephone number: _____

Insurance Agents:

Name and address: _____

Telephone number: _____

Type of insurance coverage: _____

BANKING INFORMATION

For all cash accounts, please supply the information requested below. Alternatively, please provide a photocopy of a recent monthly statement, which will contain all the requested information.

1. Safe Deposit Box Number: _____

Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

2. Checking Account(s):

Name and address of bank: _____

Held in Name of: _____

Account Number: _____

Checking Account(s):

Name and address of bank: _____

Held in Name of: _____

Account Number: _____

3. Savings Account(s):

Name and address of bank: _____

Held in Name of: _____

Account Number: _____

Savings Account(s):

Name and address of bank: _____

Held in Name of: _____

Account Number: _____

REAL ESTATE

Please provide the following information about all real property (including timeshares, rental property or farmland) you own as individuals (not as general or limited partners), located in California. Separate residential and investment property and note which is which.

1. Property address: _____

How is the property held (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

2. Property address: _____

How is the property held (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

3. Property address: _____

How is the property held (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

**MARKETABLE SECURITIES
(STOCKS, BONDS, MUTUAL FUND SHARES, TREASURY INSTRUMENTS)**

Securities Accounts:

For all securities accounts, please supply the requested information. Alternatively, please provide a photocopy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage: _____
Brokerage Address: _____
Account Number: _____
Account Representatives Name: _____

How is it held (circle one): Joint tenancy, Tenants in Common, Community Property, Separate Property

2. Name of Brokerage: _____
Brokerage Address: _____

Account Number: _____

Account Representatives Name: _____

How is it held (circle one): Joint Tenancy, Tenants in Common, Community Property,
Separate Property

Securities Held in Certificate Form:

For stocks and bonds held by you outside a brokerage account (i.e., you have the certificates), please supply the requested information or please provide a photocopy of each stock certificate or bond.

1. Full Name of Issuing Company as it appears on stock certificate:

Full Name of Owner exactly as it appears on stock certificate: _____

Certificate No. No. of Shares on Certificate Common or Preferred

Form of ownership (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

2. Full Name of Issuing Company as it appears on stock certificate:

Full Name of Owner exactly as it appears on stock certificate: _____

Certificate No. No. of Shares on Certificate Common or Preferred

Form of ownership (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

LOANS, NOTES AND MORTGAGES RECEIVABLE

Notes Payable to You:

1. Exact name of holder as it appears on the note: _____

Exact name of debtor: _____

Face amount: \$ _____

Due date: _____

Interest rate: _____

Collateral securing note (if any): _____

2. Exact name of holder as it appears on the note: _____

Exact name of debtor: _____

Face amount: \$ _____

Due date: _____

Interest rate: _____

Collateral securing note (if any): _____

LIFE INSURANCE

For each life insurance policy you own, please supply the requested information:

Alternatively, please provide a photocopy of the front page of the policy, which will contain the requested information, and please provide a copy of the current beneficiary designation.

1. Carrier's Name: _____

Carrier's Address: _____

Policy No.: _____

Face Value: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Type (circle one): Term Universal Life Whole Life

2. Carrier's Name: _____

Carrier's Address: _____

Policy No.: _____

Face Value: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Type (circle one): Term Universal Life Whole Life

PERSONAL, HOUSEHOLD, ETC. PROPERTY

Personal Property:

List all personal property of significant value, including, for example, antiques, artwork, other collectibles, jewelry:

Household furniture and furnishings: _____

Jewelry: _____

Automobiles: _____

1. Model and license no: _____
 Name on registration: _____
 Leased or owned: _____

2. Model and license no: _____
 Name on registration: _____
 Leased or owned: _____

Collections: If you have any collections (such as Art, Stamp, Coin, Gun), describe here and indicate whether the collection is specially insured:

Other Property Not Listed Above (Motorcycles, Boats, Etc.): Describe here and indicate pertinent information (location, special insurance, etc.):

TRUSTS AND GIFTS

Trusts created by you:

If a gift tax return was filed in connection with the transfer of assets to the trust, note the year for which the return was filed and indicate if any tax was paid, and whether to the IRS or the state. Indicate the type of trust created (insurance, minor's trust, QTIP, etc.).

1. Trustee(s): _____
Date of Trust: _____
Beneficiaries: _____
Type of Trust: _____
Gift Tax Information: _____

2. Trustee(s): _____
Date of Trust: _____
Beneficiaries: _____
Type of Trust: _____
Gift Tax Information: _____

Trusts created for your benefit or for the benefit of your family, or in which you are a trustee:

1. Grantor(s): _____
Trustee(s): _____
Date of Trust: _____
Type of Beneficial Interest: _____

2. Grantor(s): _____
Trustee(s): _____
Date of Trust: _____
Type of Beneficial Interest: _____

Gifts to children:

List gifts you have made to minor children pursuant to UGMA (Uniform Gifts to Minors Act) or UTMA (Uniform Transfers to Minors Act) for which you are the custodian:

Gifts to Others: List gifts you have made to others falling outside of the annual gift exclusion amount and/or for which you have filed gift tax returns: _____

POWERS OF APPOINTMENT

If you hold a power of appointment over any property, please describe it here and attach a copy of document which creates power: _____

RETIREMENT AND OTHER EMPLOYMENT BENEFITS, INDIVIDUAL RETIREMENT ACCOUNTS (IRAs) OR KEOGH ACCOUNTS

RETIREMENT AND EMPLOYMENT BENEFITS

For all employee benefits provided to you or your spouse, please provide the following information, or a photocopy of the most recent statement containing all the requested information. Also please provide a copy of the current beneficiary designation.

1. Type of Plan: _____

Owner: _____

Primary Beneficiary _____

Contingent Beneficiary _____

2 Type of Plan: _____

Owner: _____

Primary Beneficiary _____

Contingent Beneficiary _____

BUSINESSES, PARTNERSHIPS AND JOINT VENTURES

For all businesses and partnerships in which you own an interest, please supply the requested information. Alternatively, please provide a copy of the Schedule K-1 filed with your most recent Federal income tax return, which will contain all of the requested information.

CLOSELY-HELD CORPORATION:

Name of Corporation: _____

Address: _____

Exact Title of Ownership: _____

Manner of Ownership Interest (circle one): Joint Tenancy, Tenants in Common, Community Property, Separate Property.

Percentage of Ownership: _____

State of Incorporation: _____

Date of Incorporation: _____

S or C Corporation? _____

Is there a buy-sell agreement? _____ (If so, please attach a copy of the agreement)

PARTNERSHIP INTEREST

If there is a written partnership agreement, please attach a copy.

1. Name of Partnership: _____

 Address of Partnership: _____

 Full Name of Owner as It Appears on Partnership Records: _____

Nature of Partnership Interest (circle one): General Partner Limited Partner

SOLE PROPRIETORSHIP

1. Name of Business: _____

Address: _____

Type of business: _____