



L A U R A A . D A V I S
L A W O F F I C E S

ESTATE PLANNING PROFILE

OF

Name

Name of Spouse (if married)

Date

Laura A. Davis, Esq.
Law Offices of Laura A. Davis
200 Camino Aguajito, Suite 200
P.O. Box 2750
Monterey, California 93942-2750
Telephone: (831) 375-2200
Facsimile: (831) 375-2203
Laura@LDavisLaw.com



CLIENT INFORMATION FOR PREPARATION OF WILLS AND TRUSTS ^{1/}

1. PERSONAL AND FAMILY DATA

- a. Your Full Name: _____ Social Security Number: _____
 Other or former names: _____
 How do you prefer your name to read? _____
- b. Residence address: _____
 Residence telephone number: _____
- c. Business address: _____
 Business telephone number: _____
- d. Date of birth: _____ Place of birth & citizenship: _____
- e. Date came to California: _____
- f. Spouse's Full Name: _____ Social Security Number: _____
 Other or former names: _____
 How does spouse prefer his/her name to read? _____
- g. Date of birth: _____ Place of birth & citizenship: _____
- h. Date of marriage: _____
- i. Place of marriage (city and state): _____
- j. Date came to California: _____
- k. Children of this marriage:

Name	Date of Birth	Social Security Number	Address, if different from client's
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^{1/} This document is not a legal document, nor is it intended to constitute legal advice or to create an attorney-client relationship. This document is for use only by existing clients or prospective clients of the Law Offices of Laura A. Davis who have arranged to meet with Ms. Davis and been expressly authorized to printout and bring the document to such meeting. You should not transmit any information regarding this document through the website for the Law Offices of Laura A. Davis without the express and advance consent of Ms. Davis. The transmission of any such information, absent advance consent, may not be confidential or privileged.

l. Health/Special Needs

Do either you or your spouse have health concerns? Yes No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan?

Yes No

If yes, please explain: _____

m. Prior marriages, if any. How terminated?

Yourself _____

Your Spouse _____

n. Children of prior marriages:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Address, if different from client's</u>
-------------	----------------------	-------------------------------	--

o. Deceased children:

p. Children's spouses:

<u>Child's name</u>	<u>Name of child's spouse</u>
---------------------	-------------------------------

q. Grandchildren:

<u>Name</u>	<u>Date of birth</u>
-------------	----------------------

r. People Raised by Client(s)

Are there people you and/or your spouse have raised as children who are not legally your children, e.g. step-children, nieces or nephews or unrelated persons? (Note: An adopted child is legally your child.) If so, please list.

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Relationship</u>

For purposes of your Will and/or Trust, do you wish any of these persons to be considered your child? If so, please identify them

s. Parents:

	<u>Name</u>	<u>Address</u>	<u>Date of birth</u>
Yourself			

Spouse

t. Brothers and sisters:

	<u>Name</u>	<u>Address</u>
Yourself		

Spouse

u. Other relatives, including those to be mentioned in your estate plan:

v. Caregivers (persons who assist you from time to time, or regularly, with any care or services, such as transportation, shopping, housekeeping, personal hygiene, etc.), how known and length of time known:

Are any of these caregivers paid in any way for their services? _____

w. Business or occupation; name and address of employer:

Yourself

Spouse

x. Professional Advisors (please include contact information – address, phone, email):

Other Attorney _____

Securities Broker _____

Tax Advisor _____

Insurance Underwriter _____

Investment Advisor _____

Bankers _____

y. Military service (branch and dates of services; location of discharge papers):

z. Location and Number of safe-deposit box and Key; if box is in more than one name, list all names

2. EXISTING WILLS AND TRUSTS

Wills:	Date	Location of Original (Please attach a photocopy)
Yourself		
<hr/>		
Spouse		
<hr/>		
Trust:	Date	Location of Original (Please attach a photocopy)
Yourself		
<hr/>		
Spouse		
<hr/>		

3. ADVANCE HEALTH CARE DIRECTIVE

An Advance Health Care Directive is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself. Completing a form called an “Advance Health Care Directive” allows you, under California law, to do either or both of two things:

First you may appoint another person to be your health care “agent.” This person will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself.

Second, you may write down your health care wishes in the Advance Health Care Directive form—for example, a desire not to receive treatment that only prolongs the dying process if you are terminally ill. Your doctor and your agent must follow your lawful instructions.

The Advance Health Care Directive has replaced the Durable Power of Attorney for Health Care (DPAHC) as the legally recognized document for appointing a health care agent in California. All valid Durable Powers of Attorney for Health Care executed after 1991 remain valid. Thus, unless your existing DPAHC has expired, you do not have to complete a new Advance Health Care Directive. A DPAHC executed before 1992 has expired and should be replaced.

Are you interested in reviewing an Advance Health Care Directive form for your signature? Yes No

Is your spouse interested in reviewing an Advance Health Care Directive form for his/her signature? Yes No

In order of preference, please list the full names, relationships and address of your Agents for your Advance Health Care Directive:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
<hr/>		
<hr/>		
<hr/>		

Do you have any special desires or instructions regarding your health care? _____

4. DURABLE GENERAL POWER OF ATTORNEY – FINANCIAL AFFAIRS

Since January 1, 1982, under the law of the State of California, you can sign a Power of Attorney that allows someone to handle your assets for you even if you are disabled. Such a Power of Attorney will, in many cases, avoid the need for a conservatorship.

Do you want your Agent’s powers to take effect only if you become incapacitated? Yes No

In order of preference, please list the full names, relationships and address of your Agents for your Durable Power of Attorney for Financial Affairs:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>

Do you want your Agent to have the power to amend, revoke, or terminate your Trust? Yes No

Do you want your Agent to have the power to make gifts from your assets? Yes No

If so, to whom (*Check all that apply*) : spouse; children; grandchildren; more
 remote issue; their spouses; children of spouse (if different) issue of spouse (if
 different) others (specify) _____

If to more than one: To all equally to one or more, excluding others, as the Agent’s determines

Any gifts (*Select One*) should should not be counted against any inheritance the donee/beneficiary receives under your Will/Trust.

The purpose of gift should be (*Select One*) any purpose my Agent determines; or only to minimize current or prospective taxes, or to minimize expenses of administration of the conservatorship of my estate or my probate estate upon my death; or for another purpose (please specify): _____

Gifts should be (*Select One*) as large or small as the Agent determines, OR limited to the gift tax annual exclusion amounts per calendar year for each donee as provided in Internal Revenue Code section 2503(b) (currently \$13,000 per year); OR other (please describe) _____

ELIMINATING POWER OF CERTAIN PERSONS TO PETITION COURT. California Probate Code Section 4503 allows you to eliminate the authority of persons of your choosing to file a petition for any of the following purposes:

- (a) To determine whether your Power of Attorney is in effect or has terminated;
- (b) To request that the court pass on the acts or the proposed acts of your Agent (attorney in fact);
- (c) To compel your Agent (attorney in fact) to submit accounts;
- (d) To request that the court declare your Power of Attorney, or any or all of the powers of your Agent (attorney in fact), be terminated or revoked; and
- (e) For any other relief as may be provided in Probate Code section 4541 except relief which would approve, support, ratify or otherwise the acts of the attorney-in-fact.

Is there anyone (an individual or an entity) who you do not want to have the ability to petition the court for any of these purposes? Yes No. If “yes”, whom? _____

5. ASSETS If any asset is in the title of joint tenancy or community property with the right of survivorship, please indicate in the appropriate place:

a. REAL PROPERTY

ADDRESS	GENERAL DESCRIPTION: I.E., FARM LAND, RESIDENCE, APARTMENT, ETC.	DATE ACQUIRED	HOW ACQUIRED: GIFT, INHERITANCE PURCHASE	COST IF PURCHASED	ESTIMATED PRESENT VALUE	LIENS OR ENCUMBRANCES (AMOUNT)	HOW TITLE HELD - <u>EXACT</u> NAME(S) ON DEED ATTACH COPY OF DEED
1	APN:			\$	\$		
2	APN:			\$	\$		
3	APN:			\$	\$		
4	APN:			\$	\$		
5	APN:			\$	\$		
6	APN:			\$	\$		
7	APN:			\$	\$		

b. CASH

NAME OF BANK	ADDRESS OF BRANCH	SAVINGS, CHECKING OR CERTIFICATE OF DEPOSIT	ACCOUNT NO.	GIFT OR INHERITANCE	APPROXIMATE BALANCE	<u>EXACT</u> NAME ON ACCOUNT ATTACH COPY OF SIGNATURE CARD OR ACCOUNT STATEMENT
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	

c. LISTED STOCKS, BONDS, TREASURY BONDS, ET CETERA

NAME OF COMPANY ETC.	IF STOCK, NUMBER OF SHARES; IF BONDS, FACE VALUE	HOW ACQUIRED: PURCHASE, GIFT, INHERITANCE	COST IF PURCHASED	ESTIMATED PRESENT VALUE	DATE ACQUIRED	PLEGDED OR ENCUMBERED AND AMOUNT	HOW TITLE IS HELD - <u>EXACT</u> NAME ATTACH COPY OF SECURITY
1			\$	\$			
2			\$	\$			
3			\$	\$			
4			\$	\$			
5			\$	\$			
6			\$	\$			
7			\$	\$			
8			\$	\$			

d. BUSINESS INTEREST, I.E. - SOLE PROPRIETORSHIP, PARTNERSHIP INTERESTS AND SMALL UNLISTED CORPORATIONS

NAME OF ENTERPRISE	PROPRIETORSHIP, LIMITED OR GENERAL PARTNERSHIP, REGULAR OR SUBCHAPTER S CORP	PERCENTAGE OWNED	DATE ACQUIRED	PURCHASED, GIFT OR INHERITANCE	IF PURCHASED, COST	IS THERE A BUY SELL AGREEMENT - ATTACH COPY	HOW TITLE HELD - <u>EXACT</u> NAME(S) ATTACH COPY OF CERTIFICATE, IF ANY
1					\$		
2					\$		
3					\$		
4					\$		
5					\$		
6					\$		
7					\$		

e. LIFE INSURANCE AND ANNUITIES - ATTACH COPY

NAME OF COMPANY	POLICY NO.	DATE TAKEN OUT	NAME OF INSURED	OWNER OF POLICY IF OTHER THAN INSURED	BENEFICIARY AND ALTERNATE	TYPE: TERM, WHOLE LIFE, ENDOWMENT, ETC.	FACE AMOUNT	VALUE, IF KNOWN
1							\$	\$
2							\$	\$
3							\$	\$
4							\$	\$
5							\$	\$
6							\$	\$
7							\$	\$
8							\$	\$

f. NOTES AND ACCOUNTS RECEIVABLE (do not list business accounts receivable) - ATTACH COPY

TYPE OF DEBT: NOTE, ACCOUNT RECEIVABLE, ETC.	FACE AMOUNT	BALANCE DUE	INTEREST RATE	DATE DUE	NAME OF DEBTOR	TYPE OF SECURITY	NAME OF PAYEE
1	\$	\$					
2	\$	\$					
3	\$	\$					
4	\$	\$					
5	\$	\$					
6	\$	\$					
7	\$	\$					
8	\$	\$					

g. **PERSONAL EFFECTS:** Please list your tangible personal property (as to household furnishings, list only if they are of unusual character or value; as to motor vehicles, include year made, manufacturer's name, description, i.e., station-wagon, 4-door sedan, convertible, et cetera, VIN, and exact name in which title is held):

h. **RETIREMENT BENEFITS:** Please list your death benefits and retirement benefits of all kinds, for example, benefits from lodges, pension accounts, profit sharing accounts, Keogh plan accounts, et cetera and if there are pension, profit sharing or Keogh plans, list the approximate amount to be received, the beneficiary designation for the interest and other pertinent data about the accounts:

i. **INTELLECTUAL PROPERTY:** Please list your copyrights, patents, and trademarks:

j. **MISCELLANEOUS:** Other assets (e.g., mineral rights, lease interests, etc.):

5. OTHER INTERESTS OR EXPECTANCIES

a. Are you the beneficiary of any trust established by another person? If so, please furnish a copy of the trust instrument, if available:

b. Are you the holder of any special or limited power of appointment? If so, furnish a copy of the instrument that gives rise to the power of appointment:

c. Do you expect to receive any inheritance from others or to receive any gifts from others? If so, give the names of the individuals and the approximate amounts that are expected to be received:

6. LIABILITIES

a. Debts owed (do not list household or monthly bills) and if any debt is secured by your property, please list the type of property:

b. Contractual and leasehold obligations:

c. Pending lawsuits and claims:

d. Other liabilities (include contingent liabilities) and state whether any of these liabilities are secured:

7. GIFTS MADE BY YOURSELF OR YOUR SPOUSE

a. List all gifts of amounts in excess of \$10,000 per year, naming the recipient of the gift, the year the gift was made and the type of gift, that is, cash, stock, real property, etc., and whether the gifts were in trust or outright:

<u>Recipient</u>	<u>Year</u>	<u>Assets</u>	<u>Value</u>	<u>In Trust?</u>
------------------	-------------	---------------	--------------	------------------

b. If you or your spouse have made gifts in trust list the date on which the trust was created, the name of the trustee, the beneficiaries of the trust and the property that was placed in trust. Furnish a copy of the trust instrument, if applicable:

c. If gift tax returns have been filed either with the Internal Revenue Service or State of California, please furnish copies of the returns.

9. DESIRED DISTRIBUTION OF ASSETS AT DEATH:

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

- 1) Diamond and ruby cocktail ring to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.
- 2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.
- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.
- 5) My residence at 2345 Main Street, Anytown, California, to my son, John Brown, subject to all indebtedness, liens and encumbrances thereon (OR fee from all indebtedness, liens and encumbrances thereon). If John Brown is not living, this gift shall lapse.

Enter your specific gifts here (or attach a separate list): _____

a. Distribution of the balance of your assets, not otherwise accounted for above:

If married:

All to your spouse on death Yes No

To your children in equal shares on your spouse's death (if yes, see shares for child below) Yes No

If not married:

To your children in equal shares Yes No

b. Children's Ages and Shares for Distributions

When should your children receive their distributions?

Outright on your death: Yes No

Outright on your spouse's death: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

EXAMPLE:

<u>Child</u>	<u>Age</u>	<u>% of interest</u>
Sam	21	1/3
Sam	25	1/2
Sam	30	Remainder

(Indicate your desired distribution schedule on following page)

<u>Child</u>	<u>Age</u>	<u>% of interest</u>

c. If you are interested in a living trust, how would you prefer that it be named? (For example: "John Doe and Mary Doe Revocable Trust", "John Doe Family Trust," "Doe Family Trust"):

d. Are you, or any of your beneficiaries receiving or entitled to receive any government benefits, such as Medi-Cal, Supplemental Security Income (SSI), Social Security Disability Income (SSDI)?

e. Do any of your desired beneficiaries provide you with care or services, such as transportation, shopping, housekeeping, personal hygiene, etc.? _____

f. Do you have any other concerns – about your personal matters, family matters, financial matters or business matters – which you would like to discuss? _____

g. Have you entered into any agreement to leave assets at your death to any person? Yes No
If Yes, to whom? _____

10. DISINHERITANCE

a. Do you wish to specifically disinherit an individual or group of people?

Yes No

b. If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. REPRESENTATIVES

a. Trustee(s)/Executor(s) (include successor(s) for any individual nominees):

<u>Priority</u>	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____

b. Guardian(s) of person and of estate of minor children (include successor(s) for any individual appointees):

<u>Priority</u>	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____

c. Conservator(s) of person and estate of you and your spouse (include successor(s) for any individual appointees):

<u>Priority</u>	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
<u>Yourself</u>			
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____
<u>Spouse</u>			
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____

12. SPECIAL FUNERAL OR BURIAL INSTRUCTIONS, IF ANY:

13. SPECIAL QUESTIONS REGARDING MARITAL PROPERTY

a. Have you and your spouse entered into a written or oral agreement concerning the status of real property as community or separate, such as a prenuptial agreement and nuptial agreement, community property, and the like? If so, please attached a copy of the agreement, or if oral, please give details:

b. List all property owned by you at date of marriage, and if any of it is no longer owned, state how it was disposed of (for example, sold and proceeds used for living expenses):

c. List all property owned by your spouse at date of marriage, and if any of it is no longer owned, state how it was disposed of (for example, sold and proceeds invested in ABC Co. stock):

d. Did you receive any real or personal property after date of marriage by gift, bequest, devise, descent or joint tenancy survivorship and if so, list the property and if any such property is no longer owned, give the details surrounding its disposition; for example, date sold and sale price:

e. Did your spouse receive any real or personal property after date of marriage by gift, bequest, devise, descent or joint tenancy survivorship and if so, list the property and if any such property is no longer owned, give the details surrounding its disposition; for example, date sold and sale price:
