



## Personal and Family Information

Name: \_\_\_\_\_  
First Middle Last

Alias's or aka \_\_\_\_\_

Business (1) \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
Address \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
\_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

BUSINESS TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

WEB SITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Spouse: \_\_\_\_\_  
First Middle Last

Alias's or aka \_\_\_\_\_

Business (2) \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
Address \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
\_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

BUSINESS TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

WEB SITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME (3) \_\_\_\_\_ HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE AND PLACE OF MARRIAGE: \_\_\_\_\_

DATE CAME TO CALIFORNIA: \_\_\_\_\_

SEND CORRESPONDENCE TO: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(1) CHILDREN (*of the marriage*)

Name	Birthdate	Name of Spouse	Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2) PRIOR MARRIAGES?      ☐ Yes   ☐ No      Who: \_\_\_\_\_

(3) CHILDREN (*of prior marriage*)

Name	Birthdate	Parents	Special Needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(4) DECEASED CHILDREN?      ☐ Yes   ☐ No      Names: \_\_\_\_\_  
\_\_\_\_\_

(5) GRANDCHILDREN

Name	Parents
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
(6) OTHER BENEFICIARIES (*i.e. parents, brothers, sisters*)

**Name**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____

### PERSONAL REPRESENTATIVES

Please complete the following information for those persons or entities you have selected or are considering to act in the following capacities.

EXECUTOR:

H's will, 1st: \_\_\_\_\_ Both wills, 2nd: \_\_\_\_\_

W's will, 1st: \_\_\_\_\_ 3rd: \_\_\_\_\_

TRUSTEE [may be same as executor]:

H's death, 1st: \_\_\_\_\_ Both deaths, 2nd: \_\_\_\_\_

W's death, 1st: \_\_\_\_\_ 3rd: \_\_\_\_\_

POWER OF ATTORNEY:

Asset Management, 1st: \_\_\_\_\_ Health Care, 1st: \_\_\_\_\_

2nd: \_\_\_\_\_ 2nd: \_\_\_\_\_

3rd: \_\_\_\_\_ 3rd: \_\_\_\_\_

GUARDIAN (If minor children):

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

CONSERVATOR:

(in the event of illness or disability)

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

**Information regarding gifts of specific items or money to be made  
before the distribution of the rest of your estate:**

Beneficiary	Item
_____	_____

Contingent beneficiary

\_\_\_\_\_

Beneficiary	Item
_____	_____

Contingent beneficiary

\_\_\_\_\_

Beneficiary	Item
_____	_____

Contingent beneficiary

\_\_\_\_\_

Beneficiary	Item
_____	_____

Contingent beneficiary

\_\_\_\_\_

Beneficiary

Item

Contingent beneficiary

Beneficiary

Item

Contingent beneficiary

Remainder beneficiaries [the remainder of your estate, after payment of debts, taxes, and gifts listed above]

Name of Beneficiary

Relationship to You

Percentage

## **SCHEDULE A**

### **REAL PROPERTY**

	DESCRIPTION	ESTIMATED CURRENT VALUE	DEBT	NET EQUITY
1.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
3.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
4.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>

If possible, please provide a copy of the deed to each parcel of property with the street address attached; or a copy of the last property tax statement.

**SCHEDULE B****PUBLICLY TRADED SECURITIES**

	DESCRIPTION	ESTIMATED CURRENT VALUE	DEBT	NET EQUITY
1.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
3.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
4.	<hr/> <hr/>	<hr/>	<hr/>	<hr/>
			TOTAL: <hr/>	

**BUSINESS INTERESTS**

	DESCRIPTION OF BUSINESS	ESTIMATED VALUE
1.	<hr/> <hr/>	<hr/>
2.	<hr/> <hr/>	<hr/>
3.	<hr/> <hr/>	<hr/>
		TOTAL: <hr/>

## **SCHEDULE C**

### **DIGITAL ASSETS/DEVICES/ACCOUNTS**

In order to assist your Agent and/or Executor, please use this space to give instructions and necessary information regarding your digital assets, including usernames, passwords, PINs, etc. (or the location of such information, if stored separately) and instructions on how they should be handled.

#### DIGITAL DEVICES (computers, tablets, smart phones, etc.):

ITEM DESCRIPTION	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

#### EMAIL ACCOUNTS:

ITEM DESCRIPTION	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

#### SOCIAL NETWORKING (Facebook, Twitter, etc.):

ITEM DESCRIPTION	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____

#### ONLINE BANKING/FINANCIAL ACCOUNTS:

BANK NAME OR FINANCIAL INSTITUTION	ACCOUNT NO.	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



ONLINE MEDIA ACCOUNTS (music, photos, etc.):

ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DIGITAL ASSETS:

ITEM/ACCOUNT	ACCESS INFORMATION	INSTRUCTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **SCHEDULE D**

### **CASH & NOTES RECEIVABLE**

	DESCRIPTION (LOCATION)	BALANCE OR AMOUNT
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
TOTAL:		_____

### **OTHER (PERSONAL) PROPERTY**

	DESCRIPTION	NET VALUE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
TOTAL:		_____

**SCHEDULE E****PERSONAL INSURANCE****INSURED**

Company

Policy No.

Type of  
Insurance

Date Issued

Policy Owner

Primary  
Beneficiary

Face Amount

Annual  
PremiumNet Cash  
Value**INSURED**

Company

Policy No.

Type of  
Insurance

Date Issued

Policy Owner

Primary  
Beneficiary

Face Amount

Annual  
Premium

## SCHEDULE F

### EMPLOYEE BENEFITS

	EMPLOYEE	COMPANY	PRIMARY BENEFICIARY	DEATH BENEFITS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

### UNSECURED DEBT

	DESCRIPTION	AMOUNT
1.	_____ _____	_____
2.	_____ _____	_____
3.	_____ _____	_____
4.	_____ _____	_____

TOTAL: \_\_\_\_\_