

TREMAIN & HOFFMAN, LLP
HEATHER TREMAIN AND NANCY A. HOFFMAN, ATTORNEYS AT LAW
 1814 Franklin Street, Suite 800
 Oakland, California 94612-3438
 Telephone: (510) 835-3090 Fax: (510) 835-1050

CONFIDENTIAL INFORMATION - ESTATE PLANNING - SINGLE

Please list any additional information on the back of the page.

Full Legal Name:	
Prior/Other Name:	
Birth Date:	
Occupation:	
Social Security #:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email Address:	
Home Address:	
City, Zip:	
Period of residence in California:	

I FAMILY INFORMATION:

1. Are you a U.S. Citizen? Yes No
2. If not, which what country are you a citizen of? _____
3. Have you been married before? Yes No

a. If yes, give prior spouse's name: _____

b. How did the marriage end? **Death, Divorce, Annulment**

4. Children:

Name: _____ Birth date: _____

Address: _____ Phone #: _____

Name: _____ Birth date: _____

Address: _____ Phone #: _____

Name: _____ Birth date: _____

Address: _____ Phone #: _____

5. Have any of your children passed away? Yes No

If yes, please list names and age at death _____

6. Grandchildren:

Name: _____ Birth date: _____ Parent's Name: _____

Address: _____ Phone #: _____

Name: _____ Birth date: _____ Parent's Name: _____

Address: _____ Phone #: _____

II TRUSTEES / EXECUTORS:

First Executor/Trustee:

Name: _____ Relation: _____ Phone #: _____

Address: _____

Second Executor/Trustee:

Name: _____ Relation: _____ Phone #: _____

Address: _____

Third Executor/Trustee: (OPTIONAL)

Name: _____ Relation: _____ Phone #: _____

Address: _____

OPTIONAL Co-Executor/Co-Trustee:

Name: _____ Relation: _____ Phone #: _____

Address: _____

III POWER OF ATTORNEY: (An agent to take care of finances if you are incapacitated.)

Check here for **SAME AS ABOVE**

First Agent:

Name: _____ Relation: _____ Phone #: _____

Address: _____

Second Agent:

Name: _____ Relation: _____ Phone #: _____

Address: _____

OPTIONAL Co-Agent:

Name: _____ Relation: _____ Phone #: _____

Address: _____

IV ADVANCE HEALTH CARE DIRECTIVE:

Is there anyone you would feel comfortable with making your health care decisions if you were to become incapacitated? Yes No

Check here for **SAME AS ABOVE**

First Agent:

Name: _____ Relation: _____ Phone #: _____

Address: _____

Second Agent:

Name: _____ Relation: _____ Phone #: _____

Address: _____

**V ASSET/LIABILITY INFORMATION:
REAL PROPERTY**

Address	Present Value	Tax Basis	Still Owing

LENDERS ADDRESSES Please list all the names & addresses of commercial lenders for each property.

Lender Name	Lender Address	For which Property?

BROKERAGE ACCOUNTS

Name of institution	Account number	Name(s) on account	Balance
Address of institution:			
Address of institution:			
Address of institution:			

CASH & MONEY MARKET ACCOUNTS

Name of institution	Account number	Name(s) on account	Balance
Address of institution:			
Address of institution:			
Address of institution:			

STOCKS (Held outside of brokerage account)

Number of shares	Description (including CUSIP #)	Initial Price	Present Value
Address:			
Address:			

BONDS (Held outside of brokerage account)

Number	Description	Initial Price	Maturity Date	Maturity value
Address:				

RETIREMENT PLANS SUCH AS 401KS, IRAS, ANNUITIES

Name of institution	Type of Plan	In Whose Name	Acct #	Present Value
Address:				
Address:				
Address:				
Address:				

LIFE INSURANCE

Name of institution	Policy #	Life Insured	Death Benefit
Address:			
Address:			
Address:			
Address:			

TANGIBLE PERSONAL PROPERTY: (unusual and highly valuable items below, such as cars, art work)

Description	Initial Price	Present Value
	\$	\$
	\$	\$

Estimated sale value of all jewelry & home furnishings: \$ _____

Annual Household Income: \$ _____

Any monies owed to you:

From who _____ Date _____ Amount _____

VI Homeowners Insurance Policies:

Company	Address	Policy #

VII Client-Owned Business: Do you own a business? Yes No

Name: _____ Type of Business: _____ Value: _____

VIII LIABILITIES:

Loans on insurance policies \$ _____, Promissory notes \$ _____, Credit cards \$ _____

Other: (Please specify) \$ _____ **Total Liabilities: \$** _____

IX YOUR GIFTS LIST:

To whom do you want to leave your estate? _____

If each beneficiary does not survive, then to whom? _____

Do you want to make any special cash or real property gifts? _____

If no one you have named survives, then to whom? A charity? Your heirs? _____

Does any debt to you exist that you want to forgive upon death? _____

Are you concerned that someone may contest your wishes? Who and why? _____

Is there anyone you are disinheriting? Who? _____

Do you want your beneficiaries to receive their inheritance in a lump sum at a certain age or event, or do you want the inheritance staggered over their lifetimes? For example, some children may inherit in stages such as 1/3 at age 25 (or graduation from college), 1/2 at age 30 and the remainder at age 35. _____

X GUARDIANSHIP APPOINTMENT:

Information of person(s) whom you desire to act as the guardian of your children:

Name: _____

Address: _____

Relationship to you: _____

First Alternate Guardian:

Name: _____

Address: _____

Relationship to you: _____

If the guardian of your children is a couple, which parent do you want the child to stay with in the case of a divorce? _____

If there is a death, do you want the surviving spouse to serve alone as guardian? Yes No

Does anyone have special needs that should be addressed (i.e. beneficiary may receive SSI or other government benefits that may be discontinued if they inherit). _____

XI END OF LIFE DECISIONS:

Your health care directive should reflect your values concerning when and how it is appropriate to withdraw life support. Please choose which approach you prefer (A,B or C) or describe your preferences below in D.

A Withdraw life support if: irreversible coma, a vegetative state, terminally ill.

B Do not resuscitate me under any circumstances. I have lived long enough.

C Keep me alive as long as possible.

Special concerns or language you would like? _____

Religious or spiritual preferences: _____

OTHER WISHES

Would you like to donate any organs? Yes No

If yes, for what purposes they may be used? Circle one or more:

- Transplant Therapy Research Education

What are your burial preferences?

- Cremation Burial Instructions: _____

XI ADDITIONAL INFORMATION:

- 1. Location of Safe Deposit Box: _____
- 2. Are there current Wills? Yes No
- 3. Do you: a. Expect to inherit something from parents or others? Yes No, amount \$ _____
 b. Have the power to say who is to receive assets of a trust? Yes No
 c. Have interest in buy-sell agreements? Yes No
- 4. Have you gifts to anyone in excess of \$10,000 per person? Yes No
- 5. Any Post Marital Agreements or Marital Settlement Agreements? Yes No
- 6. **WHAT TO BRING TO YOUR FIRST APPOINTMENT OR MAIL TO US:**
 - a. Prior wills, trusts, durable powers of attorney, or any other such documents
 - b. All Deeds to real property
 - c. Last year's income tax return
 - d. Copies of most recent bank & other financial statements (IRAs, 401(k)s, annuities, mutual funds, life insurance policies).
 - e. Prior gift tax returns, if any
 - f. Trust agreements in which you are donor, trustee or beneficiary
 - g. Contracts such as marital agreements, buy-sell or buy-out agreements for businesses
 - h. Your address/phone book.

Do you know if we have ever provided legal assistance to any of your family, friends, or business associates? Yes No

If yes, whom? _____

Their relation to you: _____

How did you initially find our office? _____