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## CONFIDENTIAL ESTATE PROFILE

For Probate or Trust Administration

*Your time investment in this Profile ensures that our time together is productive and that your concerns are addressed during our initial visit.*

*All information provided is strictly **confidential** and protected by a legal privilege. By completing this Profile, you are helping us to make this process as smooth and efficient as possible for you.*

*Please return the completed worksheet to our office  
by mail, e-mail or fax one week **in advance** of your initial visit.*



# CLIENT INFORMATION

Client's Name \_\_\_\_\_ aka \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail: \_\_\_\_\_  It is okay to communicate with me via E-mail.  
Best times / place to reach me \_\_\_\_\_  It is okay to communicate with me during the workday.  
Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_ INS Status: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Expiration: \_\_\_\_\_

## DECEDENT AND MARITAL INFORMATION

Decedent's Legal Name \_\_\_\_\_ aka \_\_\_\_\_  
Birth date \_\_\_\_\_ Date of Death: \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_  
Address \_\_\_\_\_  
Residence County \_\_\_\_\_ Location of Death \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
E-mail: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Married at Time of Death?  Previously Married? Date of Death or Divorce: \_\_\_\_\_ If married, complete below:

Spouse's Legal Name \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address \_\_\_\_\_  
Birth date \_\_\_\_\_ Date of Death: \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Expiration: \_\_\_\_\_

\* If any person involved is not a U.S. citizen, please provide our office with a copy of his or her passport(s) and, if applicable, your visa or other residency documents.

## DECEDENT'S PLANNING - BASIC INFORMATION

| DID THE DECEDENT ...  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Complete will, trust, or estate planning? <i>If so, please provide these documents.</i>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign a pre- or post-marriage contract? <i>If so, please furnish a copy.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Live outside the State of California? <i>If so, please explain where &amp; when.</i>                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever file federal or state gift tax returns? <i>If so, please attach copies of Forms 709.</i>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a predeceased spouse from a prior marriage? <i>If so, please furnish a copy of death certificate and Form 706.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>WAS THE DECEDENT:</b>  |                          |                          |
| Receiving social security, disability, or other governmental benefits? <i>If so, please describe on reverse.</i>        | <input type="checkbox"/> | <input type="checkbox"/> |
| Making payments pursuant to a divorce or property settlement order? <i>If so, please provide a copy.</i>                | <input type="checkbox"/> | <input type="checkbox"/> |
| Currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| An owner / in control of any Foreign Bank Accounts? <i>If so, provide a copy of statements and Form TDF 90-22.1.</i>    | <input type="checkbox"/> | <input type="checkbox"/> |

# FIDUCIARY INFORMATION – who is appointed as trustee or personal representative?

First: \_\_\_\_\_

Second: \_\_\_\_\_

## DECEDENT’S PARENTS, CHILDREN AND SIBLINGS

| Name, Address & Telephone             | Birthdate / Social Security #                       | Role   |
|---------------------------------------|---|--|
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: <u>Father</u><br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: <u>Mother</u><br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |
| _____<br>_____<br>_____<br>Tel: _____ | DOB: _____<br>SS#: _____<br>If deceased, DOD: _____ | Relation: _____<br><input type="checkbox"/> Named as Fiduciary<br><input type="checkbox"/> Named as Beneficiary<br><input type="checkbox"/> Special Concerns         |

## DECEDENT'S PROFESSIONAL ADVISORS

| Name, Firm and Address  | Telephone & E-mail | Role  |
|-------------------------|--------------------|---|
| _____<br>_____<br>_____ |                    | Prior Attorney                                |
| _____<br>_____<br>_____ |                    | CPA, Enrolled Agent, Accountant, Tax Preparer |
| _____<br>_____<br>_____ |                    | Financial / Insurance Advisor                 |
| _____<br>_____<br>_____ |                    |   |
| _____<br>_____<br>_____ |                    |   |

Please sign here if we have your consent to contact the other advisors:   X  

## DECEDENT'S ASSETS

How the decedent held title to property is extremely important in determining how the estate will be administered. Please use the initials of the owner and the following designations when listing the "Owner." **If decedent was married at the time of death, please provide asset information as it relates both to the decedent and the surviving spouse.**

- TR** Title was held in the name of the trust.
- SN** Title was held solely in the name of the decedent.
- CP** Title was held by both decedent and spouse as community property, or "CPWROS"
- JTS** Title was held by decedent and spouse as joint tenants or "JTWROS", with no other person.
- JTO** Title was held by decedent and someone other than spouse as joint tenants or "JTWROS".

## REAL ESTATE

**TYPE:** Any interest in real estate including the family residence, vacation home, time share, vacant land, etc.

| Address      | Title | Market Value | Mortgage | Equity |
|--------------|-------|--------------|----------|--------|
|              |       |              |          |        |
|              |       |              |          |        |
|              |       |              |          |        |
|              |       |              |          |        |
| <b>Total</b> |       |              |          |        |

Please attach copies of deeds and mortgage information.

## FURNITURE & PERSONAL PROPERTY

**TYPE:** List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).

| Type or Description                                   | Title | Market Value |
|---|-------|--------------|
| Miscellaneous Furniture and Household Effects (Total) |       |              |
|   |       |              |
|   |       |              |
|   |       |              |
| <b>Total</b>  |       |              |

## AUTOMOBILES, BOATS & RECREATIONAL VEHICLES

**TYPE:** For each motor vehicle, boat, ATV, RV, etc. please list the following: description, how titled, market value and encumbrance:

| Type or Description | Title | Market Value | Loan | Equity |
|---------------------|-------|--------------|------|--------|
|                     |       |              |      |        |
|                     |       |              |      |        |
|                     |       |              |      |        |
|                     |       |              |      |        |
| <b>Total</b>        |       |              |      |        |

## MONEY OWED TO DECEDENT

**TYPE:** Mortgages or promissory notes payable to the decedent, or other moneys owed to the decedent.

| Name of Debtor | Note Date | Maturity | Owed to | Value |
|----------------|-----------|----------|---------|-------|
|                |           |          |         |       |
|                |           |          |         |       |
|                |           |          |         |       |
| <b>Total</b>   |           |          |         |       |

## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" Do not include IRA's or 401(k)'s here. If Account is in your name for the benefit of a minor, please specify the minor's name. Please detail all interests in foreign bank accounts.

| Financial Institution | Type | Title | Acct. Number | Value |
|-----------------------|------|-------|--------------|-------|
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
| <b>Total</b>          |      |       |              |       |

## INVESTMENT ACCOUNTS, STOCKS & BONDS

**TYPE:** List stocks and bonds. If held in a brokerage account, list the accounts, not the individual holdings.

| Financial Institution | Type | Owner | Acct. Number | Value |
|-----------------------|------|-------|--------------|-------|
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
|                       |      |       |              |       |
| <b>Total</b>          |      |       |              |       |

## RETIREMENT PLANS

**TYPE:** Tax-deferred retirement accounts, including IRA, 401(k), 403(b), Pension (P), Profit Sharing (PS), H.R. 10, etc. If decedent was married, please list accounts pertaining to BOTH SPOUSES.

| Custodian (Financial institution)   | Beneficiary | Type | Owner | Account Number | Value |
|-------------------------------------|-------------|------|-------|----------------|-------|
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
|                                     |             |      |       |                |       |
| <b>Total retirement investments</b> |             |      |       |                |       |

## LIFE INSURANCE POLICES & ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. If decedent was married, please list policies pertaining to BOTH SPOUSES.

| Insurance Company & Agent | Beneficiary | Insured | Owner | Contract #/Type | Face Value |
|---------------------------|-------------|---------|-------|-----------------|------------|
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
|                           |             |         |       |                 |            |
| <b>Total</b>              |             |         |       |                 |            |

## BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests. Page 6

| Name and Type | Owner        | Market Value |
|---------------|--------------|--------------|
|               |              |              |
|               |              |              |
|               |              |              |
|               | <i>Total</i> |              |

**PENDING LAWSUIT JUDGMENT OR OTHER ASSETS**

**TYPE:** Are there moneys due to the decedent through a judgment in a lawsuit? Other property is any property that you have that does not fit into any listed category. Describe in appropriate detail.

**Description** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Total estimated value* \_\_\_\_\_

**SUMMARY OF VALUES**

| Assets   | Total Asset Value | Value of Decedent's Share |
|--|-------------------|---------------------------|
| Real estate  |                   |                           |
| Furniture and Personal Property                      |                   |                           |
| Automobiles, Boats & RVs                             |                   |                           |
| Money Owed to the Decedent                           |                   |                           |
| Bank and Savings Accounts                            |                   |                           |
| Stocks and Bonds                                     |                   |                           |
| Life Insurance and Annuities                         |                   |                           |
| Retirement Accounts                                  |                   |                           |
| Business Interests                                   |                   |                           |
| Pending Lawsuit or Judgment in Favor of the Decedent |                   |                           |
| Other  |                   |                           |
| <b>Total</b>   |                   |                           |