



**Law Offices of  
Bradley S. Erdosi**

5030 Campus Drive  
Newport Beach, California 92660  
Telephone: (949) 261-5777 • Facsimile: (949) 261-5779  
www.willsandtrustslaw.com

---

**CLIENT INFORMATION  
[Strictly Confidential]**

Husband's Legal Name: \_\_\_\_\_

Other Names used by Husband: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_

Other Names used by Wife: \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Date and Place of Current Marriage: \_\_\_\_\_

Prior Marriages?

Husband:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Wife:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF CURRENT MARRIAGE:**  None

1. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

2. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

3. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

4. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

[If additional children, please indicate here and complete on reverse]

**CHILDREN FROM PRIOR MARRIAGES:**  None

1. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Child of husband or wife? \_\_\_\_\_  
Was this child ever adopted by current spouse? \_\_\_\_\_  
If not, why? \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

2. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Child of husband or wife? \_\_\_\_\_  
Was this child ever adopted by current spouse? \_\_\_\_\_  
If not, why? \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

3. Full name and date of birth: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Gender: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Child of husband or wife? \_\_\_\_\_  
Was this child ever adopted by current spouse? \_\_\_\_\_  
If not, why? \_\_\_\_\_  
Names and dates of birth of children (*if none, then please indicate*):  
\_\_\_\_\_

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| <ul style="list-style-type: none"> <li>• Any deceased children? <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/>           If yes, name and date of birth: _____<br/>           If yes, survived by lineal descendants? <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/>           Please list name, date of birth, and address of each<br/>           descendant of deceased child (<i>use reverse of page if necessary</i>):<br/>           _____<br/>           _____</li> </ul> |            |           |
| <ul style="list-style-type: none"> <li>• Any adopted children? <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/>           If yes, please indicate next to child's name.</li> </ul>  |            |           |
| <ul style="list-style-type: none"> <li>• Do any of your beneficiaries have a learning<br/> disability, special educational, medical or physical needs?<br/> If so, please specify: <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/> _____<br/> _____<br/> _____</li> </ul>  |            |           |
| <ul style="list-style-type: none"> <li>• Do you have any relatives (other than children) who<br/> depend on you for all or part of their support?<br/> If so, please specify: <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/> _____<br/> _____<br/> _____</li> </ul>   |            |           |
| <ul style="list-style-type: none"> <li>• Do you think any of your beneficiaries have special problems<br/> with spouses, drugs, alcohol or handling money?<br/> If so, please specify: <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/> _____<br/> _____<br/> _____</li> </ul>  |            |           |
| <ul style="list-style-type: none"> <li>• Do you wish to disinherit any of your children,<br/> grandchildren or any other close relative?<br/> If so, please indicate who: <span style="float: right;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span><br/> _____<br/> _____<br/> _____</li> </ul>   |            |           |

- |  | <u><b>YES</b></u>        | <u><b>NO</b></u>         |
|--|--------------------------|--------------------------|
| • Do you have an existing Marital Property Agreement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)?<br>Please specify:  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| <hr/>  |                          |                          |
| • Do you wish to have a health care directive (“Living Will”)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing powers of attorney?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have health care directives?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries<br>to be held in trust until a specific age or ages?<br>Please specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>  |                          |                          |
| <hr/>  |                          |                          |
| <hr/>  |                          |                          |

Please list the name, address and phone number for:

1. Your financial advisor:

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact number \_\_\_\_\_

2. Your accountant.

Name \_\_\_\_\_ Address \_\_\_\_\_

Contact number \_\_\_\_\_

**TRUSTEES/EXECUTORS:**

In the order of preference, please list the persons that you would like to administer your estate upon your death or incapacity:

Spouse to be first?     YES     NO

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

**GUARDIANS FOR MINOR CHILDREN:**

In order of preference, please list the persons that you would like to act as guardian of any minor children in the event both spouses die:

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

**HEALTH CARE AGENTS FOR HUSBAND:**

In the order of preference, please list the persons that you would like to make any major medical decisions on your behalf in the event you are unable to do so:

Spouse to be first?    YES    NO

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

**POWER OF ATTORNEY AGENTS FOR HUSBAND:**

In the order of preference, please list the persons that you would like to act as your agent for financial decisions in the event you are unable to do so:

Spouse to be first?    YES    NO

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

**HEALTH CARE AGENTS FOR WIFE:**

In the order of preference, please list the persons that you would like to make any major medical decisions on your behalf in the event you are unable to do so:

Spouse to be first?    YES    NO

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

**POWER OF ATTORNEY AGENTS FOR WIFE:**

In the order of preference, please list the persons that you would like to act as your agent for financial decisions in the event you are unable to do so:

Spouse to be first?    YES    NO

1. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
2. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_
3. Name and relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_





## ASSETS

Please list all real property owned, Please provide our office with copies of all deeds evidencing ownership of real property:

Address: \_\_\_\_\_

How is title held? \_\_\_\_\_

Personal residence?  YES  NO

Address: \_\_\_\_\_

How is title held? \_\_\_\_\_

Personal residence?  YES  NO

Address: \_\_\_\_\_

How is title held? \_\_\_\_\_

Personal residence?  YES  NO

Please list all bank accounts, brokerage accounts, or similar accounts. Please provide our office with copies of the most recent statement for all accounts listed below:

Bank/Brokerage name: \_\_\_\_\_ Account #: \_\_\_\_\_

Approximate amount: \_\_\_\_\_

Bank/Brokerage name: \_\_\_\_\_ Account #: \_\_\_\_\_

Approximate amount: \_\_\_\_\_

Bank/Brokerage name: \_\_\_\_\_ Account #: \_\_\_\_\_

Approximate amount: \_\_\_\_\_

Bank/Brokerage name: \_\_\_\_\_ Account #: \_\_\_\_\_

Approximate amount: \_\_\_\_\_

**BUSINESS INTERESTS**

Briefly describe any interest you may have in a Partnership, a Sole Proprietorship, LLC, or Corporation, and indicate present value of interest.

---

---

---

---

---

---

**LIFE INSURANCE**

(do not include accidental death policies)

Owned by you, on your life, or which names you as beneficiary. Please include life insurance on both husband's and wife's life. List below, indicating (1) insurance company, (2) face amount, (3) owner, (4) insured, (5) beneficiary(ies), and (6) Policy numbers. List additional policies on a separate page if necessary.

---

---

---

---

---

---

## **RETIREMENT ACCOUNTS**

Please list type of account (i.e.: IRA, 401(k), etc.), name of company, name account is held in, current beneficiary, and approximate value.

---

---

---

---

---

---

## **NOTES AND ACCOUNTS RECEIVABLE**

Please include details such as the amount, payor, payee, date, etc. of all items due you over \$100.00. Please provide a copy of the Promissory Note and any Deed of Trust document securing the Note.

---

---

---

---

## ESTIMATED\* VALUE OF ESTATE

<u><b>TYPE OF ASSET:</b></u>	<u><b>HUSBAND'S SEP. PROP.</b></u>	<u><b>WIFE'S SEP. PROP.</b></u>	<u><b>COMMUNITY PROPERTY</b></u>
<ul style="list-style-type: none"> <li>● REAL ESTATE: \$ _____ (fair market value, <u>less</u> loans)</li> <li>● SECURITIES: \$ _____ (stocks, bonds, mutual funds)</li> <li>● CASH TYPE ASSETS: \$ _____ (cash, annuities, notes due you)</li> <li>● BUSINESS INTERESTS: \$ _____ (sole proprietorship, partnerships, closely held corporation, etc.)</li> <li>● RETIREMENT PLANS: \$ _____ (IRA, 401k, etc. †)</li> <li>● VEHICLES: \$ _____ (autos, R.V., boat)</li> <li>● PERSONAL PROPERTY: \$ _____ (jewelry, furniture, antiques)</li> </ul>			
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately page 12.

How were you referred to our office?

---

---

Please be sure to bring copies of the following to our first meeting:

1. COPIES OF PRESENT WILLS OF HUSBAND AND WIFE.
2. PRIOR GIFT TAX RETURNS, IF ANY.
3. COPIES OF ALL **GRANT DEEDS** AND PROPERTY TAX STATEMENTS (A Grant Deed is what you receive when you originally purchase your real property NOT THE DEED OF TRUST).
4. COPIES OF ALL BANK STATEMENTS, BROKERAGE STATEMENTS, STOCK CERTIFICATES and STATEMENTS REFLECTING ALL RETIREMENT ACCOUNTS