



Law Offices of Bradley S. Erdosi

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CLIENT INFORMATION [Strictly Confidential]

Full Legal Name: _____

Other Names used: _____

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: _____

Spouse's Legal Name (if married): _____

Other Names used by Spouse: _____

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?

Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN: 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]

- | | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| <ul style="list-style-type: none"> • Any deceased children? <input type="checkbox"/> <input type="checkbox"/>
 If yes, name and date of birth: _____
 If yes, survived by lineal descendants? <input type="checkbox"/> <input type="checkbox"/>
 Please list name, date of birth, and address of each
 child of your deceased child (<i>use reverse of page if necessary</i>):

 _____ | | |
| <ul style="list-style-type: none"> • Any adopted children? <input type="checkbox"/> <input type="checkbox"/>
 If yes, please indicate next to child's name on
 previous page. | | |
| <ul style="list-style-type: none"> • Do any of your beneficiaries have a learning
 disability, special educational, medical or physical needs? <input type="checkbox"/> <input type="checkbox"/>
 If so, please specify:

 _____ | | |
| <ul style="list-style-type: none"> • Do you have any relatives (other than children) who
 depend on you for all or part of their support? <input type="checkbox"/> <input type="checkbox"/>
 If so, please specify:

 _____ | | |
| <ul style="list-style-type: none"> • Do you think any of your beneficiaries have special problems
 with spouses, drugs, alcohol or handling money? <input type="checkbox"/> <input type="checkbox"/>
 If so, please specify:

 _____ | | |
| <ul style="list-style-type: none"> • Do you wish to disinherit any of your children,
 grandchildren or any other close relative? <input type="checkbox"/> <input type="checkbox"/>
 If so, please indicate who:

 _____ | | |

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Does a prior spouse currently have an ownership interest in any of your property? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)?
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 an existing Will? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing power of attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have a health care directive? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to the your death,
do you want the assets to go to that beneficiary’s children? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries
to be held in trust until a specific age or ages?
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:

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 you die (please move on to next page if you do not have any minor children):

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

HEALTH CARE AGENTS:

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:

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:

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:

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

DISTRIBUTION OF ESTATE:

- Please indicate how you would like your estate distributed among your beneficiaries after your death?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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 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

TYPE OF ASSET:

- REAL ESTATE: \$ _____
(fair market value, less loans)
- SECURITIES: \$ _____
(stocks, bonds, mutual funds)
- CASH TYPE ASSETS: \$ _____
(cash, annuities, notes due you)
- BUSINESS INTERESTS: \$ _____
(sole proprietorship, partnerships,
closely held corporation, etc.)
- RETIREMENT PLANS: \$ _____
(IRA, 401k, etc. †)
- VEHICLES: \$ _____
(autos, R.V., boat)
- PERSONAL PROPERTY: \$ _____
(jewelry, furniture, antiques)

- TOTAL:** \$ _____

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

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

How were you referred to our office?

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

1. COPIES OF CURRENT ESTATE PLANNING DOCUMENTS (if any).
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