

CONFIDENTIAL

DATA FORM

(Married Trust Maker)

Family Information and Asset Summary

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Last Name: _____

CONFIDENTIAL DATA FORM

Completion of this form will help in accomplishing your estate planning objectives.

Please Print All Information

Date of Preparation _____

HUSBAND

Full Legal Name : _____
Name Used to Sign : _____
Prefer to be Called : _____
Home Address : _____
City : _____ State: _____
County : _____ Zip Code: _____
Home Phone : _____
Birth Date : _____ Age: _____ U.S. Citizen: YES NO
Employer : _____ Occupation: _____
Business Address : _____
City : _____ State: _____ Zip Code: _____
Business Phone : _____ Own Business? YES NO

WIFE

Full Legal Name : _____
Name Used to Sign : _____
Prefer to be Called : _____
U.S. Citizen: : YES NO
Birth Date : _____ Age: _____
Employer : _____ Occupation: _____
Business Address : _____
City : _____ State: _____ Zip Code: _____
Business Phone : _____ Own Business? YES NO

On what date were you married? _____

Have you or your spouse previously completed a will, trust or estate plan? YES* NO

If YES, what kind of planning and when?

**It would be helpful for you to bring existing wills and/or trusts to your consultation for review.*

YOUR CHILDREN:

H=husband W=wife B=both

Full Legal Name (Spell out middle names):

Birth Date:

Child of:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any deceased children that left children of their own? YES NO

Name: _____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES:

(Circle YES or NO)

- Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO
- Do any of your children or beneficiaries have special educational, medical or physical needs? YES NO
- Do you have a child or beneficiary with a learning disability? YES NO
- Are any of your children or beneficiaries institutionalized? YES NO
- If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has
- Do you have any adopted children? YES NO
If YES: Name: _____
Name: _____
Name: _____
- Do any of your children or beneficiaries have any other special needs or circumstances that are concerns for you? YES NO
If YES, please describe:

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18:

Whom do you wish to be **guardian** of your children?

Name in order of preference. (One person per line)

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| 2. Name: _____ | Relationship: _____ |
| 3. Name: _____ | Relationship: _____ |
| 4. Name: _____ | Relationship: _____ |

OTHER DEPENDENTS:

1. Do you or your spouse have anyone who depends on either of you for all or part of their support? YES NO
If YES: Name: _____ Relationship: _____

QUESTIONS ABOUT YOU AND YOUR SPOUSE:

1. Are you or your spouse receiving social security or disability benefits? YES NO
2. Do you or your spouse have any health concerns? YES NO
If YES, what? _____
3. In what states have you lived while married to your current spouse and during what period of time did you reside there? State: _____ Years: _____ State: _____ Years: _____
4. Have you or your spouse ever filed federal gift tax returns? YES NO
5. Are you currently making annual gifts to anyone? YES NO
6. Did you and your spouse ever sign a pre- or post-marriage contract? YES NO
7. Have either of you been divorced? YES NO
If YES, which one & date: _____
8. Have either of you ever been widowed? YES NO
If YES, which one & date: _____
9. Do you desire to benefit any charities in your estate plan? YES NO
If YES, name of charities: _____
10. Are you currently the beneficiary of anyone else=s trust? YES NO

MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

FOR HUSBAND: (In order of preference)

Name	Phone Number & Address (Street, City, State)
1st _____	_____

2nd _____	_____

3rd _____	_____

FOR WIFE: (In order of preference)

Name	Phone Number & Address (Street, City, State)
1st _____	_____

2nd _____	_____

3rd _____	_____

YOUR ADVISORS:

	Name	City/State	Telephone
Attorney	: _____	_____	_____
Attorney	: _____	_____	_____
Accountant	: _____	_____	_____
Accountant	: _____	_____	_____
Financial Planner/Advisor	: _____	_____	_____
Financial Planner/Advisor	: _____	_____	_____
Life Insurance Agent	: _____	_____	_____
Life Insurance Agent	: _____	_____	_____
Primary Personal Bank	: _____	_____	N/A
Primary Business Bank	: _____	_____	N/A

TRUSTEES:

Disability Trustee:

Who would manage your assets during your disability? (In order of preference)

FOR HUSBAND: (In order of preference)

Name	Address (Street, City, State)
1st _____	_____
2nd _____	_____

FOR WIFE: (In order of preference)

Name	Address (Street, City, State)
1st _____	_____
2nd _____	_____

Death Trustee:

Who would manage and distribute your assets after your death? (In order of preference)

FOR HUSBAND: (In order of preference)

Name	Address (Street, City, State)
1st _____	_____
2nd _____	_____

FOR WIFE: (In order of preference)

Name	Address (Street, City, State)
1st _____	_____
2nd _____	_____

MEMORIAL INSTRUCTIONS:

Do you have any specific instructions regarding your memorial wishes?

CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY:

Please place a check mark next to those concerns that are important to you.

- PROTECTION FOR YOUR CHILDREN _____
- PROTECTION FOR YOUR SPOUSE _____
- MAINTAINING CONTROL OF YOUR ASSETS _____
- AVOIDING PROBLEMS IN CASE OF MENTAL DISABILITY _____
- AVOIDING LIFE SUPPORT MACHINES _____
- AVOIDING PROBATE _____
- AVOIDING OR REDUCING ESTATE TAXES _____
- AVOIDING OR REDUCING INCOME TAXES _____
- DISINHERITANCE OF A FAMILY MEMBER _____
- PROTECTING ASSETS FROM LAWSUITS, ETC. _____
- MONITORING OF INVESTMENTS _____
- GENERAL MANAGEMENT OF FAMILY=S ESTATE & FINANCIAL AFFAIRS _____
- OTHER CONCERNS (Please list any concerns):

In addition to discussing any of the above concerns, we will discuss the following topics:

- Ultimate Distribution:** Who is to receive your assets after your death, in the event your named beneficiaries have predeceased you? (i.e., parents, siblings, friends, charities)

- What instructions do you want to leave for the benefit of yourself and your loved ones?

SUMMARY OF VALUES

FAIR MARKET VALUE TODAY

DOLLAR AMOUNTS

ASSETS

Husband= s Wife= s Jointly Owned

Cash Accounts (Checking, Savings, CD=s)	_____	_____	_____
Investment Accounts (Brokerage Firms)	_____	_____	_____
Stocks, Bonds, Mutual Funds, Etc..	_____	_____	_____
Personal Effects (Vehicles, Jewelry, Antiques, etc.)	_____	_____	_____
Retirement Plans (Pension, IRA, 401k, SEP, etc.)	_____	_____	_____
Life Insurance Policies and Annuities	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership, Business & Professional Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
*Real Estate - Residence	_____	_____	_____
Real Estate - _____	_____	_____	_____
Real Estate - _____	_____	_____	_____
Anticipated Inheritance, Gift, or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
TOTAL ASSETS	_____	_____	_____

**It would be helpful for you to bring a copy of the grant deed to your consultation for review.*

DOLLAR AMOUNTS

LIABILITIES

Husband= s Wife= s Jointly Owned

Loans payable	_____	_____	_____
Accounts payable	_____	_____	_____
Real Estate Mortgage - Residence	_____	_____	_____
Real Estate Mortgage - Other	_____	_____	_____
Loans against life insurance	_____	_____	_____
Other obligations: _____	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____
NET ESTATE	=====	=====	=====

CURRENT INCOME & SOURCES

DOLLAR AMOUNTS (PER YEAR)

Salary and Wages _____	_____	_____
Investment Income and Dividend _____	_____	_____
Social Security _____	_____	_____
Pension or Retirement Plans _____	_____	_____
Other _____	_____	_____
TOTAL INCOME _____	_____	_____