

**CONFIDENTIAL**

**DATA FORM**

**(Single Trust Maker)**

*Family Information and Asset Summary*

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Last Name: \_\_\_\_\_

**CONFIDENTIAL DATA FORM**  
**(Single Trust Maker)**

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

Please Print All Information

Date of Preparation \_\_\_\_\_

**Full Legal Name** : \_\_\_\_\_

**Name Used to Sign** : \_\_\_\_\_

Prefer to be Called : \_\_\_\_\_

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

City : \_\_\_\_\_ State: \_\_\_\_\_

Country : \_\_\_\_\_ 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

Have you ever been married: YES NO

If Yes:

Spouse=s Full Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Divorce/Separation: \_\_\_\_\_

Have you 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:**

<b>Full Legal Name (Spell out middle names):</b>	<b>Birth Date:</b>	<b>Child of:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Any deceased children that left children of their own? YES NO**  
**If yes, name of deceased child:** \_\_\_\_\_

**Other Beneficiaries**

<b>Full Legal Name (Spell out middle names):</b>	<b>Birth Date:</b>	<b>Relationship:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 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:**

- 1. Are you receiving social security or disability benefits? YES NO
- 2. Do you have any health concerns? YES NO  
If YES, what?

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3. In what states have you lived while married and during what period of time did you reside there? State: \_\_\_\_\_ Years: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_

- 4. Have you ever filed federal gift tax returns? YES NO
- 5. Are you currently making annual gifts to anyone? YES NO
- 6. Do you desire to benefit any charities in your estate plan? YES NO  
If YES, name of charities:

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7. 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?

**(List in order of preference)**

Name	Phone Number & Address (Street, City, State)
1st _____	_____
_____	_____
2nd _____	_____
_____	_____
3rd _____	_____
_____	_____

**YOUR ADVISORS:**

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

**TRUSTEES:**

**Disability Trustee:**

Who would manage your assets during your disability? (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)

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:

- Who is to receive your assets after your death - ultimate distribution?  
\_\_\_\_\_
  
- 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**

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. .... \_\_\_\_\_

**DOLLAR AMOUNTS**

**LIABILITIES**

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 Dividends ..... \_\_\_\_\_

Social Security ..... \_\_\_\_\_

Pension or Retirement Plans ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

**TOTAL INCOME** ..... \_\_\_\_\_