

**CLIENT INFORMATION**  
**[Strictly Confidential]**

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 THIS MARRIAGE:**  None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**CHILDREN FROM PRIOR MARRIAGE:**

	<b>WIFE</b>	<b>HUSBAND</b>	<b>AGE</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage?  No  Yes

- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| • Any deceased children?<br>If yes, name: _____<br>If yes, survived by issue?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?<br>If yes, name: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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 have existing Wills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to have a "Living Will"?   | <input type="checkbox"/> | <input type="checkbox"/> |

**YES**      **NO**

- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

- The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:

---

---

- The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

---

---

- The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:

---

---

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

---

---

---

---

---

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

---

---

---

---

---

# END-OF-LIFE DECISIONS

Initial the statement which best states your desires:

**HUSBAND:**

- (a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

---

- (b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

---

YES   NO

\_\_\_   \_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_   \_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

**WIFE:**

- (a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

---

- (b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

---

YES   NO

\_\_\_   \_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_   \_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

# BURIAL WISHES

**HUSBAND:**

At my death, I wish to be:            cremated                    buried.

If cremation, I would like my ashes disposed as follows:

---

---

---

If buried, I would like my remains interred as follows:

---

---

---

I have already made arrangements at:

---

---

**WIFE:**

At my death, I wish to be:            cremated                    buried.

If cremation, I would like my ashes disposed as follows:

---

---

---

If buried, I would like my remains interred as follows:

---

---

---

I have already made arrangements at:

---

---

## \* 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>
• REAL ESTATE: (fair market value, <u>less</u> 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)	\$ _____	\$ _____	\$ _____
<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 on the next page.

# LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Dated: \_\_\_\_\_

\_\_\_\_\_

**Husband's Signature**

\_\_\_\_\_

**Wife's Signature**

**SEND COMPLETED WORKSHEETS TO:**

**Michelle N. Wehrli**  
**16A Journey, Suite 200**  
**Aliso Viejo, CA 92**  
**Tel: 714/462-8700**  
**Fax: 949/751-2428**  
**mwehrli@colonialhouseconsulting.com**

**Credit Card Info:**

Type of Card: \_\_\_\_\_

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_