

CLIENT INFORMATION
[Strictly Confidential]

Legal Name: _____

Other Names used: _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

Business/Employer: _____

Marital Status: Never married Divorced Widowed Married

If married, name of Spouse: _____

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

CHILDREN: None

AGE or DOB

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: _____ Range of Ages: _____

YES **NO**

• Any deceased children?

If yes, name: _____

If yes, survived by issue?

If yes, name(s): _____

	<u>YES</u>	<u>NO</u>
• 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"/>
• If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?	<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?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you expect to inherit substantial assets (\$100,000 +)?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing Will?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever executed a trust (either revocable or irrevocable)?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever filed a Federal Gift Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an existing General Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you currently hold any assets in Joint Tenancy with another person?	<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"/>

- The name of the person(s) 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 applicable):

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

- In general, state how you want your estate distributed among your beneficiaries?

- 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:

(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

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>TYPE OF ASSET:</u>	<u>ESTIMATED VALUE</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)	\$ _____
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.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

SEND COMPLETED WORKSHEETS TO:

Michelle N. Wehrli
16A Journey, Suite 200
Aliso Viejo, CA 92656
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: _____