

MILLER
MONSON
PESHEL
POLACEK
&
HOSHAW

Family
Information
And Estate
Asset Summary

CONFIDENTIAL

N A M E _____

D A T E _____

PLEASE BRING WITH YOU COPIES OF:

Present Wills, and/or trusts, if any.

Deeds to real property (for title purposes) and any information regarding title to property, cost, present fair market value, and property tax value.

Manner of title holding of any stock (how the ownership appears on the certificates), income tax basis and value of each stock.

Last three years' income tax returns.

Any available financial statements.

Copies of any gift tax returns filed.

Photo or snapshot of yourself and spouse.

Past appraisals of property, if any.

For encumbered property, copies of loan agreements, deeds of trust, security agreements and current loan balance information.

IF IN BUSINESS:

Any partnership or similar agreements.

Any corporate minute books and stock ledgers.

Summary plan description of any profit-sharing, pension plans or IRA agreements.

Any buy-and-sell agreements.

Last three years' income tax returns (partnership or corporation).

FILING OUT INFORMATION SHEETS

It is most helpful (as well as cost saving to you) if you can fill out the attached forms and bring them with you when you come in. However, please do not delay your appointment for lack of answers to the questions, since we can often assist you with troublesome items at the conference.

The legal documentation prepared for you will be based in good part on the information contained in this booklet. Information which is incorrect or incomplete may result in additional fees and delays, and in some cases, could result in our giving you inappropriate advice or preparing incorrect documents. Thus, it is very important that the information which you give to us is as accurate and complete as possible.

You recognize that the planning we are doing is based on the information you provide and that we are relying on that information (including copies of deeds and other documents provided by you).

Estate Asset Recap

Asset Type	Fair Market Value ¹		
	Husband's Assets	Wife's Assets	Community Assets
Cash			
Stocks, Bonds, Mutual Funds			
Real Estate			
Business Interests/Partnerships			
Employee Benefits/IRAs - Husband			
Employee Benefits/IRAs - Wife			
Notes/Accounts Receivable			
Miscellaneous Assets			
Total Non-Insurance Assets			
Insurance on Husband (Face Value)			
Insurance on Wife (Face Value)			
Total Current Gross Estate			
Liabilities			
Current Net Worth			
Prospective Gifts/Inheritance Husband			
Prospective Gifts/Inheritance Wife			
Probable Taxable Estate			

¹ Fair Market Values from Asset and Liquidity Detail on Pages 2-5

Estate Asset Detail

Asset Description	JT ¹	Husband's ² Assets	Wife's ² Assets	Community ² Assets	Comments
Cash Assets					
Subtotal Cash - To Recap					

Stocks/Bonds/Mutual Funds	JT ¹	Husband's ² Assets	Wife's ² Assets	Community ² Assets	Comments
Subtotal Stocks/Bonds/Mutuals - To Recap					

Real Estate	JT ¹	Husband's ² Assets	Wife's ² Assets	Current ² Mortgage	Comments
Subtotal Real Estate - To Recap					

¹ Check this column if asset is held in joint tenancy

² Property owned before marriage or inherited by either spouse is usually the separate property of that spouse. Current earnings are community property unless you have otherwise agreed in writing; therefore any assets purchased with current earnings are community property.

Estate Asset Detail - continued

Asset Description	JT ¹	Husband's ² Assets	Wife's ² Assets	Community ² Assets	Comments
Business Interests/Partnerships					
					<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> C Corp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> S Corp <input type="checkbox"/> Ltd Liab Co
					<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> C Corp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> S Corp <input type="checkbox"/> Ltd Liab Co
					<input type="checkbox"/> Sole Prop <input type="checkbox"/> Gen Ptsp <input type="checkbox"/> C Corp <input type="checkbox"/> Ltd Ptsp <input type="checkbox"/> S Corp <input type="checkbox"/> Ltd Liab Co
Subtotal Business Interests/Partnerships - To Recap					

Notes/Accounts Receivable	JT ¹				Comments
Subtotal Notes, Accounts Receivable - To Recap					

Miscellaneous Assets (Furn., personal effects, cars, boats, etc.)	JT ¹				Comments
Subtotal Misc. Assets - To Recap					

¹ Check this column if asset is held in joint tenancy

² Property owned before marriage or inherited by either spouse is usually the separate property of that spouse. Current earnings are community property unless you have otherwise agreed in writing; therefore any assets purchased with current earnings are community property.

Insurance Detail Policies On Husband

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5	Total
Company						
Policy Number						
Issue Date						
Owner ¹						
Alt. Owner						
Type ²						
Primary Beneficiary						
Secondary Beneficiary						
Annual Premium						
Cash Value						
Amount of Loan						
Face Value						3

Insurance Detail Policies On Wife

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5	Total
Company						
Policy Number						
Issue Date						
Owner ¹						
Alt. Owner						
Type ²						
Primary Beneficiary						
Secondary Beneficiary						
Annual Premium						
Cash Value						
Amount of Loan						
Face Value						3

¹ Insurance is usually owned by the person who signed the application for the insurance (H or W). However, where premiums have been paid partially or entirely by the other spouse (e.g., using community property earnings), the other spouse may have an ownership interest.

² E.g. whole life, universal life, term, endowment, annuity, etc.

³ To Recap

IRA/Qualified Retirement Plan Detail

Husband

	Plan 1	Plan 2	Plan 3	Plan 4	Total
Trustee					
Value In Plan					3
Amount Of Loan					
Type Of Plan ¹					
Distribution Method ²					
Participation began before or during present marriage?					
If age 70 1/2, are you making required withdrawals?					
Election made to recalculate life expectancy? ⁴					
Primary Beneficiary					
Contingent Beneficiary					

IRA/Qualified Retirement Plan Detail

Wife

	Plan 1	Plan 2	Plan 3	Plan 4	Total
Trustee					
Value In Plan					3
Amount Of Loan					
Type Of Plan ¹					
Distribution Method ²					
Participation began before or during present marriage?					
If age 70 1/2, are you making required withdrawals?					
Election made to recalculate life expectancy? ⁴					
Primary Beneficiary					
Contingent Beneficiary					

¹ Individual Retirement Account (IRA), Profit Sharing (PS), Defined Benefit (DB), Money Purchase Person Plan (MPPP), Target Benefit (TB), Employee Stock Ownership Plan (ESOP), 401 (K), Tax Sheltered Annuity-403(b) (TSA).

² Annuity (ANN), Lump Sum Payment (LSP), Term Of Years Payout (TYP), Other(O).

³ To Recap

⁴ Applicable only after age 70 1/2

Family Information

Relation	Full Legal Name	Preferred Name**	Birthdate	Birthplace	Soc.Sec.#
Husband					
Wife					
Child #1*					
Child #2					
Child #3					
Child #4					
Child #5					
Child #6					
Child #7					
Child #8					

* List children in order of birth date. Insert "PM" by that child's number if child is from a prior marriage.

** By "Preferred Name" we are asking by what name you sign checks and do business.

Addresses

Relation	Street Address	City, State, Zip	Telephone
Husband			
Wife			
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			
Child #6			
Child #7			
Child #8			

Children's Circumstances

Relation	Marital Status*	No. of Children	Occupation	Spouse Name	Spouse Occupation	Estate Potential**
Child #1						
Child #2						
Child #3						
Child #4						
Child #5						
Child #6						
Child #7						
Child #8						

Key: * MARITAL (M) Married (S) Single (D) Divorced (A) Separated

** ESTATE POTENTIAL Possibility of Child developing a significant estate apart from their inheritance
 (V) Very Good (G) Good (F) Fair (P) Poor

Grandchildren

Child of (Child #)	Name	Birthdate	Financial acumen (0-5 with 5 as highest)

- Attach a separate sheet for additional grandchildren.

Family Financial Goals

On a scale of 1 to 5 (5 being highest), indicate how important the following items are to you:

_____ Take care of family in the event of death

_____ Take care of family in the event of disability

_____ College education for children

_____ Enjoy a comfortable retirement

_____ Other _____

_____ Other _____

Husband's Other Family Members

Relation	Name	Age	Spouse Name	Age	City, State	Est. Net Worth
Father						
Mother						
*						
*						
*						
*						
*						
*						

Wife's Other Family Members

Relation	Name	Age	Spouse Name	Age	City, State	Est. Net Worth
Father						
Mother						
*						
*						
*						
*						
*						
*						

*Indicate brother (B), sister (S), half brother (HB), half sister (HS), step brother (SB), step sister (SS)

Current Marriage

Date of marriage _____ Place _____		
Occupation at date of marriage Husband _____ Wife _____		
Net worth at date of marriage Husband \$ _____ Wife \$ _____		
If you have changed your state of residence during the marriage, show:		
State	Year of Arrival	Approx. net worth upon arrival

Prior Marriages

H/W	Spouse Name	Termination Date	How Terminated (e.g., by death)	Children of Marriage

Citizenship

If any members of your family are <u>not U.S. citizens</u> , please indicate:			
Name	Age	Relationship	Circumstance

Adopted Children/Grandchildren

Name	Relationship	Parent Name (if grandchild)

Other Dependents

Name	Age	Relationship	Circumstance

Advisors

Profession	Name	Street Address	City, State, Zip	Telephone
Attorney				
Attorney				
Accountant				
Life Insurance				
Life Insurance				
Financial Planner/ Investment Advisor				
Casualty Insurance				
Pension Admin.				
Stock Broker				

Employment

Relation	Occupation	Title	Employer	Telephone
Husband				
Wife				
Previous Employment				
Husband				
Husband				
Wife				
Wife				

Business Associates

Name	Business

Do you have information on prospective purchasers of your business in the event of your death or on other aspects of disposition of the business?

Yes No

If yes, who knows the location of this information?

If you are in business, do you have any business or stock buy-and-sell agreements?

Yes No (If yes, please furnish a copy)

Military Service

	Branch	Serial Number	Current Status	Disability
Husband				
Wife				

Planning Information

Prior Documents

Do you have a pre- or post-nuptial agreement? Yes No (If yes, please furnish)
 Do you have any continuing obligations under divorce or property settlement agreements? Yes No
 (If yes, please furnish a copy of each such document.)

Trusts Which You Created (please furnish copies)

Creator (H/W/B)	Beneficiaries	Trustee	Irrevocable?	Date Created

Trusts Created By Others Of Which You Are Beneficiary (please furnish copies)

Creator (H/W/B)	Beneficiaries	Trustee	Irrevocable?	Date Created

Gifts

Have you ever filed a gift tax return? Yes No (If yes, please furnish copies of all returns)

Prior Gifts Made By You

Donor (H/W/B)	Donee	Amount		Date of Gift(s)
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	
			<input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> Custodial	

Special Needs

Are any family members receiving government benefits due to physical or mental disability? Yes No

For any family member suffering from a physical or mental disability, please indicate:

Name	Description of Disability	Current Status ¹	Projected Long Term Status ¹	Receiving Government Benefits? ²

Do any other family members have any health concerns (e.g. heart problems, drug or alcohol problems, etc.)? If so, please specify:

Name	Description

¹ Status: SS = Self sufficient
 FD = Financially dependent but physically/mentally self sufficient
 DP = Dependent on a guardian or caretaker
 IN = Institutionalized

² Indicate Medi-Cal, Medicare, SSI, etc.

Miscellaneous Information

Has social security status been reviewed lately? Yes No
 Is there a homestead on your home? Yes No

Safe Deposit Boxes:

Number	Institution	In whose names?

Health/Casualty Insurance

Do you have health insurance coverage? Yes No

If yes, maximum limits _____

Casualty Insurance

Coverage	Insurer	Liability Maximum	Replacement Maximum
Autos			
Boats			
Residence			
Liability Umbrella			

Disability/Long Term Care Coverage

Do you have disability insurance? Yes No

If yes, total amount of annual coverage on husband _____ / wife _____

Description of any long term care coverage _____

Annual Income

Source	Husband	Wife	Dependent Children
Real Property			
Interest			
Securities			
Other Investments			
Trusts			
Pensions			
Other			
Subtotal			
Salary			
TOTAL			

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