

**LAW OFFICES OF JAMES F. MILLER, P.C.**  
**Estate Planning Data Form (Married Couple)**

Date \_\_\_\_\_

Referred by \_\_\_\_\_

**Husband**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last (as shown on valid identification) \_\_\_\_\_

Use full name on documents, or middle initial only? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN \_\_\_\_\_

US citizen? \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

**Wife**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last (as shown on valid identification) \_\_\_\_\_

Use full name on documents, or middle initial only? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN \_\_\_\_\_

US citizen? \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

**Home Address**

\_\_\_\_\_ street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**Phone**

home \_\_\_\_\_ work-husband \_\_\_\_\_ work-wife \_\_\_\_\_ cell-husband \_\_\_\_\_ cell-wife \_\_\_\_\_

fax \_\_\_\_\_ email \_\_\_\_\_

Date of marriage \_\_\_\_\_

**Accountant**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Financial Planner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Children**

Name	Birthdate	Sex	Child of husband, wife, both?	Biological or Adopted?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any deceased children? If yes:

Name	Born	Died	Did deceased child leave surviving issue?
_____	_____	_____	_____

**DESIRES REGARDING DECISION MAKERS, DISTRIBUTION, ETC.**

**Agent Under General Power of Attorney for Financial Management ("Attorney-in-Fact"):** This person would handle non-trust finances (such as paying your bills from your personal checking account and making other financial decisions) if you become incapacitated:

Husband	_____	Wife	_____
	first choice		first choice
	_____		_____
	second choice		second choice
	_____		_____
	third choice		third choice

**Agent to Make Health Care Decisions:** Who would you want to make health care decisions on your behalf (including decisions regarding withdrawal of life support) if you were incapacitated?

Husband	_____	Wife	_____
	first choice		first choice
	_____		_____
	second choice		second choice
	_____		_____
	third choice		third choice

**Guardians:** If you have minor children, please designate guardians for them in the event you are both deceased or incapacitated.

_____	_____
first choice	relationship
_____	_____
second choice	relationship
_____	_____
third choice	relationship

**Executor/Trustee:** The Trustee will distribute your assets as directed by your trust. The Executor will see that the terms of your will are carried out, which will usually consist of assisting in transferring assets to the trust, if necessary, or handling minor non-trust issues, if any. These are typically the same person, but are not required to be. Usually, either or both of you will act as trustee until both are deceased or incapacitated, then the successor trustee named below will assume responsibility.

_____	_____
first choice	relationship
_____	_____
second choice	relationship
_____	_____
third choice	relationship

**Distribution:** If you have more than one primary beneficiary, it is generally advisable to distribute the estate on a percentage basis; however, you may wish to designate certain personal effects, specific assets, or specific amounts of cash to individuals or organizations before the balance is divided percentage-wise among your primary beneficiaries. In the event any named individual beneficiary should predecease you, consideration should be given to an alternate distribution (e.g., does the bequest lapse, or does it go to the beneficiary's children?).

**Distributions to Individuals**

Name	Relationship	Specific asset, amount of cash, or %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Distributions to Religious or Charitable Organizations**

Name of Organization	Specific asset, amount of cash, or %
_____	_____
_____	_____
_____	_____

**MISCELLANEOUS INFORMATION**

Name of Prior Spouse	<b>Prior Marriages</b>	
	Husband's Prior	Wife's Prior
Date of Prior Marriage	_____	_____
How terminated/Date	_____	_____

Are you or any of your children or beneficiaries disabled, in need of special medical care, or currently receiving Medi-Cal benefits?

\_\_\_\_\_

\_\_\_\_\_

Are you currently supporting your parents or other persons (or do you anticipate doing so in the future)?

\_\_\_\_\_

\_\_\_\_\_

**ON A SEPARATE SHEET, PLEASE PROVIDE ADDRESSES FOR ALL PERSONS NAMED ABOVE AS BENEFICIARIES, DECISION MAKERS, ETC.**

**ASSETS**

**BANK ACCOUNTS (checking, savings, CDs, safe deposit box)**

Bank/Institution	Type of Acct.	Owner(s)/Name(s) on Account	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**REAL ESTATE**

Address	How title is held	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**INVESTMENTS & OTHER ASSETS (stocks, bonds, trust deeds, promissory notes, loans receivable)**

Institution/Broker/Payor	Type	Name(s) on account or asset/payee on note	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**BUSINESS INTERESTS**

Name of Entity	Type of Entity (Corp., LLC, etc.)	Owner and % ownership	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**RETIREMENT ACCOUNTS [Pension Plan, IRA, 401(k), Annuity, etc.]**

Financial Institution	Type of Plan	Owner/ Participant	Monthly income/ death benefits
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**TANGIBLE PERSONAL PROPERTY**

Specific items worth over \$3,000 each (e.g., jewelry, art, antiques, cars):

Item	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Estimated total value of all other tangible personal property of nominal value (furniture, furnishings, jewelry, etc.) \$ \_\_\_\_\_

**ANTICIPATED INHERITANCE - do you anticipate inheriting a significant amount?  
If so, from whom?**

Person inheriting	Name and relationship of person whose estate you anticipate inheriting	Estimated Amount
_____	_____	\$ _____
_____	_____	\$ _____

**OTHER ASSETS NOT LISTED ABOVE:**

Description of Asset	Value
_____	\$ _____
_____	\$ _____

**INSURANCE POLICIES**

Insured	Company	Life or Disability	Beneficiary	Death or Disab. Benefit
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**ESTATE SUMMARY**

<b>Assets</b>		<b>Liabilities</b>	
Bank Accounts	\$ _____	Mortgages	\$ _____
** Real Estate	\$ _____	Other Secured Debt	\$ _____
Investments/Other	\$ _____	Unsecured Debt	\$ _____
Business Interests	\$ _____		
Retirement Benefits	\$ _____		
Personal Property	\$ _____		
Other Assets	\$ _____		
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

ESTIMATED CURRENT NET WORTH (Assets minus liabilities) \$ \_\_\_\_\_

LIFE INSURANCE - Death Benefit \$ \_\_\_\_\_

TOTAL ESTATE INCLUDING DEATH BENEFITS \$ \_\_\_\_\_

**\*\* For each parcel of real estate, please provide a copy of the current deed and a recent tax bill.**

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