

LAW OFFICES OF JAMES F. MILLER, P.C.
626/792-2910
Estate Planning Data Form (Single Person)

Date _____

Referred by _____

Name _____
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 _____

Phone _____
home work cell

_____ fax _____ email _____

Accountant _____
Name Phone

_____ Address

Financial Planner _____
Name Phone

_____ Address

Children (if none, list parents and/or brothers and sisters):

Name	Birthdate	Sex	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 personal bills from your checking account and making other financial decisions) if you become incapacitated:

_____ first choice

_____ relationship

_____ second choice

_____ relationship

_____ third choice

_____ relationship

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?

_____ first choice

_____ relationship

_____ second choice

_____ relationship

_____ third choice

_____ relationship

Guardians and Alternates: If you have minor children, please designate guardians for them in the event you are deceased while they are minors. If you designate a married couple, the documents will indicate "if married and living together and both are willing and able to act," unless you indicate otherwise.

_____ 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.

_____ 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

Prior Marriages

Name of Prior Spouse _____
 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)/Names(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 \$3000 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?

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

OTHER ASSETS NOT LISTED ABOVE:

Description of Asset	
_____	\$ _____
_____	\$ _____

INSURANCE POLICIES

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

ESTATE SUMMARY

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

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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