



Purpose of visit (check all that apply)

- I am not sure exactly what I need but would like to take the next step in creating my estate plan
- To have my/our existing estate plan reviewed
- To learn more about estate planning
- To protect my/our assets from lawsuits and future judgment creditors
- To protect my loved ones' inheritance from divorces and creditors
- Others: _____
- To reduce or eliminate estate taxes
- To reduce or eliminate the costs of probate

Do you have an existing estate plan? Yes No *If yes, please provide a copy of your Trust prior to our initial meeting*

Are you currently receiving distributions from a trust set up for you by someone else (e.g. parents or grandparents)? Yes No

Client Information

Your name (how you sign legal documents)

Name you want us to call you

U.S. Citizen

Yes No

Date of Birth

Occupation (if retired, from what?)

Married

Yes No

Date of Marriage

Divorced

Yes, Date of Divorce: _____ No

Spouse (or Registered Domestic Partner) Information, If Applicable

Spouse's name (how he/she signs legal documents)

Name you want us to call your spouse

U.S. Citizen

Yes No

Spouse's Date of Birth

Spouse's Occupation (if retired, from what?)

Divorced

Yes, Date of Divorce: _____ No

Contact Information

Mailing Address

Preferred to be contacted by:
Please rank by preference (1-2)

Email

Phone

Contact Details

Phone	Spouse's Phone
Email	Spouse's Email
Other	Other

Main Contact Person

Names of Children, if any

Name as should be listed in your estate plan		
Whose child is this? <input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Date of Birth	Age
If child has children, how many?		

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Whose child is this? <input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Date of Birth	Age
If child has children, how many?		

Other Potential Individual or Charitable Beneficiaries, if any

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

Who Referred You To Our Office?

Name	Firm (If applicable)
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Advisors (list if you authorize us to communicate with them regarding your planning)

Accountant:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Financial Advisor:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Other Trusted Advisor:	<i>Name</i>	<i>Firm</i>	<i>Phone</i>

Successors

If you were incapacitated or deceased, who might you choose to handle and distribute your finances?

Financial Agents/Trustees:

Client and Spouse Response

Initial Choice:	
Back Up #1:	

If you were incapacitated for any period of time, who might you choose to make health care decisions for you?

Health Care Agents/"Helpers"

Client Response

Spouse Response

Initial Choice:		
Back Up #1:		
	<input type="checkbox"/> Organ Donor <input type="checkbox"/> No Organ Donation	<input type="checkbox"/> Organ Donor <input type="checkbox"/> No Organ Donation
	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Other	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Other

Who would you consider nominating to care for your minor children if you were incapacitated or deceased?

Guardians

Client and Spouse Response

Initial Choice:	
Back Up #1:	

Your Assets

Please provide us with a rough estimate of the value of your estate by completing the following schedule. We will need statements for your subsequent meetings; although you may wish to bring them with you to our initial meeting.

ASSET	VALUE	TOTAL MORTGAGE DEBT
Real Estate: <i>Residence</i>		
Real Estate: <i>Investment/Others</i>		
Business Interests		
Brokerage Accounts/Mutual Funds		
Checking, Savings, Money Market		
Money Owed To You		
Life Insurance		
Annuities		
IRAs and other Retirement Plans		
Others		

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