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ESTATE PLANNING INFORMATION – MARRIED COUPLE

*(Please note: Information provided in response to
this questionnaire is confidential.)*

Residence address:

Telephone numbers:

Home _____
Other _____
Other _____

Email _____

Date of marriage: _____

SPOUSE NO. 1

Full legal name: _____

Name as usually signed: _____

Other names formerly used: _____

Name of former spouse, if any: _____

Date of birth: _____ Place of birth: _____

U.S. citizen?: _____ If no, country of citizenship: _____

SPOUSE NO. 2

Full legal name: _____

Name as usually signed: _____

Other names formerly used: _____

Name of former spouse, if any: _____

Date of birth: _____ Place of birth: _____

U.S. citizen?: _____ If no, country of citizenship: _____

CHILDREN (Including Deceased Children)

Children of Only Spouse No. 1:

Name	Birthdate	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of Only Spouse No. 2:

Name	Birthdate	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of Both Spouses:

Name	Birthdate	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of others you may wish to share in your estate, such as grandchildren, siblings, parents, friends or charities.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSETS

Real Property

Attach copies of most recent recorded deeds, if available.

For each property list: Address of property, co-owners, approximate fair market value and mortgage, if any. *Note: If deed is attached, list only address and fair market value.*

Residence

Address: _____

Co-owners: _____

Value: \$ _____ Mortgage: \$ _____

Other real estate:

Address: _____

Co-owners: _____

Value: \$ _____ Mortgage: \$ _____

Address: _____

Co-owners: _____

Value: \$ _____ Mortgage: \$ _____

Financial Accounts

Savings Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No. _____

Checking Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No. _____

Checking Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No. _____

Certificates of Deposit Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No(s). _____

Other (specify) _____ Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No(s). _____

Other (specify) _____ Value: \$ _____

Name(s) on Account _____

Name of Institution _____

Account No(s). _____

Stocks, Bonds, Mutual Funds & Other Securities

Attach copies of the most recent statements.

Business(es): _____ Corporation _____ Proprietorship _____ Partnership

Describe business: _____

Other Investments (Describe) _____

Miscellaneous Assets

Tangible Personal Property of Significant Value

(E.g., collections of artworks, jewelry, antiques, coins, rare books, stamps, silver worth more than \$10,000, and individual items worth more than \$3000). Indicate approximate fair market value. If item is not entirely owned by you, list the co-owners and their ownership interests in the item.)

Description	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Automobiles, Trucks, Trailers, Recreational Vehicles, Boats, Airplanes

List: Model and year, title as shown on ownership document and value

Model and Year	Owners	Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Safe Deposit Box

List location.

1. _____
2. _____

Retirement Assets

IRA accounts, SEP IRAs, KEOGH plans, 401(k) accounts, pensions plans, profit-sharing plans, annuities, deferred compensation plans, social security benefits (*Provide copies of statements.*)

Possible Assets

Expected inheritances or gifts? ___ Yes ___ No ___ Uncertain

Beneficial interest in Trust? ___ Yes ___ No ___ Uncertain

PERSONAL REPRESENTATIVES – SPOUSE NO. 1

Executor of Will: (Indicate co-executors on the same line)

1st: _____

2nd: _____

3rd: _____

Trustee(s): (Indicate co-trustees on the same line)

Self: _____ Self & Spouse/Partner: _____

or Name(s):

1st: _____

2nd: _____

3rd: _____

PERSONAL REPRESENTATIVES – SPOUSE NO. 2

Executor of Will: (Indicate co-executors on the same line)

1st: _____

2nd: _____

3rd: _____

Trustee(s): (Indicate co-trustees on the same line)

Self: _____ Self & Spouse/Partner: _____

or Name(s):

1st: _____

2nd: _____

3rd: _____

DISTRIBUTION OF ASSETS

Gifts of money or specific personal property

Name

Item

Gifts of real property

Description

Address of property:

1. _____

Subject to liens?: _____ or Free from liens? _____ Free from estate taxes? _____

To whom: _____

If beneficiary is not then living, to: _____

Description

Address of property:

2. _____

Subject to liens?: _____ or Free from liens? _____ Free from estate taxes? _____

To whom: _____

If beneficiary is not then living, to: _____

Subject to liens?: _____ or Free from liens? _____ Free from estate taxes? _____

To whom: _____

If beneficiary is not then living, to: _____

Residue (Balance of the Estate)

Distribute Outright: To Spouse/Partner _____ Equally to Children _____ Equally to (named)

Others _____ Other _____

Names: _____

Hold in Trust for: Spouse/Partner _____ Child(ren) _____ Issue (that is, direct descendants) of
deceased child(ren) _____ Grandchildren _____ Other(s) _____

Names: _____

If Gifts Held in Trust for Minors:

Distribute in one (1) stage at age: _____ Distribute in two (2) stages at age: _____ and age _____

Distribute in three (3) stages at age: _____, age _____, and age _____

Other (please specify) _____

**DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT – SPOUSE
NO. 1**

Name and Address of Agent: _____

Name and Address of Alternate, if Agent is unable to serve: _____

Effective immediately? Yes No

**DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT – SPOUSE
NO. 2**

Name and Address of Agent: _____

Name and Address of Alternate, if Agent is unable to serve: _____

Effective immediately? Yes No

ADVANCE HEALTH CARE DIRECTIVE – SPOUSE NO. 1

Name and Address of Agent: _____

Name and Address of Alternate, if Agent is unable to serve: _____

Effective immediately? Yes No

Special Instructions: For example: Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state? Yes No

Do you wish to be an organ donor? Yes No

Other instructions: _____

ADVANCE HEALTH CARE DIRECTIVE – SPOUSE NO. 2

Name and Address of Agent: _____

Name and Address of Alternate, if Agent is unable to serve: _____

Effective immediately? Yes No

Special Instructions: For example: Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state? Yes No

Do you wish to be an organ donor? Yes No

Other instructions: _____

Possible Contestants

Is anyone likely to contest your estate plan? ___ Yes ___ No

If yes, who: _____

Is anyone likely to contest your Health Care Directive? ___ Yes ___ No

If yes, who? _____

Is anyone likely to contest your Durable Power of Attorney ___ Yes ___ No

If yes, who? _____

Please add any other information you want considered in your estate plan and/or questions you wish to ask regarding your estate plan.

