

KINGSTON & KINGSTON

A PROFESSIONAL LAW CORPORATION

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CLIENT PROFILE - ESTATE PLANNING

NOTE: *If you are a member of the Hyatt Pre-paid Legal Plan please list any authorization numbers provided to you here: _____, and please indicate "Hyatt member" next to the name of the plan member below. Otherwise, please let us know how you were referred to us. Referred by: _____*

A. Personal Profile

1. Client

Full name: _____

Other names used? _____

(Full)Home Address: _____

Home Telephone Number: _____

Cell phone and or Pager Number(s): _____

Occupation: _____

Employer and Employers address: _____

Work Telephone Number: _____

Social Security # _____

Period of Residence in U.S.? _____ yrs/mos (please circle) Are you a U.S. citizen? Yes/No

Do you and your spouse have a pre/postnuptial agreement? Yes/No

2. Spouse / Registered Domestic Partner:

Full name: _____

Other names used? _____

(Full)Home Address: _____

Home Telephone Number: _____

Cell phone and or Pager Number(s): _____

Occupation: _____

Employer and Employers address: _____

Work Telephone Number: _____

Social Security # _____

Period of Residence in U.S.? _____ yrs/mos (please circle) Are you a U.S. citizen? Yes/No

3. Marital relationships

A. Date of Marriage: _____

B. Prior marriages of client and/or spouse

a. Have you been married before? _____

b. If yes give the following information for each former marriage:

1. Name of former spouse: _____

2. Date of marriage: _____

3. Was marriage ended by death / divorce? (Please circle)

4. If by divorce, please give the date the divorce was final: _____

NOTE: Please attach further information if necessary or if there is not enough space here to include

4. Children

a. Child (1)

Name: _____

Address: _____

Home Phone Number: _____

Birth date: _____

Are there any Special Needs of child? Yes/No If yes, please explain: _____

Is this a child of your present marriage? Yes/No

b. Child (2)

Name: _____

Address: _____

Home Phone Number: _____

Birth date: _____

Are there any Special Needs of child? Yes/No If yes, please explain: _____

Is this a child of your present marriage? Yes/No

c. Child (3)

Name: _____

Address: _____

Home Phone Number: _____

Birth date: _____

Are there any Special Needs of child? Yes/No If yes, please explain: _____

Is this a child of your present marriage? Yes/No

NOTE: Use a blank page for any additional children you may have and attach.

d. Do you have any deceased children? Yes/No If yes, please list their name(s):

If yes, did they leave any surviving children? Yes/No If yes, please list names and dates of birth for any surviving children:

_____ D.O.B.: _____
_____ D.O.B.: _____
_____ D.O.B.: _____

e. If your children are minors:

Provide name and address of Persons to serve as Guardian of the Person.

(Please list two (2) to be named in succession if necessary):

1. _____
Is this person married? Yes/No If yes, please list name of spouse:

2. _____
Is this person married? Yes/No If yes, please list name of spouse:

B. Financial Profile

1. List complete address(es), including City, ST & Zip, of all real property (i.e. houses/land) owned by you or your spouse. *TO YOUR FIRST APPOINTMENT, PLEASE BRING COPIES OF ALL DEEDS AND ASSOCIATED TAX BILLS FOR THE PROPERTIES LISTED HERE.*

1. _____

2. _____

3. _____

4. _____

2. List Cash accounts (Checking, savings, money market, Certificates of Deposit and any investment accounts *not* within your retirement and other tax deferred accounts: *Please specify type of account, what institution holds the account and list the account number and present value if available. (FOR EXAMPLE: Wells Fargo checking #5551, savings #5552 and CD #5553 accounts valued at \$23,000.00)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

3. Securities (common stock, preferred stock, corporate bonds mutual funds) and other assets such as businesses. Please specify type and fair market value, if known:

- a. _____
- b. _____
- c. _____
- d. _____

4. Retirement or other employee benefits including IRA, 401 K, 403 B or Keogh accounts, include the owners names and the names of the beneficiaries of these benefits. Please specify type and fair market values:

- a. _____
- b. _____
- c. _____
- d. _____

5. Life Insurance which you or your spouse own:

Face value: _____

If has Cash value, please indicate amount: _____

Type of Policy (term, whole life) _____

6. Are you or your spouse the holder of any promissory notes? Yes/No

If yes, for each, list name of payor, the name of the payee and the current outstanding balance:

7. Are you or your spouse the beneficiary of any trust? Yes/No If yes indicate:

a. Name of trust: _____

b. Name of trustee: _____

c. Value of trust principal and income _____

8. Do you or your spouse hold any general power of appointments in another person's will or trust? Yes/No If yes, explain: _____

9. List any tangible personal property of significant value (i.e. cars, motor homes, boats, art work etc) Please indicate fair market value of each item:

C. Disposition of estate:

1. Name, address and telephone number of person (who must be a U.S. Citizen) you wish to serve as your Executor and Successor Trustee (name at least one alternate also) not including your spouse. Please include their relationship to you, if any.

a. _____ Relationship _____

b. _____ Relationship _____

c. _____ Relationship _____

2. Disposition of your estate:

a. Please indicate any specific gifts of real or personal property that you wish to leave to a specific person: Please specify gift(s) and to whom you wish them to go (name of person).

b. How do you wish the remainder of your estate to be distributed?

c. Is there anyone you wish to specifically disinherit? If so, please indicate name and relationship to you below:

Client:

Spouse:

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d. Please indicate any special burial or funeral instructions you wish your executor to know of (i.e. Cremation/Burial/Cemetery name, etc.):

Client:

Spouse:

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D. Durable Powers of Attorney (DPA): Select an agent (person) to act on your behalf:

1. Name, address, phone number of Agent for DPA for Financial Management:

Client:

Spouse:

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2. Alternate Agent, name, address and phone number:

Client:

Spouse:

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3. Name, address, phone number of Agent for DPA for Health Care:

Client:

Spouse:

4. Alternate Agent, name, address and phone number:

Client:

Spouse:

Special Instructions:

1. Please indicate whether or not you wish to be kept on life support should you be in an irreversible coma or vegetative state: Client: Yes/No Spouse: Yes/No

2. Do you wish food and hydration to keep you comfortable? (Not in conflict with your choice to remove life support if indicated). Client: Yes/No Spouse: Yes/No

3. Do you wish the use of medications to alleviate pain and suffering even if they may hasten the moment of death? Client: Yes/No Spouse: Yes/No

4. Do you wish to make any anatomical donations? Client: Yes/No Spouse: Yes/No

If yes, please specify:

5. Should your agent have the power to authorize an autopsy (If they feel one should be done)?

Client: Yes/No Spouse: Yes/No

Miscellaneous instructions or wishes not mentioned above: _____
