



**CLIENT INTAKE**

**PART I  
FAMILY DATA**

Full name: \_\_\_\_\_

Spouse's: \_\_\_\_\_

Other or former names: \_\_\_\_\_

Spouse's: \_\_\_\_\_

Home address: \_\_\_\_\_

Spouse's (if not the same): \_\_\_\_\_

If you have moved to California from another state, name the state and years of residence there and any other states in which you have resided: \_\_\_\_\_

\_\_\_\_\_ Date you moved to California: \_\_\_\_\_

Do you have other residences in California? Yes \_\_\_ No

Contact information:

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Spouse's: \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_ No

If U.S. citizen other than by birth, state date of citizenship: \_\_\_\_\_

Spouse? Yes \_\_\_ No \_\_\_ Year of citizenship: \_\_\_\_\_

Do you have children (including stepchildren or foster children)? Yes \_\_\_ No

If yes, please provide the following information for each:

| Name  | Living? | Age   | Birth date | Married? | City/State of Residence |
|-------|---------|-------|------------|----------|-------------------------|
| _____ | Yes/No  | _____ | _____      | Yes/No   | _____                   |
| _____ | Yes/No  | _____ | _____      | Yes/No   | _____                   |
| _____ | Yes/No  | _____ | _____      | Yes/No   | _____                   |
| _____ | Yes/No  | _____ | _____      | Yes/No   | _____                   |

Do you have dependents other than minor children? Yes \_\_\_ No \_\_\_ If so, please provide name, age, and residence.

|       |       |            |
|-------|-------|------------|
| Name: | Age:  | Residence: |
| _____ | _____ | _____      |
| _____ | _____ | _____      |
| _____ | _____ | _____      |

Do you have any grandchildren? Yes \_\_\_ No \_\_\_ If so, please provide names, ages/birth dates, and names of parents.

|       |       |             |                   |
|-------|-------|-------------|-------------------|
| Name: | Age:  | Birth date: | Names of parents: |
| _____ | _____ | _____       | _____             |
| _____ | _____ | _____       | _____             |
| _____ | _____ | _____       | _____             |
| _____ | _____ | _____       | _____             |

Do you presently have a will? Yes \_\_\_ No \_\_\_ If so, what is the date on the will? \_\_\_\_\_

Was it signed in California? Yes \_\_\_ No \_\_\_ If not, where? \_\_\_\_\_

Spouse presently has a will? Yes \_\_\_ No \_\_\_ If so, what is the date on the will? \_\_\_\_\_

Was it signed in California? Yes \_\_\_ No \_\_\_ If not, where? \_\_\_\_\_

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes \_\_\_ No \_\_\_ If so, what is the date of the trust? \_\_\_\_\_

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes \_\_\_ No \_\_\_ If so, what is the date of the trust? \_\_\_\_\_

Have you signed a prenuptial or postnuptial agreement? Yes \_\_\_ No \_\_\_ If so, what is the date of the agreement and name of the spouse involved? \_\_\_\_\_

Please provide the following information regarding your former marriages:

|                       |         |                                    |
|-----------------------|---------|------------------------------------|
| Name of former spouse | Living? | Date of Death or Divorce agreement |
| _____                 | Yes/No  | _____                              |

**PART II**  
**ASSETS AND LIABILITIES**

**ASSETS**

A. Liquid assets: cash (dividends, etc.); savings accounts; checking accounts; money market accounts; certificates of deposit; mutual funds:

| Item Identification (i.e. checking account) | Location (Bank Name) | Value |
|---|----------------------|-------|
| _____                                       | _____                | _____ |
| _____                                       | _____                | _____ |
| _____                                       | _____                | _____ |

B. Other personal property (everything except liquid assets): private corporation stocks and bonds (publicly listed); unlisted stocks and bonds; government bills, notes, and bonds; commodities; automobiles; other vehicles (airplanes, boats, motorcycles, recreational vehicles); precious metals; safe deposit contents; etc.

| Item Identification | Location | Value |
|---------------------|----------|-------|
| _____               | _____    | _____ |
| _____               | _____    | _____ |
| _____               | _____    | _____ |

C. Real estate: agricultural land; boat/marina slip; cemetery plots; condominiums; cooperatives; timeshares; duplexes; houses; mobile homes; rental properties; undeveloped land; vacation homes:

**NOTE:** Describe real property by listing its address or location, including the street address or apartment number or acreage in a specified county. The legal description does not have to be provided. If the real property includes personal items such as farm tools or animals, include them in the description, specifically listing expensive items such as cattle or a tractor. If the items are relatively inexpensive, such as tools in a shed on otherwise vacant land, state "along with all personal property located on the property." Subtract any mortgage or other debt owing on the asset.

| Property Address (including county) | Value |
|-------------------------------------|-------|
| _____                               | _____ |
| _____                               | _____ |
| _____                               | _____ |

D. Retirements and Life Insurance

| Asset | Value |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**PART III  
NOMINATIONS**

A. Guardianship: If any children are under the age of 18, list who you want appointed as their guardian if something happens to both their parents

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

B. Personal Representatives: Person(s) to handle your estate under your will

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

C. Trustees: The person(s) who will administer your trust upon the death or incapacity of both of you

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

D. Health care surrogate: This person makes health care decisions for you when you are incapacitated and even allows the removal of life-sustaining treatment if no chance of recovery.

WIFE'S NOMINEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Relationship \_\_\_\_\_

HUSB NOMINEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Relationship \_\_\_\_\_

E. Durable Power of Attorney: This person makes legal and business decisions for you if you are incapacitated or unavailable.

WIFE'S NOMINEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Relationship \_\_\_\_\_

HUSB NOMINEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Relationship \_\_\_\_\_

**PART IV  
DISTRIBUTIONS**

List the amount and to whom you want your assets distributed after your death:

Examples – “in equal shares to our children” or “to remain in trust until children reach the age of 23” or “to remain in trust with 1/3 distributed at age 21, another 1/3 at age 25 and remainder at age 28.”

Any distributions on first spouse’s death. (These are usually small specific gifts of jewelry, pictures, books, etc. that the surviving spouse does not need in continuing to run a household):

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Division of estate among beneficiaries on death of last surviving spouse:

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