

KINGSTON & KINGSTON

A PROFESSIONAL LAW CORPORATION

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CLIENT PROFILE - ESTATE PLANNING

NOTE: If you are a member of the Metlife Pre-paid Legal Plan please list the Eligibility ID number provided to you here: _____, and please indicate "Metlife 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 Number(s): _____

Email address: _____

Occupation: _____

Employer name and 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 Number(s): _____

Email address: _____

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: _____

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: _____

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: _____

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. *WE WILL NEED COMPLETE COPIES OF ALL DEEDS REFLECTING CURRENT OWNERSHIP/TITLE*

a. _____
b. _____
c. _____
d. _____
e. _____

2. List Cash accounts (checking, savings, money market, Certificates of Deposit, safe deposit boxes etc. *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. _____

3. Cash investment accounts/securities (common stock, preferred stock, bonds, mutual funds etc.) and other assets such as businesses. Please specify type of account and fair market value, if known. If a business, please name the business and ownership interest:

- 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 (if known) _____

- 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 how you wish to divide your property/assets after you pass away:

b. Please indicate any special instructions?

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

Client: _____ Spouse: _____

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: _____

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

Client:

Spouse:

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 re Healthcare:

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

6. Please indicate any special burial or funeral instructions you would like (i.e. Cremation, Burial, Cemetery name, etc.):

Client:

Spouse:
