

# 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:

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**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:

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- b. Please indicate any special instructions?

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- 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:

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

Client:

Spouse:

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

Client:

Spouse:

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**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:

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**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:

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