

GETTING STARTED WITH ESTATE PLANNING

INTRODUCTION: Thank you for considering THE LAW OFFICES OF EUGENE YUN for your Estate Planning needs. The goal of this Confidential Information Sheet is to help you start thinking about who would look after your minor children if anything were to happen to you or your spouse, all of the things you own (your "ASSETS") and what you would like to do with your ASSETS upon your passing and/or the passing of your spouse.

There are two primary estate planning tools, a WILL and a TRUST. There are many variations to each of these estate planning tools, and in many cases having both tools prepared by our offices can ensure you the most immediate protection of and control over your ASSETS. After completing the following information sheet, our offices will advise you of the potential benefits that either or both estate planning tool can provide. A Standard Estate Plan will consist of at least the following documents: a Trust, Will(s), Durable Power of Attorney(s) for Finances, Advance Health Care Directive(s), Grant Deed(s), and other Assignment Document(s).

STEP 1: If you have children who have not reached adulthood (are under the age of 18), think about whom you would like to care for your children. Possible options include parents, siblings, or other trusted relatives or friends.

STEP 2: Think about all of the major things you own. These "major things" (ASSETS) can include a House or any other real property (vacation home, rental property), a car, jewelry, or anything else of real or sentimental value.

STEP 3: Think about all of the cash, monies and bank accounts that you own. Additionally, think of other things you own, that may not be considered "major," but things in which you have some idea of how they should be distributed.

STEP 4: Think about what you want to happen to these "major" and "minor" things. Would you like certain things to go to your spouse or children, do you want certain children to receive certain things, do you want everything divided up equally, do you want certain things donated to charity or some other cause you are interested in?

STEP 5: Start gathering documentation. One of the many benefits of Estate Planning in general, is that it will give you an opportunity to think about everything you own. One of the benefits of thinking about what you own, is gathering the documentation necessary to prove you actually own what you think you own. Having our offices prepare your Estate Plan will allow you to keep copies of all of your important documentation in one place. It will make both the transfer of property into a Trust, or the eventual probate process of a Will that much easier.

DOCUMENTS TO START GATHERING (this is just a sample, please locate and provide as much as you can):

1. House, Condo or other Property: (a) Recorded Grand Deed or Title (with all pages of all exhibits), (b) Property Tax Statements, (c) Mortgage Statements and Proof of Payments.
2. Bank Accounts or Investment Accounts: (a) Copies of at least 2 most recent statements, (b) Signature Card, (c) other information on accounts (such as Stocks, Bonds, etc.).
3. Automobiles, Boats, other Vehicles: (a) Title, (b) Loan Statements and Proof of Payments, (c) Year, Make and Model.
4. If you own a business or are invested in a business: (a) LLC or Corporation Documents, (b) Proof of Ownership (ie Stock/Ownership certificates), (c) other Ownership Documents, etc.
5. Retirement Accounts/Pensions, Health Insurance, Life Insurance: (a) Copies of Statements, (b) Any Contract or Documentation you have signed, (c) Any Documentation with Plan Details.

Please do your best to complete the following questionnaire. If you do not know how to answer, or have any questions before answering, please just leave the answer blank and we can discuss it at a later time. Alternatively, please schedule an appointment with our offices and we will be happy to help you complete this form in person.

CONFIDENTIAL INFORMATION SHEET FOR ESTATE PLANNING

Date: _____

GENERAL INFORMATION

- I. Your Legal Name _____ My Spouse and I are completing this Estate Plan together
 - i. Alternate Names _____
 - ii. Date of Birth _____
 - iii. Place of Birth _____
 - iv. Social Security # _____
 - v. Occupation _____
 - vi. Employer _____ Retired (most recent Employer)
 - vii. State of Health _____

- viii. US Citizen YES NO, Country of Citizenship: _____
- ix. Currently Married YES NO
- x. Date and Place of Marriage Date _____ Place _____
- b. Do you have a prenuptial, postnuptial or partnership agreement (provide copy)? YES NO

- II. Spouse's Legal Name _____ CHECK IF FORMER SPOUSE
 - i. Alternate Names _____ * If you have more than one Former Spouse, list the most current here
 - ii. Date of Birth _____ (If checked, please see § IV below)
 - iii. Place of Birth _____
 - iv. Social Security # _____
 - v. Occupation _____
 - vi. Employer _____ Retired (most recent Employer)
 - vii. State of Health _____

- viii. US Citizen YES NO, Country of Citizenship: _____

CONTACT INFORMATION

- III. ADDRESS
 - a. Street Name (Apt #) _____
 - b. City, State, Zip _____
 - c. COUNTY _____
 - d. Years and Months of Residence at Current Address _____ Years, _____ Months
 - e. Years and Months of Residence in California _____ Years, _____ Months
 - f. Do you live outside of California for any part of the calendar year YES NO
 - i. IF YES (Dates and Addresses) _____
 - g. Telephone Home: _____ Mobile: _____ Work: _____

MARITAL STATUS (please skip ahead to the next section “Children” if you have never been divorced)

- IV. Currently Married To Above Listed Spouse YES NO
- a. Has your spouse passed away? YES NO
- i. IF YES: Date of Death: _____
- b. Do/Did you have a prenuptial, postnuptial or partnership agreement? YES NO
if Yes, provide a copy
- c. Are you divorced/separated and/or in the process of terminating your marriage? YES NO
- i. IF YES: Date of Separation: _____ Date of Divorce: _____
- d. Do you have any court orders regarding property division? YES NO
If Yes, provide a copy
- e. Are you or your spouse currently paying Alimony or Child Support? YES NO
If Yes, explain below

f. If you or your spouse have been previously married, please enter the following information (information on children from these previous marriages to be provided below)

MALE’S PREVIOUS MARRIAGES:

Ex-Spouse’s Name	Resides in ... City & State (or full address)	Date of Birth	Date of Marriage	Place of Marriage (City & State)	Date of Death or Divorce (specify)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FEMALE’S PREVIOUS MARRIAGES:

Ex-Spouse’s Name	Resides in ... City & State (or full address)	Date of Birth	Date of Marriage	Place of Marriage (City & State)	Date of Death or Divorce (specify)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

g. If you answered YES to (b), (c), (d), or (e): Please provide a brief explanation below and documentation

CHILDREN

V. Please List from OLDEST to YOUNGEST:

Name	Date of Birth	Place of Birth (City & State)	Citizenship	Name of Child’s Parent (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- a. One or more of my children have special needs YES NO
- IF YES (Name and Needs of Child): _____

ADVISORS

- VI. Please List Any Advisor Not Included Below (incl Nature of Advisory): _____
- a. CPA / Accountant(s): _____
 - b. Financial Advisors _____
 - c. Insurance Agents _____
 - d. Attorneys _____

ASSETS

*** If you are completing this questionnaire with your spouse, for all of the following assets, please specify whether the assets are Jointly Owned ("J"), owned by the Husband ("H"), or owned by the Wife ("W").**

- VII. **ASSETS** (Please provide the name of the asset, and other identifying information about the assets, including the value of the asset; Please attach a separate sheet of paper if you need additional space)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____
- (9) _____
- (10) _____

- VIII. **BANK ACCOUNTS** (Please provide copies of the most recent statements; Please specify: "J," "H" or "W")

Bank Name	Account Number	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. **RETIREMENT ACCOUNTS** (Please provide copies of the most recent statements; Please specify: "H" or "W")

Institution Name	Type of Acct: IRA, 401(k), etc	Account Number	Address	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

X. **PENSION INFORMATION** (Please provide copies of the most recent statements; Please specify: "H" or "W")

Institution Name	Account Number	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

XI. **CURRENTLY OWNED BENEFITS OTHER THAN RETIREMENT ASSETS (PRESENT/FORMER EMPLOYMENT)**

- a. Examples: Stock Purchase Plan, Stock Options, Bonus Plans; Please provide (a) Name and Contact Information of Employer, (b) Type and Value of Benefit, (c) Name of Death Beneficiary; Please specify: "H" or "W"

XII. **LIFE INSURANCE**

- a. Please provide the following information: FACT SHEET or any STATEMENTS; Please specify: "H" or "W"

Institution Name	Account Number	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

XIII. **ANY ADDITIONAL ASSETS**

- a. Please provide any additional information regarding any additional assets (examples include: Expected Inheritances or Gifts, Beneficial Interest in Trust, etc.)

OTHER

- XIV. **MEDICAL INSURANCE** (Including Supplemental): Please provide (a) Name of Company, (b) Type of Insurance, (c) Institution Contact Information; Please provide copy of **Policy**; Please specify: "J," "H" or "W"

- a. **LONG TERM CARE INSURANCE:** Please provide the above specifics and please specify: "J," "H" or "W"

PERSONAL REPRESENTATIVES (or Successor Trustees):

XV. In the event of your death, or your spouse's death, who would you like to be in charge of your Assets and the Distribution of your Assets? In many cases, a spouse, former spouse or your children would be the likely representatives.

	Name	Relation	Address	Telephone
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

GUARDIAN FOR MINOR CHILDREN

XVI. In the event of your death, or your spouse's death, who would you like to be appointed to care for your minor children (the Guardian of your children). There are two types of Guardians under California Law: (1) Guardian of the Person: who cares for your children, and (2) Guardian of the Estate: who cares for your children's assets or finances.

GUARDIAN OF THE PERSON

	Name	Relation	Address	Telephone
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

GUARDIAN OF THE ESTATE

I would like to appoint the same people I appointed above as Guardian(s) of the Person

	Name	Relation	Address	Telephone
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

DISTRIBUTION OF ASSETS

XVII. I / WE WOULD LIKE MY / OUR ASSETS TO BE DISTRIBUTED IN THE FOLLOWING MANNER:

a. PRIMARY (Check One):

- SPOUSE
- EQUALLY TO CHILDREN EQUALLY TO SIBLINGS
- IN THE FOLLOWING MANNER: _____

b. CONTINGENT (Check One):

- THEN EQUALLY TO CHILDREN THEN EQUALLY TO SIBLINGS
- THEN IN THE FOLLOWING MANNER: _____

XVIII. GIFTS OF MONEY OR SPECIFIC DISTRIBUTIONS IN TRUST

NAME (Primary)	NAME (Contingent)	ITEM / REAL PROPERTY / CASH AMOUNT	Date of Gift
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

XIX. RESIDUE (BALANCE OF THE ESTATE)

- a. DISTRIBUTE OUTRIGHT YES NO * IF YES, check one of the following
- SPOUSE
- EQUALLY TO CHILDREN EQUALLY TO SIBLINGS
- IN THE FOLLOWING MANNER: _____

IF NO, PLEASE EXPLAIN YOUR DISTRIBUTION PREFERENCES: _____

- b. HOLD IN TRUST FOR YES NO * IF YES, check one of the following
- SPOUSE
- EQUALLY TO CHILDREN EQUALLY TO SIBLINGS
- IN THE FOLLOWING MANNER: _____

IF NO, PLEASE EXPLAIN YOUR DISTRIBUTION PREFERENCES: _____

c. **IF NO BENEFICIARIES OR ISSUE SURVIVES, WHO INHERITS?** _____

XX. IF GIFTS HELD IN TRUST FOR MINORS:

- DISTRIBUTE IN ONE (1) STAGE AT AGE: _____
- DISTRIBUTE IN TWO (2) STAGES AT AGES: _____ and _____
- DISTRIBUTE IN THREE (3) STAGES AT AGES: _____ and _____ and _____

XXI. DURABLE POWER OF ATTORNEY FOR FINANCES:

	Name	Relation	Address	Telephone
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

a. WITH GIFTING POWER: YES NO

b. SPRINGING POWER: YES NO

XXII. ADVANCE HEALTH CARE DIRECTIVE:

	Name	Relation	Address	Telephone
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____

a. ANY SPECIAL INSTRUCTIONS FOR ADVANCE HEALTH CARE DIRECTIVE:

XXIII. POSSIBLE CONTESTANTS

a. Is anyone likely to contest your estate plan: YES NO

i. IF YES (Name, Relation and Explanation):

b. Is anyone likely to contest your Health Care Directive: YES NO

i. IF YES (Name, Relation and Explanation):

XXXIX. PLEASE USE THE FOLLOWING SPACE FOR ANY ADDITIONAL INFORMATION NOT COVERED ABOVE

To the best of my knowledge, the above information is true and correct. I take full responsibility for any of the above information being incorrect.

DATE

SIGNATURE

SIGNATURE

USE OF THIS DOCUMENT IS NOT INTENDED TO CREATE, NOR DOES IT ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP. NEITHER USER'S SUBMISSION OF INFORMATION TO THE LAW OFFICES OF EUGENE YUN NOR THE LAW OFFICE OF EUGENE YUN'S RECEIPT OF INFORMATION FROM USER SHALL ESTABLISH AN ATTORNEY-CLIENT RELATIONSHIP. THE ATTORNEY-CLIENT RELATIONSHIP, IF ANY, SHALL ONLY BE ESTABLISHED IN A WRITTEN AGREEMENT SIGNED BY THE CLIENT(S) AND ATTORNEY(S).