

# Law Offices of Mark E. Lewis & Associates

Toll Free (800)832-2580

## Trust & Will Preliminary Information Packet

Client: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen?  Yes  No

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

COUNTY of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Hm/Wk: (\_\_\_\_) \_\_\_\_\_ Hm/Wk:(\_\_\_\_) \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Additional information on previous marriages (names, dates, etc.):

\_\_\_\_\_  
\_\_\_\_\_

### IF APPLICABLE:

Spouse: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen?  Yes  No

Cell: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Additional information on previous marriages (names, dates, etc.):

\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY:	Atty: _____	Office: _____	Date: _____
Type of Document to be produced:	<input type="checkbox"/> Trust	<input type="checkbox"/> Restatement	
<input type="checkbox"/> RDP	<input type="checkbox"/> Marital Non-Tax	<input type="checkbox"/> Marital Disclaimer	<input type="checkbox"/> A/B
<input type="checkbox"/> Will(s) only	<input type="checkbox"/> Will Package	<input type="checkbox"/> A Trust	
<input type="checkbox"/> Other:	_____		
	_____		

## Children

Please list all children, living or deceased

Circle all correct 'Parent Codes' for each child:

B = Natural Child, Both Spouses      H = Natural Child of Husband      W = Natural Child of Wife  
 AH = Adopted by Husband      AW = Adopted by Wife  
 DC = Deceased (with children)      DN = Deceased (no children)

Full Legal Name (First - Middle - Last)	Gender M/F	Date of Birth	Parent Code - See Above (Circle All that apply)
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN
			B H W AH AW DC DN

CHECK BOX IF ADDITIONAL CHILDREN AND ATTACH ADDITIONAL PAGE

## Guardianship Nomination

For minor child(ren) that will need a guardian, name who you would like to care for these individual(s):

Check here if appointees are for all minor children

Primary Appointee:

Name: \_\_\_\_\_ M F  
 First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)  
 Relationship to client: \_\_\_\_\_

First Alternate:

Name: \_\_\_\_\_ M F  
 First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)  
 Relationship to client: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_ M F  
 First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)  
 Relationship to client: \_\_\_\_\_

If you want different guardian appointees for different children, check box and attach separate page.

Do your adult children over age 18 have individual powers of attorney?

**ADMINISTRATION OF YOUR ESTATE**  
(Successor Trustees, Executors, Agents under Power of Attorney)

Name of Trust: \_\_\_\_\_

**Financial**

Generally, the client and spouse will serve as the initial financial decision makers for each other. List the alternate individuals that you want to succeed you in handling the management of your financial affairs if you are incapacitated and/or the distribution of assets upon your death.

If client and spouse are unavailable:

First Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

Third Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

FOR OFFICE USE ONLY: Attorney Notes
_____
_____
_____
_____
_____
_____

## Health Care

If you become incapacitated, name the individuals you want to have authority over your health care decisions, including instructing your health care providers and obtaining your medical records.

CLIENT \_\_\_\_\_

The person I would like to have authority is: My Spouse

or

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

First Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

SPOUSE \_\_\_\_\_

The person I would like to have authority is: My Spouse

or

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

First Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

Second Alternate:

Name: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_

## Real Estate Assets

Property: List ALL real property in which you have an interest. Please provide a copy of the tax bill for each.

1. Physical Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Income/rental property? Y N      Co-owned with anyone else? Y N

2. Physical Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Income/rental property? Y N      Co-owned with anyone else? Y N

3. Physical Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Income/rental property? Y N      Co-owned with anyone else? Y N

4. Physical Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Income/rental property? Y N      Co-owned with anyone else? Y N

If additional Real Estate, check box and attach additional page

Timeshares: Timeshares are owned in one of two ways - Deed or Membership Certificate. Please provide a copy of your documents for determination.

Deed    Membership Certificate \_\_\_\_\_

Membership No.

1. Name of Timeshare: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Deed    Membership Certificate \_\_\_\_\_

Membership No.

2. Name of Timeshare: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

If additional Timeshares, check box and attach additional page

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## Other Assets

### Businesses/Partnerships/Corporations:

1. Business Name: \_\_\_\_\_ Fed Tax ID # \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name(s) on title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Type :  C-Corp  S-Corp  LLC  FLP  Partnership  Sole Proprietorship

Other: \_\_\_\_\_

Buy Sell Agreement?  Yes  No (If yes, provide copy)

2. Business Name: \_\_\_\_\_ Fed Tax ID # \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name(s) on title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Type :  C-Corp  S-Corp  LLC  FLP  Partnership  Sole Proprietorship

Other: \_\_\_\_\_

Buy Sell Agreement?  Yes  No (If yes, provide copy)

If additional Business interests, check box and attach additional page

### Additional Asset Questions

1. Are you a lien holder?  Yes  No  
(someone owes you money and that loan is secured by real estate)

2. What is the NET value of your estate (when estimating this number, remember to include all life insurance - work and privately owned, retirement accounts, real estate, personal property, all other financial accounts, etc.)

This number is the value of your estate passed on to your beneficiaries. Check the box that applies:

\$0 - \$2 Million  \$2 - \$5 Million  \$5 - \$11 Million  Above \$11 Million

3. Do you have a knowledgeable financial professional to assist you with funding your trust once established?  Yes  No

4. If married: Do you have a Premarital Agreement? (If yes, please provide a copy)  Yes  No  
Do either of you have assets you wish to keep as separate property?  Yes  No

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## DISTRIBUTION OF YOUR ESTATE

### Specific Gifts

In this section, you will be asked to name individuals to receive specific gifts of valuable items, real property, or sums of money. Please be aware that these gifts come 'off the top' of your estate before the estate is divided among the beneficiaries by fraction or percentage. Charitable gifts may also be listed here. Note that most tangible gifts can be listed in your own handwriting in a separate designated section of your final estate planning documents.

1. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ Approx Value of Gift (other than cash): \$ \_\_\_\_\_

Description of Gift: \_\_\_\_\_

2. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ Approx Value of Gift (other than cash): \$ \_\_\_\_\_

Description of Gift: \_\_\_\_\_

3. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ Approx Value of Gift (other than cash): \$ \_\_\_\_\_

Description of Gift: \_\_\_\_\_

4. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ Approx Value of Gift (other than cash): \$ \_\_\_\_\_

Description of Gift: \_\_\_\_\_

If additional gift beneficiaries, check box and attach separate page

<p>FOR OFFICE USE ONLY: Attorney Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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# DISTRIBUTION OF YOUR ESTATE

## Beneficiaries

In the following section, please list those individuals who will receive the remainder of your money and property (your 'estate') when you die. List these people and the corresponding percentage or fraction of your estate where indicated. If using percentages, they must add up to 100%.

### DIVISION OF THE REMAINDER OF YOUR ESTATE

1. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

2. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

3. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

4. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

5. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

6. Recipient: \_\_\_\_\_ M F  
First Name, Middle Initial (if used), Last Name, and Suffix (CIRCLE ONE)

Relationship: \_\_\_\_\_ % or fraction of estate: \_\_\_\_\_

If you have additional beneficiaries, check box and attach separate page

## Disabled Beneficiaries

Are any of your beneficiaries handicapped?  Yes  No

Do they receive SSI benefits, Medi-Cal, and/or other government aid?  Yes  No

## Age of Distribution

At what age would you like your young beneficiaries to have unrestricted access to their inheritance? \_\_\_\_\_ (18 is the legal minimum)

OFFICE USE ONLY:





*NOTE: THIS INFORMATION IS NOT REQUIRED FOR THE MEETING WITH YOUR ATTORNEY BUT WILL BE UTILIZED WHEN YOU ARE FUNDING YOUR TRUST AFTER SIGNING*

Type of Acct. (Checking, Savings, Life Insurance, 401K, IRA, Annuity, etc.)	Account Owner(s)	Financial Institution	Balance or Benefit
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Check box and attach additional page if necessary.

If you have your own financial spreadsheet that contains the above information, you can include a copy.