

# CONFIDENTIAL DATA FORM

*Completion of this form will help us in accomplishing your estate planning objectives.*

*Print this order form, complete and fax to (415) 896-5068 or mail to:*

**The Myers Law Firm, P.C.**

**100 Spear Street, Suite 1430, San Francisco, CA 94105**

Please print all information

Date of preparation: \_\_\_\_\_

## YOU:

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

Name used to sign: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ US Citizen: YES NO

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

## SPOUSE/SIGNIFICANT OTHER:

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

Name used to sign: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Work phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ US Citizen: YES NO

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

MARRIED? YES \_\_\_ NO \_\_\_

**IF MARRIED, GIVE DATE:** \_\_\_\_\_

Have you, your spouse or significant other previously completed will, trust or estate planning? YES NO

If YES, what kind of planning and when?

Please bring existing versions of wills and trusts to your consultation for review.

## YOUR CHILDREN

	Full legal name (Spell out middle names):	Birthdate	Child of:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**YOUR ASSETS**

**Real Estate**

	Location (address)	FMV	Mortgage	Net Value
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			

**Insurance Policies**

		Cash Surrender Value	Death Benefit
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

**Brokerage Accounts**

	Custodian (Broker)	Acct. No.	Value
1.	_____		
2.	_____		
3.	_____		
4.	_____		

**Bank Accounts**

	Bank	Acct. No.	Value
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		

**Retirement Accounts**

	Custodian (e.g., Fidelity, My employer, etc.)	Type	Value
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

**Business Interests**

Nature	Entity	Value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Other** (Stock Options, Antiques, Art, Personal property, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**YOUR LIABILITIES NOT LISTED ABOVE**  
(Credit Card Debt, Student Loans, etc.)(Include Interest Rate of Debt if Known)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**INCOME AND EXPENSES**

YOUR INCOME (annualized)

Salary \_\_\_\_\_  
Other \_\_\_\_\_

SPOUSE (SIGNIFICANT OTHER) INCOME

Salary \_\_\_\_\_  
Other \_\_\_\_\_

PRINCIPAL EXPENSES (annualized)

Mortgage \_\_\_\_\_  
Other Real Property Debt \_\_\_\_\_  
Other Loans \_\_\_\_\_  
Taxes \_\_\_\_\_  
Other \_\_\_\_\_

**Values Discussion**

1. You are concerned about estate planning because:

\_\_\_ I want my loved ones to be protected from (check all that apply):

- |                           |                                    |
|---------------------------|------------------------------------|
| ___ Influence of a spouse | ___ Scams                          |
| ___ Creditors             | ___ Taxes                          |
| ___ Poor judgment         | ___ Probate/administrative hassles |

- My child/loved one(s) has/have a special need (special needs trust)
  
- I want to preserve as much of the following as possible for my loved ones:
  - Family business
  - Cash/wealth
  - The family dynasty
  - Our family values
  - Our family's history
  
- I want to have some peace of mind about my affairs
  
- I was recommended to have this done by my:
  - Family member (identify: \_\_\_\_\_)
  - Financial planner/advisor
  - Stockbroker
  - CPA
  
- I want to do something of significance (leave a legacy)
  
- I am concerned about my own mental capacity/incapacity
  
- I am concerned about my health/injury/illness
  
- 2. Do you presently give substantial property or money to a charity? Which one(s)? Why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Describe your own parents' planning:
  - Extensive
  - Thoughtful and considerate
  - Adequate
  - Good intentions, but inadequate professional guidance
  - Poor planning
  - Unduly influenced by:
    - Family member (identify: \_\_\_\_\_)
    - Friend
    - New spouse
    - The nurse
  - What planning?

4. How often do you go to church/synagogue?

- Daily
- Weekly
- Occasionally
- Infrequently
- Holidays only
- Don't go

5. Are there people in your life right now other than your children whom you would like to provide for in the event something should happen to you? Describe

---

---

---

6. What family values do you want to see advanced/illustrated by your planing?

- Philanthropy
- Community involvement
- Advanced Education
- Financial success
- Financial independence
- Simplicity
- Discipline
- Using professional advice/guidance
- Frugality
- Taking care of future generations

7. On a scale of 1 to 10, with 10 being most reflective, to what extent do you believe your estate plan should reflect your personal or family values, as opposed to simply distributing your property at your death?

1      2      3      4      5      6      7      8      9      10

Just distribute it!

Values are relevant

Pass on my values to my loved ones!