



FAMILY WEALTH INVENTORY & ASSESSMENT

(PLEASE COMPLETE IN BLUE INK)

We must have this Inventory and Assessment returned to us at least one day prior to your Family Wealth Planning Consultation so we have enough time to understand the specifics of your Family Wealth before our meeting.

Please fax the completed form to **800.725.9734**

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

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PERSONAL INFORMATION

Client's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

IF YOU ARE MARRIED OR IN A DOMESTIC PARTNERSHIP

Married: Date of Marriage _____ Divorced Widowed Single

Cohabiting: Domestic Partnership Registration Filed? _____

Partner's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via E-mail.

CHILDREN AND/OR OTHER FAMILY MEMBERS WHO DEPEND ON YOU

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent. Attach a sheet if necessary)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILDREN (TYPICALLY ADULT) WHO DO NOT DEPEND ON YOU

(Use full legal name. For stepparents, note "H" if only husband is the biological parent, note "W" if only wife is the biological parent. Attach a sheet if necessary)

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY WEALTH ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

- Minimizing or eliminating estate taxes upon your death (up to 40% of your assets and life insurance benefits)
- Reducing estate administration costs through probate avoidance
- Ensuring that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services

- Avoiding conservatorship proceedings (aka “living probate”) if you or your partner become incapacitated
- Avoiding probate delays and stress upon your death or the death of your partner
- Protection from hospital policies requiring life sustaining procedures when you would rather not endure them
- Protection from having healthcare decisions made by people other than those you trust most

Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary’s inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors’ claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate

IMPORTANT FAMILY QUESTIONS

HUSBAND

WIFE

Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any property that is not community property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, please explain below.

Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.

Yes

No

Yes

No

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

ASSETS:

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land. (please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

PERSONAL PROPERTY

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items.).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i>Total</i> _____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i>Total</i> _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i>Total</i> _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i>Total</i> _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

INTELLECTUAL ASSETS

PARTNER 1

_____ High School

_____ College

_____ Graduate Degree _____

_____ On the Job MBA (biz owner)

PARTNER 2

_____ High School

_____ College

_____ Grad Degree _____

_____ On the Job MBA (biz owner)

INCOME

	<u>Husband</u>	<u>Community/Joint</u>	<u>Wife</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____

Other Monthly Income: _____

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

DESIGN INFORMATION

PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

WIFE’S PERSONAL REPRESENTATIVE

Name the person you would like to name as the Executor of your Will. Please provide two Alternates.

Name, Address and Phone Number **Relationship**

__Executor: _____; and then

__Alternate 1: _____; and then

__Alternate 2: _____; and then

Wells Fargo N.A.**

HUSBAND’S PERSONAL REPRESENTATIVE

Name the person you would like to name as the Executor of your Will. Please provide two Alternates.

Name, Address and Phone Number **Relationship**

__Executor: _____; and then

__Alternate 1: _____; and then

__Alternate 2: _____; and then

Wells Fargo N.A.**

LONG-TERM GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would for the long-term.

Name, Address and Phone Number	Relationship
__Guardian(s): _____	_____ ; and then
__Alternate 1: _____	_____ ; and then
__Alternate 2: _____	_____

FINANCIAL DECISION MAKERS

FINANCIAL DURABLE POWER OF ATTORNEY

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property ?

HUSBAND’S AGENT

Name, Address, and Phone Number	Relationship
__Agent: _____	_____ ; and then
__Alternate 1: _____	_____ ; and then
__Alternate 2: _____	_____ ; and then

Wells Fargo N.A.**

WIFE’S AGENT

Name, Address, and Phone Number	Relationship
__Agent: _____	_____ ; and then
__Alternate 1: _____	_____ ; and then
__Alternate 2: _____	_____ ; and then

Wells Fargo N.A.**

HEALTH CARE DECISION MAKERS

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

HUSBAND’S AGENT

Name, Address, and Phone Number	Relationship
__Agent: _____	_____ ; and then

Alternate 1: _____; and then

Alternate 2: _____

HIPPA Authorization: Do you authorize doctors, hospitals and other medical personnel to release information regarding your medical condition to the agents and alternates listed above ? ___ Y/N

If not, list the individuals you do authorize to be the recipients of your medical information:

WIFE’S AGENT

Name, Address, and Phone Number

Relationship

Agent: _____; and then

Alternate 1: _____; and then

Alternate 2: _____

HIPPA Authorization: Do you authorize doctors, hospitals and other medical personnel to release information regarding your medical condition to the agents and alternates listed above ? ___ Y/N

If not, list the individuals you do authorize to be the recipients of your medical information:

BENEFICIARIES

How would you like your estate (either your probate estate controlled via your Will, or Trust assets (if you have elected to create a living trust) to be distributed ?

(Revocable Living Trust Planning Only)

Trustee Information

Initial Trustee(s): Typically the Grantors (you if it is an individual trust, or you and your spouse, if married). If you would prefer someone else, please specify the name(s), address(es), phone number(s) and relationship that the initial trustee(s) has with you:

HUSBAND'S SUCCESSOR TRUSTEES (please specify name, address, phone number & relationship)

Upon Incapacity: Non-incapacitated spouse*; and then
_____; and then
_____; and then
Wells Fargo N.A.**
(serving consecutively)

Upon Death: Surviving spouse*; and then
_____; and then
_____; and then
Wells Fargo N.A.**
(serving consecutively)

WIFE'S SUCCESSOR TRUSTEES (please specify name, address, phone number & relationship)

Upon Incapacity: Non-incapacitated spouse*; and then
_____; and then
_____; and then
Wells Fargo N.A.**
(serving consecutively)

Upon Death: Surviving spouse*; and then
_____; and then
_____; and then
Wells Fargo N.A.**
(serving consecutively)

* These are the typical choices. If you prefer someone other than your spouse to be the initial successor trustee, please scratch out and write in the name of the initial successor trustee.

** I typically use a bank such as Wells Fargo N.A. as the last successor trustee or personal representative, to ensure we don't run out of trustees/personal representatives. If you do not want a bank

as the last trustee/personal representative, or want a different bank to be the last successor trustee/personal representative, please specify your preferences above.

Deeds

Please fax me copies of your deeds for the properties that you own in California.

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO PROVIDE
