

Mitchellweiler Law Corporation

CONFIDENTIAL PLANNING QUESTIONNAIRE

Please print or write legibly the following information. If you need more space, use another sheet. Do not feel you must fill out every section in full detail. Provide the information which is accessible to you. I will inform you if more information is necessary. Please bring this questionnaire with you to your appointment along with copies of deeds, insurance policies, retirement information, dissolution(divorce) documents and other documents you believe should be considered.

1. HOME ADDRESS AND TELEPHONE NUMBER:

2. BUSINESS ADDRESS AND TELEPHONE NUMBER:

3. PERSONAL INFORMATION

A. Name you prefer to sign:

B. Other names used:

C. Date & place of birth:

D. Are you a United States citizen? Yes No

E. Date came to California:

F. Social Security No.:

G. Children:

Full Name	Date of Birth	Address/Telephone No.

H. If you have any deceased children, please list below:

Full Name	Date of Birth	Names of Surviving Grandchildren

4. FAMILY INFORMATION

A. Names and addresses of parents (if living):

Father:

Mother:

B. If you have any support obligation to your parents, please describe:

C. Name and address of brothers and sisters (if living):

D. Do you expect to receive any gifts or inheritances from parents or others? If so, please describe from whom and the approximate amount.

E. Do you have any beneficial interests in a trust established by some other person? Do you have the power to designate who receives irrevocable trust property at your death? If so, please describe:

F. Are you a custodian of property (under the California Uniform Transfers and Minors Act or otherwise), or a Trustee of property, for the benefit of your children or others? If so, please describe:

G. Have you made any substantial gifts (over \$10,000 per year) to children or others? If so, please describe:

5. MISCELLANEOUS INFORMATION

A. If you have a safe deposit box, give name of bank and persons who have access:

B. Have you signed a buy/sell agreement concerning any business interests? Yes No
If yes, please send a copy to J. Dana Mitchellweiler or bring them with you to your next appointment.

C. If you have wills or trusts presently in existence, please send them to J. Dana Mitchellweiler or bring them with you to your next appointment.

6. CONFIDENTIAL ASSET LIST AS OF
_____ , 20_____

A. Real Estate: For each parcel, please list:

Address/Lender Name & Address & Loan Number	Type Property	Value	Loan Amount	Record Title
<i>EXAMPLE: 123 Main Street, Orange, CA Bank of America 123 Main Street Santa Ana, CA 92705</i>	<i>Personal Residence</i>	<i>\$350, 000</i>	<i>\$150, 000</i>	<i>Joint Tenancy</i>

B. Promissory Notes Owed to You:

Name of Person who Owes you \$	Secured? (Yes or No)	Amount Owed to You	How Do you Hold Title?

C. Securities: (Stocks, Bonds, Partnerships)

Name of Corporation or Partnership	Value	Loans Outstanding	How is Title Held?

D. Closely Held Business Interests:

Name of Entity.	Value of Your Interest	Is there a Buy/Sell Agreement?	How is Title Held?

E. Employee Benefits: (Pension Plan, Profit Sharing Plan, IRA, et cetera)

Employer	Type of Plan (Pension/Profit/Sharing/ IRA)	Name of Beneficiary	Present Value

F. Cash and Cash Equivalents: (Certificates of Deposit, et cetera)

Name of Institution	Type of Account	How is Title Held?	Amount

G. Automobiles and Other Vehicles:

H. Furniture, Furnishings, Jewelry, Collections, et cetera:

General Description	Value

I. Life Insurance Policies:

Name of Company	Policy Number	Name of Insured	Name of Owner	Name of Beneficiary	Face Value	Loans Owed

J. Other Assets: (Please describe and give value)

K. Liabilities Not Shown Above: (Please describe and give amount owed)

7. DISTRIBUTION FROM TRUST

A. Specific Gifts: (Special items you intend to give particular persons or amounts of money you intend to give. For example, grandfather clock to a child or \$5,000.00 to a neighbor):

B. Distribution of Remainder:

To Whom? _____

Equal Shares? _____

Periodic Distribution? (For example, 10% at 21, 25% at age 25 and balance at age 30)

C. Successor Trustee(s)/Executor(s), in order if applicable:

Successor Trustee(s)/Executor(s) Name(s), Address(es) and Telephone Number(s):

D. Disabled Children: _____

8. POWER OF ATTORNEY FOR HEALTHCARE

Persons who will make decisions, in order:

A. _____

B. _____

C. _____

9. POWER OF ATTORNEY FOR ASSETS

Persons who will make decisions, in order:

A. _____

B. _____

C. _____

10. GUARDIANS OF THE PERSON

(The trustee will take care of all financial assets placed in trust. If you wish someone else to have custody of your minor children, indicate here):

Guardians of the Person's Name, Address and Telephone No.: