



100 STONY POINT RD, SUITE 270 • SANTA ROSA, CA 95401 • (707) 546-4970 • FAX (707) 546-4978 • WWW.ELDERADVOCATE.NET

Dear client:

Please complete this form as completely as you are able. The information that you provide here will enable this office to provide you with service efficiently and with a minimum of expense and delay to you.

When you have completed this form, return it to this our office. Please be assured that we will maintain this information in the strictest confidence.

Information provided by:

Phone: () _____

Date: _____

LIVING WILL / TRUST INFORMATION

FULL LEGAL NAME	_____
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOME ADDRESS STREET, CITY, STATE, ZIP	_____
HOME PHONE NUMBER	() _____
ALTERNATE PHONE NUMBER	<input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR () _____
DATE OF BIRTH	MONTH/DAY/YEAR
BIRTHPLACE	_____
RELIGION	_____
SOCIAL SECURITY NUMBER	_____
U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SPOUSE:

FULL LEGAL NAME	_____
ADDRESS STREET, CITY, STATE, ZIP	_____
PHONE NUMBER	() _____
ALTERNATE PHONE NUMBER	<input type="checkbox"/> WORK <input type="checkbox"/> CELLULAR () _____
DATE OF BIRTH	_____
BIRTHPLACE	_____
MARITAL STATUS	_____
SOCIAL SECURITY NUMBER	_____

NAMES, ADDRESSES AND DATES
OF BIRTH OF LIVING CHILDREN:

ATTACH SEPARATE PAGE
IF NECESSARY.

DO YOU HAVE A PRIOR
WILL OR TRUST?

YES NO IF YES, PROVIDE A COPY.

UPON YOUR DEATH, IN YOUR OWN
WORDS, HOW DO YOU WISH YOUR
ASSETS TO BE DISTRIBUTED?:

DO YOU HAVE SPECIFIC ITEMS TO BE DISTRIBUTED? (SUCH AS RINGS, BOOKS, DISHES, ETC.) IF SO WHO WOULD YOU WANT TO RECEIVE THESE GIFTS?

IF YOUR CHILDREN WILL INHERIT ITEMS, WHAT WOULD YOU WANT DONE WITH THE ASSETS IF THE CHILD WERE TO DIE BEFORE YOU?

DO YOU HAVE CHILDREN FROM A PRIOR MARRIAGE? IF SO, PLEASE PROVIDE NAME, ADDRESS AND DATES OF BIRTH.

ATTACH SEPARATE PAGE IF NECESSARY.

DO YOU HAVE GRANDCHILDREN? IF SO, PLEASE PROVIDE NAMES, ADDRESSES AND DATES OF BIRTH.

ATTACH SEPARATE PAGE IF NECESSARY.

ARE YOU LEAVING PROPERTY TO A GRANDCHILD UNDER THE AGE OF 18 YEARS? IF ' SO, WHO WOULD YOU WANT TO BE THE TRUSTEE OF THE PROPERTY? (NAME AND ADDRESS)

DO YOU HAVE PARENTS WHO ARE STILL LIVING? IF SO, PLEASE PROVIDE THEIR NAMES AND ADDRESSES.

DO YOU HAVE BROTHERS OR SISTERS? IF SO, PLEASE PROVIDE NAME AND ADDRESSES.

ATTACH SEPARATE PAGE IF NECESSARY.

WHO DO YOU WISH TO BE THE EXECUTOR OF YOUR WILL OR THE SUCCESSOR TRUSTEE OF YOUR TRUST? PLEASE PROVIDE NAME AND ADDRESS.

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IF THE NAMED EXECUTOR DIES BEFORE YOU OR IS UNABLE TO COMPLETE THEIR DUTIES, WHOM WOULD YOU WANT TO NAME TO SUCCEED? PLEASE PROVIDE NAME AND ADDRESS.

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DO YOU WANT TO REQUIRE THAT THE EXECUTOR OR TRUSTEE POST A BOND?

YES NO

ASSETS ACQUIRED DURING MARRIAGE:

LOCATION ACCT. NO. BALANCE IN THE NAME OF

CHECKING

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SAVINGS

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CDs, STOCKS, BONDS OR SAFE DEPOSIT BOXES

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REAL PROPERTY (LOCATION, MANNER IN WHICH TITLE IS HELD)

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AUTOMOBILES

MAKE

MODEL

YEAR

OTHER ASSETS

Thank you for your attention to the details of this form. It will expedite the processing of your information. If you have any concerns or are not certain of the exact details of the questions or definitions of terms, please call our office at (707) 546-4970.