

CONFIDENTIAL

PERSONAL

INFORMATION

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Personal Information

Date Completed: _____

Full Legal Name _____

Name used to sign _____

Nickname _____ Birthdate _____ Place of Birth _____

Home Address _____ Social Security Number _____

City _____ State _____ Zip _____ Home Phone _____ Fax _____

County of Residence _____ Cell Phone _____

Employer _____ Business Phone _____

Business Address _____ E-Mail _____

City _____ State _____ Zip _____ Business Position _____

Married: Date of Marriage _____ Divorced Widowed Single

Spouse's Full Legal Name _____

Name used to sign _____

Nickname _____ Birthdate _____ Place of Birth _____

Home Address _____ Social Security Number _____

City _____ State _____ Zip _____ Home Phone _____ Fax _____

County of Residence _____ Cell Phone _____

Employer _____ Business Phone _____

Business Address _____ E-Mail _____

City _____ State _____ Zip _____ Business Position _____

Advisors

Name of:

Telephone

Attorney: _____

Accountant: _____

Financial Advisor: _____

Personal Banker: _____

Life Insurance Agent: _____

Stock Broker: _____

Trustee (if any): _____

Who Referred You: _____

Children

(Copy this page for use if you have more than 6 children)

Full Legal Name _____ M ____ F ____

Nickname _____ Birthdate _____ Social Security Number _____

Home Address _____ City _____ State ____ Zip _____

County of Residence _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

Full Legal Name _____ M ____ F ____

Nickname _____ Birthdate _____ Social Security Number _____

Home Address _____ City _____ State ____ Zip _____

County of Residence _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

Full Legal Name _____ M ____ F ____

Nickname _____ Birthdate _____ Social Security Number _____

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Nickname _____ Birthdate _____ Social Security Number _____

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Child of: Both Husband Only Wife Only

Full Legal Name _____ M ____ F ____

Nickname _____ Birthdate _____ Social Security Number _____

Home Address _____ City _____ State ____ Zip _____

County of Residence _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

Full Legal Name _____ M ____ F ____

Nickname _____ Birthdate _____ Social Security Number _____

Home Address _____ City _____ State ____ Zip _____

County of Residence _____ Home Telephone _____

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

How many grandchildren do you have? _____ Both Yours Only Your Spouse's Only

Important Family Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a child with a learning disability?		
Do any of your children receive governmental support or benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical, or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary, or other major financial support, to adult children?		
If you have minor children, whom do you wish to be the guardians and contingent guardians if you are unavailable? _____ _____		
Have either you, or your spouse, been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? <i>(please furnish a copy)</i>		
Have you and your spouse ever signed a pre- or post-marriage agreement or contract? <i>(please furnish a copy)</i>		
Have you or your spouse been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>		
In what states have you lived while married to your current spouse? During what period of time did you reside there? _____ _____		
Have you or your spouse ever filed federal or state gift tax returns? <i>(Please furnish copies of these returns)</i>		
Have you or your spouse completed previous will, trust, or estate planning? <i>(Please furnish copies of these documents)</i>		
Are both you and your spouse United States citizens? If you answered "No," who is not, and are you (spouse) a resident or a nonresident alien? _____		

Instructions For Completing The *Personal Information Checklist*

General Headings This *Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and what it is worth. You may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

Evidence Of Title This indicates the document, or documents, you will need as evidence of title to your property. Please understand that having these documents is essential in transferring property to your living trust. By collecting this documentation yourself you will save substantial professional fees.

“Owner” Of Property How you own your property is extremely important for purposes of properly designing and implementing your comprehensive estate plan. For each property category there is a column titled “Owner.” When filling in this column please use the following abbreviations:

For Property Owned As:	With:	Use:
Single	If you are single and you own property in your name only	I
Community Property	Husband and wife together (not in joint tenancy)	CP
Husband only	No other person. Sole and separate property	H
Wife only	No other person. Sole and separate property	W
In Trust Name	Property which benefits you held in any trust	T (CP, H, W)
Joint Tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy In Common	A spouse	TCS
	Someone other than a spouse	TCO
Unknown	If you cannot determine how the property is owned	?

Your Partnership And LLC Interests

Type: General/Limited Partnerships and Limited Liability Companies. Please state the percentage interest you have in the partnership when you list your interest as a general/limited partner or member.

Evidence of Title: Partnership/LLC agreement, certificate of partnership/LLC, or any documents you signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

Partnership Name	Percentage of Partnership/LLC Interest		Owner	Net Value
	General Partner	Limited Partner or Member		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

Your Corporate Business Interests

Type: Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Evidence of Title: Stock certificate, minute book.

Company	Number of Shares	Buy/Sell Agreement (Y/N)	Percentage Ownership	Owner	Net Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				Total	_____

Life Insurance Policies and Annuities

Type: Term, whole life, split dollar, group life, annuity (*indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation"*).

Evidence of Title: The policy itself, including all endorsements and amendments, and the original application you signed.

Company _____

Policy Number _____ Type _____

Owner _____ Who Pays Premium _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

Company _____

Policy Number _____ Type _____

Owner _____ Who Pays Premium _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

Company _____

Policy Number _____ Type _____

Owner _____ Who Pays Premium _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

Company _____

Policy Number _____ Type _____

Owner _____ Who Pays Premium _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Face Amount _____ Cash Value _____

Amount of Loans on Policy _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount _____ Cash Value _____
 Amount of Loans on Policy _____

Company _____
 Policy Number _____ Type _____
 Owner _____ Who Pays Premium _____
 Insured _____
 Primary Beneficiary _____
 Secondary Beneficiary _____
 Face Amount _____ Cash Value _____
 Amount of Loans on Policy _____

Your Annual Income

Your W-2 Wages Per Year \$ _____
 Commissions and Bonuses _____
 Stock Options _____
 Interest/Dividend Income Per Year _____
 Rental Income _____
 All Retirement Income and Annuities _____
 Social Security _____
 Income From Trust Distributions _____
 Other Income **Your Income** \$ _____

Spouse's W-2 Wages Per Year \$ _____
 Commissions and Bonuses _____
 Stock Options _____
 Interest/Dividend Income Per Year _____
 Rental Income _____
 All Retirement Income and Annuities _____
 Social Security _____
 Income From Trust Distributions _____
 Other Income **Spouse's Income** \$ _____

Total Family Income (Yours + Spouse's) \$ _____

Summary of Values (enter totals from prior sections)

	Amount		Total
	Community Property Or Joint Ownership	Separate Ownership (H, W)	
Assets			
Bank Accounts	_____	_____	_____
Real Property You Own	_____	_____	_____
Brokerage And Mutual Fund Accounts	_____	_____	_____
Stock And Bond Certificates Held By You	_____	_____	_____
Stock Options Held By You	_____	_____	_____
Trust Deeds, Notes, and Other Receivables Owed To You	_____	_____	_____
Your Partnership/LLC Interests	_____	_____	_____
Your Corporate Business Interests	_____	_____	_____
Your Sole Proprietorship Business Interests	_____	_____	_____
Your Farm and Ranch Interests	_____	_____	_____
Your Oil, Gas, and Mineral Interests	_____	_____	_____
Retirement Accounts	_____	_____	_____
Personal Property	_____	_____	_____
Anticipated Inheritance, Gift, or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
Death Benefit of Life Insurance Policies and Annuities	_____	_____	_____
Total Assets:	_____	_____	_____

	Amount		Total
	Community Property Or Joint Ownership	Separate Ownership (H, W)	
Liabilities			
Real Estate Mortgages Payable	_____	_____	_____
Other Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Contingent Liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Liabilities:	_____	_____	_____

Net Estate (Total Assets Minus Liabilities) _____