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CLIENT INFORMATION

Please PRINT All Information.

Date Prepared: _____

MY:

Name Used to Sign: _____

Nickname: _____

Full Legal Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Phone: () _____ Birth Date: _____

Email: _____

Occupation/Title: _____ U.S. Citizen?: Yes ____ No ____

SPOUSE:

Name Used to Sign: _____

Nickname: _____

Full Legal Name: _____

Phone () _____ Birth Date: _____

Email: _____

Occupation/Title: _____ U.S. Citizen?: Yes ____ No ____

On what date were you married: _____

Do you or your spouse now have a:

- Will Trust Health Care Power of Attorney Community Property Agreement

MY CHILDREN

Birth Date:

Full Legal Name (Spell out Middle Names):

MY SPOUSE'S CHILDREN (if different from mine)

Full Legal Name (Spell out Middle Names):

Do you or your spouse have any deceased children with descendants?

NO _____ YES _____; NAME(S) _____

QUESTIONS ABOUT YOUR CHILDREN (Please circle YES or NO)

- | | | |
|---|-----|----|
| 1. Do you or your children receive SSI or other governmental support or benefits? | YES | NO |
| 2. Do any of your children have special educational, medical or physical needs? | YES | NO |
| 3. Do you have a child with learning disability? | YES | NO |
| 4. Are any of your children institutionalized? | YES | NO |
| 5. Do you have any adopted children? | YES | NO |

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18,

Who do you wish to be the guardian of the child(ren)?

Name in order of preference (only one person on each line)

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| 2. Name: _____ | Relationship: _____ |
| 3. Name: _____ | Relationship: _____ |
| 4. Name: _____ | Relationship: _____ |

MY OTHER DEPENDENTS

Friends and relatives who depend on me for all or part of their financial support:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

QUESTIONS ABOUT YOU AND YOUR FAMILY (Please circle YES or NO)

You should fully brief your attorney on the following matters:

1. Are you or your spouse receiving Social Security benefits? YES NO

2. In what state have you lived while married to your current spouse and during what periods of time did you reside?

State _____, Years: _____

State _____, Years: _____

3. Have you or your spouse ever filed federal gift tax returns? YES NO

4. Did you and your spouse ever sign a pre-or post marriage contract? YES NO

5. Have you been divorced? YES NO

6. Are you making payments pursuant to a divorce or property settlement agreement? YES NO

7. Have you ever been widowed? YES NO

8. Do you wish to disinherit any of your children, grandchildren, or other relatives? YES NO

Name: _____ Relationship: _____

9. Do you wish to be cremated? YES NO

10. Have you made funeral arrangements? YES NO

MEDICAL INSTRUCTIONS:

If you were in a coma, who would you want to make your medical decisions?

FOR ME

Name (in order of preference)

1st _____

2nd _____

3rd _____

4th _____

FOR MY SPOUSE:

Name (in order of preference)

1st _____

2nd _____

3rd _____

4th _____

Date: _____

FAIR MARKET VALUE TODAY

| <u>ASSETS</u> | <u>Mine</u> | <u>Joint</u> | <u>AMOUNTS</u> |
|--|-------------|--------------|-----------------------|
| | | | <u>Spouse</u> |
| Real estate – home | _____ | _____ | _____ |
| Real estate – other than home | _____ | _____ | _____ |
| Checking/Savings/Cash Accounts | _____ | _____ | _____ |
| Certificates of Deposit | _____ | _____ | _____ |
| Stocks/Bond/Mutual Funds | _____ | _____ | _____ |
| Retirement Plans/IRAs/401(k)s | _____ | _____ | _____ |
| Limited Partnerships | _____ | _____ | _____ |
| Personal Property and Cars | _____ | _____ | _____ |
| Life Insurance Death Benefit Value (not cash value) | _____ | _____ | _____ |
| Land Contracts/Leases/Notes | _____ | _____ | _____ |
| Business Interests | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Total Assets | _____ | _____ | _____ |

| <u>LIABILITIES</u> | <u>Mine</u> | <u>Joint</u> | <u>AMOUNTS</u> |
|------------------------------|-------------|--------------|-----------------------|
| | | | <u>Spouse</u> |
| Real Estate Mortgages | _____ | _____ | _____ |
| Loans against Life Insurance | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ |
| Total Liabilities | _____ | _____ | _____ |

NET VALUE OF ESTATES _____