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****CONFIDENTIAL****

CLIENT INFORMATION WORKSHEET

FULL NAME:		SPOUSE'S NAME:	
HOME ADDRESS:			
STATE:	ZIP:	HOME PHONE: ()	
MAILING ADDRESS (IF NECESSARY):			
MOBILE PHONE: ()		MOBILE PHONE: ()	
E-MAIL:		SPOUSE'S E-MAIL:	
YOUR SS#:		SPOUSE'S SS#:	
CA DRIVER'S LICENSE #:		CA DRIVER'S LICENSE #:	
DATE OF BIRTH:		DATE OF BIRTH:	
PLACE OF BIRTH:		PLACE OF BIRTH:	
CITIZENSHIP:		CITIZENSHIP:	
DATE AND PLACE OF MARRIAGE:		PRE-NUPTIAL AGT.? Y / N	
PREVIOUS MARRIAGE? Y / N		PREVIOUS MARRIAGE? Y / N	
DO YOU HAVE WILL? Y / N		TRUST? Y / N	
DO YOU HAVE WILL? Y / N		TRUST? Y / N	

CHILDREN/BENEFICIARIES

CHILDREN OF THIS MARRIAGE	DATE OF BIRTH	PERCENTAGE OF INHERITANCE OF ESTATE
1.	____/____/____	
2.	____/____/____	
3.	____/____/____	
4.	____/____/____	
5.	____/____/____	
6.	____/____/____	

CHILDREN FROM PRIOR MARRIAGES (IF APPLICABLE)

HUSBAND'S CHILDREN OF PRIOR MARRIAGE	DATE OF BIRTH	PERCENTAGE OF INHERITANCE OF ESTATE
1.	____/____/____	
2.	____/____/____	
3.	____/____/____	
WIFE'S CHILDREN OF PRIOR MARRIAGE	DATE OF BIRTH	PERCENTAGE OF INHERITANCE OF ESTATE
1.	____/____/____	
2.	____/____/____	
3.	____/____/____	

NAMES OF CHILDREN YOU ARE SPECIFICALLY DISINHERITING	DATE OF BIRTH
1.	____/____/____
2.	____/____/____
3.	____/____/____

Are your children or beneficiaries to receive the estate outright? _____. (If not, define distribution in the following section.)

DISTRIBUTIONS

My children or beneficiaries shall not receive the estate outright, but instead shall receive distributions as follows

1.	1/4 at age_____	1/4 at age_____	1/4 at age_____	1/4 at age_____
2.	1/3 at age_____	1/3 at age_____	1/3 at age_____	
3.	1/2 at age_____	1/2 at age_____		
4.	100% at age_____			
5.	Other:	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
6.	Specific Restrictions on Inheritance, if any:	_____	_____	_____
		_____	_____	_____
		_____	_____	_____

SUCCESSOR TRUSTEES

ORDER OF PRIORITY	ADDRESS OF SUCCESSOR TRUSTEE
1 ST CHOICE TRUSTEE:	
2 ND CHOICE TRUSTEE:	
3 RD CHOICE TRUSTEE:	

Check here if the above identified successor trustees are to serve as **CO-TRUSTEES**.

NOTES: _____

LEGAL GUARDIANS (IF MINOR CHILDREN)

1 ST CHOICE
2 ND CHOICE
3 RD CHOICE

ADVANCE HEATH CARE DIRECTIVE

YOUR DESIGNATED ATTORNEY IN FACT:	PRIMARY:
LIST OF ALTERNATES (IF ANY):	1. 2.
ADDRESSES OF ALTERNATES:	1. 2.
SPOUSE'S DESIGNATED ATTORNEY IN FACT:	PRIMARY:
LIST OF ALTERNATES (IF ANY):	1. 2.
ADDRESSES OF ALTERNATES:	1. 2.

IDENTIFY SPECIFIC BURIAL REQUESTS, IF ANY (I.E. CREMATION, SPECIFIC CEMETERY, ETC.):

ORGAN DONATION: YES / NO

SPOUSE'S ORGAN DONATION: YES / NO

DURABLE GENERAL POWER OF ATTORNEY

YOUR ATTORNEY IN FACT:

PRIMARY:

SECONDARY:

SPOUSE'S ATTORNEY IN FACT:

PRIMARY:

SECONDARY:

SPECIAL INSTRUCTIONS:

FINANCIAL STATEMENT

A. BANK ACCOUNTS/BROKERAGE ACCOUNTS

NAME/ADDRESS OF BANK	ACCOUNT NUMBER	ESTIMATED BALANCE
1.		
2.		
3.		
4.		
5.		
6.		

B. STOCKS, BONDS, MUTUAL FUNDS & SECURITIES

NAME/ADDRESS OF INSTITUTION	ACCOUNT NUMBER	ESTIMATED VALUE
1.		
2.		
3.		
4.		
5.		
6.		
7.		

C. IRA'S, 401(K)'S, AND OTHER QUALIFIED RETIREMENT PLANS

NAME/ADDRESS OF BANK	ACCOUNT NUMBER	ESTIMATED VALUE
1.		
2.		
3.		
4.		
5.		
6.		

D. BUSINESS INTERESTS

NAME	SHARES/UNITS	ESTIMATED VALUE
1.		
2.		
3.		
4.		
5.		
6.		

D. REAL ESTATE HOLDINGS [PLEASE PROVIDE COPIES OF ALL DEEDS TO PROPERTY]

NAME/ADDRESS OF PROPERTY	MARKET VALUE	ESTIMATED EQUITY
1.		
2.		
3.		
4.		

E. SPECIFIC PERSONAL PROPERTY BEQUESTS (I.E: JEWELRY, HEIRLOOM ITEMS, COLLECTIONS, ETC.)

DESCRIPTION OF ITEM	RECIPIENT
1.	
2.	
3.	
4.	
5.	
6.	