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Personal and Financial Organizer for your Estate Planning

Confidential Information

INSTRUCTIONS FOR COMPLETING YOUR PERSONAL AND FINANCIAL ORGANIZER

This Organizer is designed to help you organize your personal information and to list all the property you own, how it is titled, and what it is worth. It is necessary to provide as much of this information as is possible at the first conference. You do not need to obtain any professional estimate on value; your personal estimate will do.

Before starting, it may be helpful for you to gather the following documents:

1. Current financial statements: bank and brokerage statements, including those for checking accounts, savings accounts, money market accounts, etc.;
2. Statements showing liabilities, including outstanding mortgages, car loans, credit card balances, etc.;
3. Current IRA/Keogh and other retirement plan statements;
4. Deeds/Property Tax Statements;
5. Most recent tax return;
6. Other financial records: deeds of property owned, investments, insurance policies, existing wills, trusts, etc.

As you complete the questions, keep in mind that the effectiveness of your estate plan depends on the accuracy of the information you provide. All documents will be prepared based on the information you provide. Therefore, it is very important that you answer the questions carefully and completely. Attach additional sheets as necessary to answer any question.

Do not provide any original documents to this office. When asked to attach documents, such as deeds, contracts, etc., please attach copies only. We cannot be responsible for your original documents.

The manner in which you hold title to your property is very important for the purpose of properly designing and implementing your living trust. Please indicate whether any other person is on title with you.

SECTION ONE: PERSONAL INFORMATION

	You	Your Spouse/Domestic Partner
Legal Name	_____	_____
Signature Name	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Home Phone	_____	_____
Birth date	_____	_____
U.S. Citizen?	_____	_____
Soc. Sec. No.	_____	_____
Military I.D./Branch	_____	_____
Occupation	_____	_____
Employee	_____	_____
Work Address	_____	_____
City/State/Zip Work Phone	_____	_____
Other/Maiden Name	_____	_____
Current Marriage:	_____	_____
Date of Current Marriage:	_____	_____
Place (County & State):	_____	_____
Previous Marriages, if any:	_____	_____
Name of Former Spouse	_____	_____
D/W/S? When?	_____	_____

Please list all children of your current marriage (Include address if not living with you; indicate foreign citizenship, if any; attach an additional sheet or use reverse, if necessary. For deceased children, please indicate date of death):

Name	Address/Other Information	
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____

Please list all children (Include address if not living with you; indicate foreign citizenship, if any; attach an additional sheet or use reverse, if necessary. For deceased children, please indicate date of death);

Name	Address	
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
Parents: _____	_____	
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
Parents: _____	_____	
_____	_____	SSN: _____
Birth Date: _____	_____	Phone: _____
Parents: _____	_____	

FAMILY QUESTIONS

(Please check "Yes" or "No")

	YES	NO
Do you have a child with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive government support or benefits for a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your children institutionalized or living in a licensed care home?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse receiving social security, disability, or other government benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children?	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce decree or property settlement agreement?*	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever signed a pre- or post-marriage contract?*	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever filed a federal or state gift tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever completed a previous will, trust, or other estate planning?*	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes," please attach copies of these documents.	<input type="checkbox"/>	<input type="checkbox"/>

Please list your advisors: (Include other names/categories as appropriate, e.g. you may wish to indicate separate pension administrators for you and your spouse, multiple banks, clergy, etc. List account numbers in the margins, as appropriate.):

Accountant:

Firm:
Address:
Telephone:

Banker:

Bank:
Address:
Telephone:

Financial Advisor:

Firm:
Address:
Telephone:

Pension Administrator:

Company: Address:
Telephone:

Ins. Agent:

Firm:
Address:
Telephone:

SECTION TWO: FINANCIAL INFORMATION

Cash and Cash equivalents: Please indicate "Type" as Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD), and so on.

Bank or S&L	Type	Account No.	Owner	Value
TOTAL				

Investment Accounts: Please indicate "Type" as Money Market (MM), Investment (I), Cash Management (CM), or other account that is in a street name.

Brokerage Account	Type	Account No.	Owner	Value
TOTAL				

Stocks and Mutual Funds: Please list your stock investments in publicly owned corporations (traded on an exchange or over the counter) and/or mutual funds. Stock owned in a family business or closely held corporation (not publicly traded) should be listed under Corporate Business and Professional Interests, below, List stocks held in a street name or an investment account above.

Company	Number of Shares	Owner	Value
TOTAL			

Bonds: U.S. Savings Bonds, corporate, municipal, etc.

Type	Owner	Face Value
TOTAL		

Retirement Plans: Pension (P), Profit Sharing (PS), IRA, SEP, 401(k), 403(b), Veterans' Benefits, etc.

Company	Type	Beneficiary upon death	Percent Vested	Value
TOTAL				

Life Insurance Policies and Annuities: List type as term, whole life, split dollar, group life, annuity. Indicate if a corporation or company owns the policy or pays the premium.

Insurance Carrier _____

Policy Number _____ Type _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who pays the premium? _____

Face amount _____ Cash Value _____

Amount of loan(s) on policy _____

Debts, Mortgages, Notes, and other Receivables Owed to You: Debts may be evidenced by promissory notes, written contact, or other documents creating a right to receive payment.

Debtor	Date Debt Was Made	Date Debt is Due	Owed To	Current Balance
TOTAL				

Partnership Interests: Please list all general and limited partnership interests, specifying the percentage interest held by you. Check the box if you have a buy-sell agreement.

Name	% General Partner	% Limited Partner	Owner	Buy Sell	Value
TOTAL					

Corporate Business and Professional Interests: Please list all-privately owned stock. Check the box if you have a buy-sell agreement.

Company	Number of Shares	Percentage Ownership	Owner	Buy Sell	Value
TOTAL					

Real Property: Please list all real estate owned by you or in which you have an interest, beginning with your residence(s). Attach a copy of the deed to your residence(s).

Location	Owner	Purchase Price	Current Value
TOTAL			

Anticipated Gifts, Inheritance, or Lawsuit Proceeds: Please list all gifts or bequests that you expect to receive at some time in the future, or funds you anticipate receiving out of a settlement or judgment.

Description	Owner	Estimated Value
TOTAL		

Other Assets: Please list any property in which you own an interest and which does not fit into any other category.

Description	Owner	Estimated Value
TOTAL		

Summary of Assets: Please list total amounts from previous pages as indicated. Enter joint property (joint tenancy, community property, tenancy in common) values ½ in husband's column and ½ in wife's column. Total the values at the bottom, as indicated.

	Husband	Wife	Joint (or Single Person)
Cash			
Investment Accts.			
Stocks			
Bonds			
Retirement Benefits			
Life Insurance			
Non-liquid Assets			
Receivables			
Partnerships			
Corporate Business			
Sole Proprietorship			
Farm & Ranch			
Oil, Gas & Mineral			
Real Property			
Anticipated Assets			
Other Assets			
TOTALS			
	GRAND TOTAL		

Please remember to attach copies of the deeds to the residence you wish to transfer into your living trust!

Summary of Liabilities: Please list your liabilities as indicated:

	Monthly Payment	Interest Rate	Owner	Current Balance
Credit Cards				
Personal Installment Loans				
Other Short Term Personal Loans				
Mortgages on Personal Real Estate				
Mortgages on Business Property				
Other Long Term Personal Loans				
Business Loans				
Investment Asset Loans				
Life Insurance Policy Loans				
Unpaid Taxes				
Other Liabilities				
TOTAL				

	Husband	Wife	Joint (or Single Person)
TOTAL ASSETS			
TOTAL LIABILITES			
GRAND TOTALS			
Net Estate			

SECTION THREE: BEQUESTS

Specific Bequests:

In the space below, please indicate your wishes for specific gifts to be made by the trustee from trust assets. Examples include: "My fly fishing equipment is to go to my oldest son, Bill," or "I give \$200 to my friend John Smith." or "I wish to give \$1,000 to the West Los Angeles Chapter of the Make-A-Wish Foundation." If you make bequests to beneficiaries not related to you, please provide full information for them below. Attach additional sheets of paper as needed.

If your property were to pass to a minor (for example to either your children or grandchildren), he or she would receive control of the asset at age 18 (in the interim, the child's guardian would control the asset). If you would wish to delay the gift until an older age, please indicate the age in the box. Please answer even if your children are adults.

Beneficiaries outside your family (including charities, etc.):

Name	Relationship	Address
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>
<hr/>	<hr/>	<hr/> <hr/>

SECTION FOUR: HEALTH CARE INSTRUCTIONS

Health Care Instructions: An essential part of any estate plan includes the preparation of an Advance Health Care Directive (AHCD). Who will make medical decisions for you when you can't? An AHCD allows you to express your personal wishes regarding health care decisions.

We recommend that you make copies of your AHCD and give the copies to your doctor, your hospital, the alternates you name in the form, your children, and perhaps your close friends.

Yes No Do you wish to make Organ Donations?

Has a physician advised you that you have a terminal illness?

Yes No If yes, who and when? _____

Do you expect to enter a hospital for medical treatment soon?

Yes No If yes, where and when? _____

Yes No Do you have any specific directives regarding your medical care?

Yes No Do you wish to identify a treating physician?

SECTION FIVE: APPOINTMENTS

Appointment of Trustee:

If you decide to set up a trust, you will need to appoint a trustee. If you are not married, you will serve alone as trustee for as long as you are able. You must name a successor trustee to manage and supervise your assets after you can no longer do so. By definition, the trustee is someone in whom you place your highest confidence.

Your successor trustee will be responsible to interpret and carry out your instructions, impartially and fairly. This can include managing your assets and investments and distributing income and principal to you or your beneficiaries. A trustee's duties by law also include accounting for trust assets and income, complying with tax laws and filing tax returns, maintaining records of trust transactions, keeping secure custody of trust assets, and being sensitive to the needs of you and your beneficiaries.

You can name an individual trustee - a child, friend, or relative. You can name one or more individuals to act as co-trustees (normally co-trustees will be allowed to delegate duties to one of their number). You can name a professional trustee - a trust company or a bank's trust department. Or you can have an individual act as co-trustee with a professional trustee. We encourage you to discuss these alternatives with your family and, if appointing a professional trustee, discuss it with the appropriate trust officer.

Please indicate your selection for successor trustee below, in order of priority, listing full name, address, and relationship to you. If your successor is to serve alone, leave the space for co-trustee blank.

Name	Address	Relationship
1. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____
2. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____
3. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____

Appointment of Executor:

Your executor has duties different from those of your trustee, although the same person can serve in both offices (many professional trustees will not serve as executor). If you wish to have the same individual act both as trustee and executor, you may leave this section blank.

Name	Address	Relationship
1. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____
2. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____
3. _____	_____	_____
		Phone: _____
To Serve as co-trustee with _____	_____	_____

Prohibited Appointments: Please list all individuals who should be prohibited from serving as trustee.

Name	Relationship to you
_____	_____
_____	_____
_____	_____
_____	_____

Nomination of Guardian:

If you have minor children, please indicate who you wish to appoint as guardian and alternate guardian. Please discuss this appointment with the proposed guardian(s). If you name a couple, please indicate who you would wish to care for your children in the event the couple divorces.

Guardian	Relationship	Address
_____	_____	_____
	Phone: _____	_____

Alternate Guardian	Relationship	Address
_____	_____	_____
	Phone: _____	_____