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The State Bar of California Board of Legal Specialization

ESTATE PLANNING INFORMATION SHEET

I. CONTACT INFORMATION

PROFESSIONAL CONTACT LIST

1. Accountant	_____	Phone: _____	Email: _____
Address: _____			
2. Attorney	_____	Phone: _____	Email: _____
Address: _____			
3. Financial Planner	_____	Phone: _____	Email: _____
Address: _____			
4. Financial Advisor	_____	Phone: _____	Email: _____
Address: _____			
5. Life Insurance Agent	_____	Phone: _____	Email: _____
Address: _____			
6. Property/Casualty Agent	_____	Phone: _____	Email: _____
Address: _____			

FIDUCIARY CONTACT LIST

1. Trustee 1	_____	Phone: _____	Email: _____
Address: _____			
2. Trustee 2	_____	Phone: _____	Email: _____
Address: _____			
3. Healthcare Agent 1	_____	Phone: _____	Email: _____
Address: _____			
4. Healthcare Agent 2	_____	Phone: _____	Email: _____
Address: _____			

BENEFICIARY CONTACT LIST

Children

1. Child 1: _____ Phone: _____ Email: _____
Address: _____

2. Child 2: _____ Phone: _____ Email: _____
Address: _____

3. Child 3: _____ Phone: _____ Email: _____
Address: _____

4. Child 4: _____ Phone: _____ Email: _____
Address: _____

Grandchildren

1. Grandchild 1: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

2. Grandchild 2: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

3. Grandchild 3: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

4. Grandchild 4: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

5. Grandchild 5: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

6. Grandchild 6: _____ Phone: _____ Email: _____
Address: _____
Parent: _____

7. Grandchild 7: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

8. Grandchild 8: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

Other Beneficiaries

1. Beneficiary 1: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

2. Beneficiary 2: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

3. Beneficiary 3: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

4. Beneficiary 4: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

5. Beneficiary 5: _____ Phone: _____ Email: _____

Address: _____

Parent: _____

MISCELLANEOUS CONTACT LIST

1. Gardner _____	Phone: _____	Email: _____
Address: _____		
<hr/>		
2. Cleaning Service _____	Phone: _____	Email: _____
Address: _____		
<hr/>		
3. Caretaker _____	Phone: _____	Email: _____
Address: _____		
<hr/>		
4. HOA Contact _____	Phone: _____	Email: _____
Address: _____		
<hr/>		
5. Doctor _____	Phone: _____	Email: _____
Address: _____		
<hr/>		
6. Prearranged Funeral Services _____	Phone: _____	Email: _____
Address: _____		
<hr/>		

II. PROPERTY INFORMATION

A. Do you own a home or any other real estate? ☐ Yes ☐ No *If yes, fill out below*

Property Address	Owner	Percentage Owned	Value	Mortgage	Market Equity

B. Do you own an interest in a business? ☐ Yes ☐ No *If yes, fill out below*

Business Name	Type of Entity (e.g. Partnership, LLC, Corp.)	Owner	Percentage Owned	Market Value

C. Do you own any other titled property such as a car, boat, etc.? ☐ Yes ☐ No *If yes, fill out below*

Property Type	Titleholder	Value	Market Loan	Equity

D. Do you have checking accounts in which you regularly keep over \$5,000? ☐ Yes ☐ No

If yes, fill out below

Bank	Titleholder

E. Do you have savings accounts or CDs? ☐ Yes ☐ No *If yes, fill out below*

Bank	Titleholder

F. Do you own any brokerage accounts? ☐ Yes ☐ No *If yes, fill out below*

Bank	Titleholder

G. Do you own any stocks, partnership interests, bonds or mutual funds other than those held in brokerage accounts? ☐ Yes ☐ No *If yes, fill out below*

Brokerage Account or Asset	Titleholder

H. Does anyone owe you money? ☐ Yes ☐ No

Do you own any promissory notes or deeds of trust? ☐ Yes ☐ No

If yes to either, fill out below and attach copies

Debtor	Description of Debt	Market Value

I. Do you have any IRAs? ☐ Yes ☐ No *If yes, fill out below*

Participant	Where Invested	Value

J. Are you a participant in any 401(k), profit sharing or pension plans? ☐ Yes ☐ No

If yes, fill out below

Participant	Type of Plan	Name of Plan	Value

K. Do you have any life insurance policies ☐ Yes ☐ No *If yes, fill out below*

Insurance Company	Insured	Owner	Beneficiary	Policy Type (e.g. Term/Whole Life)	Cash Value	Death Benefit

L. Do you have any annuities ☐ Yes ☐ No *If yes, fill out below*

Company	Annuitant	Owner	Type	Cash Value	Annuity Payments
			Immediate <input type="checkbox"/> Deferred <input type="checkbox"/>		
			Immediate <input type="checkbox"/> Deferred <input type="checkbox"/>		
			Immediate <input type="checkbox"/> Deferred <input type="checkbox"/>		

M. Do you have other items of value? (e.g., coin collections, antiques, jewelry, heirlooms)

☐ Yes ☐ No

If yes, fill out below

Description	Location