

**LAW OFFICES OF
MARK T. JESSEE**

50 WEST HILLCREST DRIVE
SUITE 200
THOUSAND OAKS, CALIFORNIA 91360

Telephone (805) 497-5868 Facsimile (805) 497-5864
Email: mjessee@Jesseelaw.com
Web Page: www.Jesseelaw.com

ESTATE PLANNING CLIENT INTAKE SHEET

All information disclosed on this form is strictly confidential and covered by Attorney/Client Privilege. It is for the Attorney's use in assisting client with his/her Estate Planning. Please be thorough in providing the requested information. If there is not enough space to answer a question please attach additional pages. If you have any questions, contact the attorney.

1. Name: _____
2. Home address: _____
3. Business address: _____
4. Address where attorney's billings should be sent: _____

5. Telephone numbers
Home: _____
Work (days and hours): _____
Telecopier or fax number: _____
Cell telephone number: _____
Best telephone number for messages: _____
6. Employer: _____
7. Occupation: _____
8. Date and place of birth: _____
9. Driver's license number: _____

10. Social security number: _____

11. United States citizen? _____
(If not, state immigration status): _____

12. Current Marital Status: ___ married ___ unmarried

Any previous marriages? _____

If yes how many previous marriages? _____

A. Former Spouse's name: _____

Marriage terminated because of:

_____ death

Date of former spouse's death: _____

_____ divorce

Year of final decree: _____

_____ annulment

Year of final decree: _____

B. Former Spouse's name: _____

Marriage terminated because of:

_____ death

Date of former spouse's death: _____

_____ divorce

Year of final decree: _____

_____ annulment

Year of final decree: _____

13. Client's Living Children:

Provide the following information about each living child:

Full name: _____

Familiar name or first name: _____ [e.g., Joe or Joseph]

Sex: ___ M ___ F

Date of Birth: _____

Full name of child's other parent: _____

Child's Address: _____

_____ Child's telephone numbers:
Home: () _____
Work: () _____

Full name: _____
Familiar name or first name: _____ [e.g., Joe or Joseph]
Sex: __ M __ F
Date of Birth: _____
_____ Full name of child's other parent: _____
Child's Address: _____

_____ Child's telephone numbers:
Home: () _____
Work: () _____

Full name: _____
Familiar name or first name: _____ [e.g., Joe or Joseph]
Sex: __ M __ F
Date of Birth: _____
_____ Full name of child's other parent: _____
Child's Address: _____

_____ Child's telephone numbers:
Home: () _____
Work: () _____

14. Client's Deceased Children:

Do you have any deceased children? _____
_____ If yes, list all those children.

Provide the following information about the deceased child:

- A. Full name: _____
Date of death: _____
Full name of child's other parent: _____
Any living issue of this child? _____
- _____ B. Full name: _____
Date of death: _____
Full name of child's other parent: _____
Any living issue of this child? _____

15. Name of person you wish to appoint as guardian for your minor children if other parent is deceased: _____

Address: _____

Alternate: _____

Address: _____

16. Name of person you wish to handle your financial affairs if you and your spouse are incapacitated: _____

Address: _____

Alternate: _____

Address: _____

17. Name of person you wish to make medical decisions for you with Power of Attorney for health care if you are unable to do so yourself: _____.

Address: _____

Telephone #: _____

Relationship: _____

Alternate person if first person is unwilling, unable or unavailable: _____.

Address: _____

Telephone #: _____

Relationship: _____

18. Do you wish extraordinary means be taken to continue life if you fall into a permanent vegetative state from which two doctors decide you do not have a realistic chance of recovery?

_____.

19. Is there anyone else you wish contacted in case of emergency other than the two individuals named above? _____.

B. Spouse's Information:

Name: _____

Address and Business Address (if different from spouse) _____

20. Telephone numbers

Home: _____

Work (days and hours): _____

Telecopier or fax number: _____

Cell telephone number: _____

Best telephone number for messages: _____

21. Employer: _____

22. Occupation: _____

23. Date and place of birth: _____

24. Driver's license number: _____

25. Social security number: _____

26. United States citizen? _____
(If not, state immigration status): _____

27. Previous Marital Status:

Any previous marriages? _____

If yes how many previous marriages? _____

A. Former Spouse's name: _____

Marriage terminated because of:

_____ death
Date of former spouse's death: _____

_____ divorce
Year of final decree: _____

_____ annulment
Year of final decree: _____

B. Former Spouse's name: _____

Marriage terminated because of:

_____ death

Date of former spouse's death: _____

_____ divorce

Year of final decree: _____

_____ annulment

Year of final decree: _____

28. Spouse's Living Children:

Provide the following information about each living child if not listed above by your spouse:

Full name: _____

Familiar name or first name: _____ [e.g., Joe or Joseph]

Sex: __ M __ F

Date of Birth: _____

Full name of child's other parent: _____

Child's Address: _____

_____ Child's telephone numbers:

Home: () _____

Work: () _____

Full name: _____

Familiar name or first name: _____ [e.g., Joe or Joseph]

Sex: __ M __ F

Date of Birth: _____

Full name of child's other parent: _____

Child's Address: _____

_____ Child's telephone numbers:

Home: () _____

Work: () _____

29. Spouse's Deceased Children:

Do you have any deceased children? ___

_____ If yes, list all those children.

Provide the following information about the deceased child:

A. Full name: _____

Date of death: _____

Full name of child's other parent: _____

Any living issue of this child? _____

_____ B. Full name: _____
_____ Date of death: _____
_____ Full name of child's other parent: _____
_____ Any living issue of this child? _____

30. Name of person you wish to appoint as guardian for your minor children if other parent is deceased: _____

Address: _____

31. Name of person you wish to handle your financial affairs if you and your spouse are incapacitated: _____

Address: _____

32. Name of person you wish to make medical decisions for you with Power of Attorney for health care if you are unable to do so yourself: _____.

Address: _____

_____ Telephone #: _____

Relationship: _____

Alternate person if first person is unwilling, unable or unavailable: _____.

Address: _____

_____ Telephone #: _____

Relationship: _____

33. Do you wish extraordinary means be taken to continue life if you fall into a permanent vegetative state from which two doctors decide you do not have a realistic chance of recovery?

_____.

34. Is there anyone else you wish contacted in case of emergency other than the two individuals named above? _____.

C. Joint Information:

35. On a separate page please prepare a list of all your valuable assets. (This Includes Real Estate, Stocks, Bonds, Mutual Funds, Bank Accounts, Certificate of Deposits, Valuable Artwork and Valuable Collectibles)

36. Please list on a separate page any life insurance policies you may have: the amount of the policy, the beneficiary and alternate beneficiaries of the policy and state if someone other than the insured pays the premiums.

37. Please list on a separate page all pensions, annuities, IRA's, 401k plans and any other retirement accounts you may have. Please state if there is a death benefit payable to a beneficiary. List each beneficiary and alternate beneficiaries for each account.

Once completed call to make an appointment with the attorney.