

HARRISON TSI
A Professional Corporation

CONFIDENTIAL PROFILE FORM
FOR ESTATE PLANNING

1. **HUSBAND & WIFE** [Use your legal name in a form you want to appear in your estate planning documents - e.g. with middle initial, full middle name, or no middle name.]

Spouse #1 _____ Date of Birth _____

Other names you have been known by ("aka") _____

Place of Birth _____ Citizen of _____

Personal Email _____ Mobile Phone _____

Occupation _____ Employee / Owner of _____

If you want to be contacted at work:

Work Phone _____ Work Email _____

Work Address _____ Zip Code _____

If you are a veteran, list branch of service, identification #, and discharge date _____

Do you have any significant medical, psychological, financial, or other issues that you are concerned may impact your future or how you form your estate plan (e.g. chronic illness, physical disability, compulsive gambling)? _____ If yes, we will discuss at meeting.

Attorney Notes: _____

Have you had a prior Marriage that has ended in divorce or a Domestic Partnership that has been terminated? _____ [If more than one, please attach a sheet with information answering the same questions that follow.] If yes, when did it (your most recent one) end? _____ How long did this marriage (or domestic partnership) last? _____ What are the continuing rights and obligations you have relating to this severed legal relationship (e.g. spouse and/or child support)?

Spouse #2 _____ Date of Birth _____

Other names you have been known by ("aka") _____

Place of Birth _____ Citizen of _____

Personal Email _____ Mobile Phone _____

Occupation _____ Employee / Owner of _____

If you want to be contacted at work:

Work Phone _____ Work Email _____ Work Fax _____

Work Address _____ Zip Code _____

If you are a veteran, list branch of service, identification #, and discharge date _____

Do you have any significant medical, psychological, financial, or other issues that you are concerned may impact your future or how you form your estate plan (e.g. chronic illness, physical disability, compulsive gambling)? _____ If yes, we will discuss at meeting.

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Joint Information:

Home (Mailing) Address _____

Home Phone (if applicable) _____

If Married: Marriage Date _____ State of Marriage _____

Have you resided outside of California during your marriage together? _____ If so, where and during what time periods? _____

Have you and your spouse ever been or are you currently separated from each other? _____

Are either of you seriously contemplating or in the process of separation or divorce? _____

2. CHILDREN [Identify all children of either spouse] & OTHER RELATIVES & FRIENDS

Under *Additional Information* please indicate if child is adopted or the offspring of only one spouse, or has medical, psychological, financial, or other significant issues or concerns.

Child #1 _____ Spouse / Domestic Partner? _____

Name of Spouse or Partner (If applicable) _____

Address _____ Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email _____ Additional Information _____

Child #2 _____ Married / Domestic Partnership? _____

Name of Spouse or Partner (If applicable) _____

Address _____ Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email _____ Additional Information _____

Child #3 _____ Married / Domestic Partnership? _____

Name of Spouse or Partner (If applicable) _____

Address _____ Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email _____ Additional Information _____

Child #4 _____ Married / Domestic Partnership? _____
Name of Spouse or Partner (If applicable) _____
Address _____ Phone _____
City _____ State _____ Zip Code _____ Birthdate _____
Email _____ Additional Information _____

Deceased Children: Did you have any children who are now deceased? _____ If so, briefly explain _____

Grandchildren: Are you considering a direct gift to any of your grandchildren (if any)? _____ If so, please list names (attach sheet if needed) and we will discuss at meeting _____

Parents: Do either of you have any living parents that you want to provide for if you die before them? _____ If yes, briefly note _____

Other Relatives & Friends Do either of you have any other relatives or friends not previously listed that you want to provide for if you die before them? _____ Briefly note _____

Inheritance: Do either of you expect an inheritance from your relatives and friends greater than \$100,000, or are you currently receiving income or principle as a beneficiary? _____ If so, briefly explain _____

3. FINANCIAL AGENTS (Trustees/Executors) [Name only if complete information is given above]

Proposed Agent #1 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Agent #2 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Agent #3 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

4. HEALTH AGENTS [Name only if complete information is given above]

Wife:

Proposed Health Agent #1 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Health Agent #2 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Health Agent #3 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

Husband:

Proposed Health Agent #1 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Health Agent #2 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Health Agent #3 _____ Relationship _____
Address _____ Mobile Phone _____
City _____ State _____ Zip Code _____
Email _____

5. **GUARDIANS** for children under 18 years of age [*Name only if complete information is given above*]

Proposed Guardian #1 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Guardian #2 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

Proposed Guardian #3 _____ Relationship _____
Address _____ Phone _____
City _____ State _____ Zip Code _____
Email _____

If you have you already created any of the following estate planning documents, please underline them: A will, trust , power of attorney for health care / advance health care directive, power of attorney for property management, and joint tenancy. Do you have any other estate planning documents not in this list? _____. Please list them _____

PLEASE BRING THESE ITEMS TO OUR MEETING...

- Copies of any existing / prior estate planning documents and amendments
- Copies of deeds to all real estate (that you can easily retrieve)
- Copies of statements for your other significant assets (bank accounts, life insurance, retirement, businesses, investments, promissory notes, liabilities, valuable art, etc.) so you can discuss with me how to hold title to these assets
- Copies of other important documents that may be relevant to your estate plan