

HICKSON KIPNIS & BARNES, LLP

ATTORNEYS AT LAW

Telephone (858) 457-1100
Facsimile (858) 450-4051

11975 EL CAMINO REAL, SUITE 200
SAN DIEGO, CALIFORNIA 92130

dhickson@hicksonkipnis.com
www.hicksonkipnis.com

FAMILY INFORMATION AND DATA

We have found that taking the time to complete this form (as much as is applicable) and keeping it with your other estate planning documents can greatly aid your representatives, family and beneficiaries.

My Name _____ Date of Birth _____ Place of Birth _____

Occupation _____ Social Security Number _____

Spouse's Name _____ Date of Birth _____ Place of Birth _____

Occupation _____ Social Security Number _____

My Permanent Address _____ Phone _____

My Business Address _____ Phone _____

Other Address _____ Phone _____

Spouse's Address (if other than above): _____

Location of Safe Deposit Box #1 _____

Box Number _____ Key Number _____ Location of Key _____

Persons Having Access to Box _____

Location of Safe Deposit Box #2 _____

Box Number _____ Key Number _____ Location of Key _____

Persons Having Access to Box _____

Location of My Birth Certificate _____

Date of Marriage _____ Place of Marriage _____

Location of our Marriage Certificate _____

Date of Marriage _____ Place of Marriage _____

Location of our Marriage Certificate _____

Separated Divorced on _____ at _____

Court Decrees _____

Father's Name (if living) _____ Place of Birth _____

Address _____

Mother's Name (if living) _____ Place of Birth _____

<u>Children (Name/Address)</u>	<u>Deceased</u>	<u>Date of Birth</u>	<u>Marital Status</u>	<u>Occupation</u>	<u>Phone</u>
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

Other Comments (children of prior marriages, children of spouses, etc.) _____

RELATIVES TO BE NOTIFIED IN CASE OF DEATH

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

OTHERS TO BE NOTIFIED

Accountant _____ Phone _____

Attorney _____ Phone _____

Bank Officer _____ Phone _____

Doctor _____ Phone _____

Employer _____ Phone _____

Executor(s) of Estate _____ Phone _____

Financial Advisor _____ Phone _____

Funeral Director _____ Phone _____

Hospital for Anatomical Gifts _____ Phone _____

Insurance Agent / Co. - Auto _____ Phone _____

Insurance Agent / Co. - Life _____ Phone _____

Insurance Agent / Co. - Other _____ Phone _____

Landlord - Business _____ Phone _____

Landlord - Residence _____ Phone _____

Partner or Business Associate _____ Phone _____

Partner or Business Associate _____ Phone _____

Partner or Business Associate _____ Phone _____

Partner or Business Associate _____ Phone _____

Partner or Business Associate _____ Phone _____

Religious Representative _____ Phone _____

Stockbroker _____ Phone _____

Trustee of Estate _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

FUNERAL ARRANGEMENTS

Made With _____

Location of Plot _____ Military Honors

Location of Funeral Instructions _____

Maximum to be Spent on Funeral \$ _____ Manner of Burial _____

Anatomical Gifts To _____

Other Requests _____

LIFE INSURANCE

Company	Type of Policy	Policy No.	Date	Issued
---------	----------------	------------	------	--------

Owner	Beneficiary	Face Amount	Total Loans Outstanding
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Location of Life Insurance Policies _____

OTHER INSURANCE (Health, Accident, Property, Casualty, Liability, etc.)

Company	Type of Policy	Policy No.	Date	Issued
---------	----------------	------------	------	--------

Deductible	Benefits
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Location of Other Insurance Policies _____

WILL DATA

Type _____ Date _____ Attorney Who Drafted _____

Location of Original Executed Will _____

Date of Codicil _____ Attorney Who Drafted _____

Location of Will Codicil _____

Type _____ Date _____ Attorney Who Drafted _____

Location of Original Executed Will _____

Date of Codicil _____ Attorney Who Drafted _____

Location of Will Codicil _____

TRUST DATA

Type _____ Date Drawn _____ Attorney Who Drafted _____

Location of Original Executed Trust _____

Type _____ Date Drawn _____ Attorney Who Drafted _____

Location of Original Executed Trust _____

Type _____ Date Drawn _____ Attorney Who Drafted _____

Location of Original Executed Trust _____

DURABLE POWER OF ATTORNEY

Date Drawn _____ Attorney Who Drafted _____

Location of Original Executed Document _____

DURABLE POWER OF ATTORNEY - HEALTH CARE

Date Drawn _____ Attorney Who Drafted _____

Location of Original Executed Document _____

CHECKING AND SAVINGS ACCOUNT

Name of Institution _____

Location or Branch _____

Type of Account _____

How Title Held _____

Account or Book No. _____ Location of Book _____

Name of Institution _____

Location or Branch _____

Type of Account _____

How Title Held _____

Account or Book No. _____ Location of Book _____

Name of Institution _____

Location or Branch _____

Type of Account _____

How Title Held _____

Account or Book No. _____ Location of Book _____

Name of Institution _____

Location or Branch _____

Type of Account _____

How Title Held _____

Account or Book No. _____ Location of Book _____

SECURITIES

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

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How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

Description _____

How Title Held _____

Location of Certificate _____

Broker _____ Phone _____

US SAVINGS BONDS

<u>Date</u>	<u>Serial No.</u>	<u>Maturity</u> <u>Series</u>	<u>Maturity</u> <u>Date</u>	<u>Maturity</u> <u>Value</u>	<u>How Title Held</u>
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Location of Bonds _____

REAL ESTATE

Description _____

Location of Property _____

Deed in Name of _____

Name of Mortgagor _____ Phone _____

Description _____

Location of Property _____

Deed in Name of _____

Name of Mortgagor _____ Phone _____

Description _____

Location of Property _____

Deed in Name of _____

Name of Mortgagor _____ Phone _____

Description _____

Location of Property _____

Deed in Name of _____

Name of Mortgagor _____ Phone _____

Description _____

Location of Property _____

Deed in Name of _____

Name of Mortgagor _____ Phone _____

Deeds, Insurance Policies, Leases, etc., are located at _____

EMPLOYEE BENEFIT PLANS & IRA's

Description	Beneficiary	Owner
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Location of Papers _____

PROMISSORY NOTES & TRUST DEEDS

Payor _____

How Title Held _____

Payor _____

How Title Held _____

Payor _____

How Title Held _____

Location of Documents _____

PATENTS, COPYRIGHTS, ETC.

Description _____

Expiration Date _____ Location of Certificate _____

Description _____

Expiration Date _____ Location of Certificate _____

Description _____

Expiration Date _____ Location of Certificate _____

OTHER ASSETS & LOCATION (Include Jewelry, Furs, Antiques, Art Objects, Hobbies, Collections, Boats, etc.)

ASSETS TO BE SOLD IN PAYMENT OF ESTATE TAXES _____

LIABILITIES

Description _____ Payee _____ Location of Documents _____

RECORD OF GIFTS

Donor's or Donee's Name _____ Date of Gift _____ Description _____ Value _____

BUSINESS DATA

Name of Business _____ Phone _____

Address _____

Description of Business _____

Form of Organization: Sole Proprietorship Partnership "C" Corporation
 "S" Corporation

Location of Ownership Records _____

Names of Partners or Shareholders Relationship % of Ownership Years with Company

- 1.
- 2.
- 3.
- 4.

5.

6.

7.

Arrangements for continuation or liquidation after my death _____

If "Retained by Family," business to be Operated by _____

If to be "Sold", who will be the purchaser? _____

Is there a purchase-and-sale agreement? If so, describe _____

Location of Tax and Financial Records and Agreements _____

Other Arrangements _____

MILITARY DATA

Service Branch Serial No. From To Retired?

Rank Disabled? Description of Benefits

Location of Papers _____

TAX & LEGAL DATA

Location of Tax Returns _____

My Net Worth at Date of Marriage _____ Spouse's Net Worth at Date of Marriage _____

States Resided In
Since Marriage

From

To

Combined Net Worth
When Established
Residence in State

Date of Pre-Nuptial Agreement _____ Prepared by Attorney _____

Location of Agreement _____

OTHER DATA _____
