



INDIVIDUAL PRELIMINARY INFORMATION

Full name:

“Also Known as” Other Names:

Birth Date: Marital Status:

Phone #: Email:

Residency status (mark one):

US Citizen US Resident, if so, what State:

Non-US Resident Country of Citizenship:

Home Address:

City, State, Zip:

Employer Name:

How did you hear about us?:

What would you like to discuss during your next phone call?:

I understand that a case consultation with OC Estate & Elder Law (“the Firm”) does not mean I have been provided with actual legal advice on a matter and does not create an attorney-client relationship. A free consultation is intended to enable the Firm to understand the nature of a potential client’s matter and to inform the potential client if the Firm shall represent them in connection with the matter. Before the Firm can provide legal advice on any matter, and before an attorney-client relationship is formed, I must sign a Retainer Agreement setting forth the Firm’s scope of representation and the fees that will be charged.

Client Signature: Date:



BENEFICIARY INFORMATION

Describe how you would like your estate to be distributed upon your death:

Beneficiary Name	Date of Birth	Percentage	Relationship to You

Include after-born children: Yes No

List names of all your children, including from prior relationships:

Who shall you designate as Guardians of your minor children? (if applicable):

Burial or Cremation Request to be added to your Last Will & Testament (if desired):



TRUSTEE/PERSONAL REPRESENTATIVE INFORMATION

Who do you want to name as Successor Trustee or Personal Representative upon your death?:

1st Person	Name		Relationship	
2nd Person	Name		Relationship	
3rd Person	Name		Relationship	

ASSETS

Assets	Approx. Value	Comments: (how are accounts titled / any beneficiaries listed?)	
Bank Accounts			
Life Insurance			
Retirement Plans			
Other Real Estate Property 1			
Other Real Estate Property 2		Address	
Other Real Estate Property 3		Address	
Vehicles/Boats			
Businesses			
Other			

Attorneys Notes

Co-sole TTEE age:



POWER OF ATTORNEY & HEALTH CARE SURROGATE

Who do you want to name as agents on your Durable Power of Attorney?

(The person who will handle your financial and legal matters in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			

Who do you want to name as your Health Care Surrogate?

(The person who will make your medical decisions in case of your incapacity.):

1st Person	Name		Relationship	
	Address			
	Phone			
2nd Person	Name		Relationship	
	Address			
	Phone			
3rd Person	Name		Relationship	
	Address			
	Phone			