

Personal Information Questionnaire

for

as of



DEAN JONES LLP

TRUST, ESTATE, BUSINESS & CHARITABLE TAX PLANNING

PERSONAL INFORMATION

Your Full Name _____

Your Signature Name for Legal Documents _____ Nickname _____

Other Names by Which You Are Also Known _____ Driver's License Number: _____

Social Security Number _____ Birth Date _____

Your Home Address _____

Home Phone Number _____ Home Fax _____

Cell Phone Number _____ County _____

Employer _____

Position _____

Office Phone Number _____ Office Fax _____

Your E-Mail Address _____ Citizenship _____

Marital/Partner Status _____

Date of Marriage _____ Please fax _____

Spouse/Partner's Full Name _____

Spouse/Partner's Signature Name for Legal Documents _____ Nickname _____

Other Names by Which Your Spouse or Partner is Known _____ Driver's License Number: _____

Social Security Number _____ Birth Date _____

Home Phone Number _____ Home Fax _____

Cell Phone Number _____

Employer (or "Retired") _____ Office Fax _____

Position _____

Office Phone Number _____ Please fax _____

E-Mail Address _____ Citizenship _____

CHILDREN

FULL NAME	BIRTH DATE	NICK NAME	PARENTS
_____	...__________	.._____
_____	...__________	.._____
_____	...__________	.._____
_____	...__________	.._____
_____	...__________	.._____
_____	...__________	.._____
_____	...__________	.._____

OTHER HEIRS OR DEPENDENTS

FULL NAME	NICKNAME	RELATIONSHIP
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____
_____	..._____	._____

ACCOUNTING, FINANCIAL, AND LEGAL ADVISERS

We work with everyone on your financial team to ensure you the best possible planning. We rely heavily on your other advisers to carry out the strategies you choose.

ACCOUNTING _____ Nickname _____
Firm Name _____
Address _____

Phone _____ Fax _____
E-Mail Address _____

INVESTMENTS _____ Nickname _____
Firm Name _____
Address _____

Phone _____ Fax _____
E-Mail Address _____

INSURANCE _____ Nickname _____
Firm Name _____
Address _____

Phone _____ Fax _____
E-Mail Address _____

LEGAL _____ Nickname _____
Firm Name _____
Address _____

Phone _____ Fax _____
E-Mail Address _____

PERSONAL QUESTIONS

GUARDIANS FOR YOUR MINOR CHILDREN. Who would you choose to raise your children if you were unable to do so? N/A

First Choice _____

Second Choice _____

Third Choice _____

- Yes No Do you have a child with a learning disability?
- Yes No Do any of your children receive governmental support or benefits?
- Yes No Do any of your children have special educational, medical, or physical needs?
- Yes No Are any of your children institutionalized?
- Yes No Do you provide primary or other major financial support to adult children?

-
- Yes No Are you or your spouse/partner receiving social security, disability, or other governmental benefits?
- Yes No Have either you or your spouse/partner been divorced?
- Yes No Are you or your spouse/partner making payments pursuant to a marital settlement agreement? (If so, please send us a copy.)
- Yes No Have you or your spouse/partner ever signed a pre- or post-marriage or relationship contract? (If so, please send us a copy.)
- Yes No Have you or your spouse/partner been widowed? (Please send us a copy of any federal or state estate tax return that you filed.)
- Yes No Have you or your spouse/partner ever filed federal or state gift tax returns? (If so, please send us a copy.)
- Yes No Have you or your spouse/partner completed previous will, trust, or other estate planning documents? (If so, please send us a copy.)

Please send any wills, trusts, or agreements requested on this page to us by mail, by email attachment to alex@deanjonesllp.com or to ed@deanjonesllp.com or by fax to (415) 352-1441.

DISABILITY TRUSTEES. If you ever become unable to effectively manage your property or financial affairs, who would you want to handle your financial affairs for you? (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

MEDICAL DECISIONMAKERS. If you ever become unable to communicate your wishes to your doctor, who would you want to make medical decisions for you? (Name your spouse or partner or one or more persons, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

EXECUTORS AND DEATH TRUSTEES. Upon your death, who would you want to carry out your will and trust instructions? (Name your spouse or partner or one or more persons or financial institutions, if you know. If you do not know, we will help you decide who would be most appropriate.)

	FOR YOU	FOR YOUR SPOUSE OR PARTNER
First Choice	_____	_____
Second Choice	_____	_____
Third Choice	_____	_____
Fourth Choice	_____	_____

YOUR GOALS

What do you want to discuss or accomplish when we next meet?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

CASH ACCOUNTS

NAME OF BANK OR INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	OWNER	CURRENT BALANCE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				\$ _____

INVESTMENT ACCOUNTS (other than retirement accounts)

NAME OF BROKERAGE OR INVESTMENT FIRM	TYPE OF ACCOUNT	ACCOUNT NUMBER	OWNER	CURRENT BALANCE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				\$ _____

UNEXERCISED EMPLOYEE STOCK OPTIONS

GRANT DATE	NUMBER GRANTED	TYPE	VEST DATE	COMPANY	OWNER	CURRENT OPTION VALUE
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
						\$ _____

RETIREMENT PLANS AND ACCOUNTS

TYPE OF PLAN	EMPLOYER OR INSTITUTION	OWNER	DEATH BENEFICIARY	VALUE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				\$ _____

ANNUITIES

WHOSE LIFE IS INSURED?	COMPANY	OWNER	CHECK IF PAYMENTS ARE ONLY FOR LIFE	DEATH BENEFICIARY IF PAYMENTS ARE NOT ONLY FOR LIFE	VALUE
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____	\$ _____
					\$ _____

LIFE INSURANCE POLICIES

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

LIFE INSURANCE POLICIES (CONTINUED)

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

INSURANCE COMPANY	FACE VALUE	TYPE OF POLICY	WHOSE LIFE IS INSURED?	CASH VALUE	LOANS AGAINST POLICY
_____	\$ _____	_____	_____	\$ _____	\$ _____
OWNER: _____		BENEFICIARY: _____			
WHO PAYS THE PREMIUM? _____					

NET CASH VALUE

\$ _____

NET PROCEEDS

\$ _____

MORTGAGES, NOTES & OTHER DEBTS OWED TO YOU

NAME OF DEBTOR AND DESCRIPTION OF NATURE OF LOAN, IF APPLICABLE	YEAR OF LOAN	YEAR LOAN IS DUE	TO WHOM IS THIS DEBT OWED?	CURRENT LOAN BALANCE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				\$ _____

PARTNERSHIP INTERESTS

NAME OF PARTNERSHIP	GENERAL PARTNER %	LIMITED PARTNER %	OWNER	VALUE OF PARTNER INTERESTS
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				\$ _____

LLC, CORPORATE, OR PROFESSIONAL INTERESTS

NAME OF CORPORATION OR COMPANY	TYPE OF ENTITY	BUY/ SELL AGREE- MENT?	PERCENT OWNED	OWNER	VALUE
_____	_____	<input type="checkbox"/>	_____ %	_____	\$ _____
_____	_____	<input type="checkbox"/>	_____ %	_____	\$ _____
_____	_____	<input type="checkbox"/>	_____ %	_____	\$ _____
_____	_____	<input type="checkbox"/>	_____ %	_____	\$ _____
					\$ _____

SOLE PROPRIETORSHIP BUSINESS INTERESTS

NAME OF CORPORATION OR COMPANY	DESCRIPTION OF BUSINESS	OWNER	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			\$ _____

REAL PROPERTY INTERESTS

NAME OR ADDRESS OF PROPERTY	TYPE OF PROPERTY	% OWNED	OWNER	MORT GAGE	VALUE
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____
_____	_____	____%	_____	\$ _____	\$ _____

TOTAL GROSS VALUE \$ _____

- TOTAL REAL PROPERTY LIABILITIES - _____

TOTAL GROSS VALUE \$ _____

ANTICIPATED INHERITANCE OR LAWSUIT JUDGMENT

PLEASE DESCRIBE THE INHERITANCE OR LAWSUIT
SO THAT WE UNDERSTAND THE NATURE OF IT

OWNER

ESTIMATED
VALUE

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<hr/>
		\$ _____

OTHER ASSETS

PLEASE DESCRIBE EACH ASSET SO THAT WE
UNDERSTAND THE NATURE OF IT

OWNER

ESTIMATED
VALUE

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<hr/>
		\$ _____

PERSONAL EFFECTS, CARS, BOATS AND PLANES

ASSET DESCRIPTION	OWNER	ESTIMATED VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Estimated value of all personal effects not listed above	_____	<u>_____</u>
		\$ _____

LIABILITIES (other than real property liabilities)

PLEASE DESCRIBE EACH LIABILITY SO THAT WE UNDERSTAND THE NATURE OF IT	WHO OWES THE DEBT?	ESTIMATED VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

		\$ _____

ASSETS AND LIABILITIES

	TOTAL COMBINED ASSETS	RESERVED FOR OFFICE USE	
		--	--
Cash Accounts	\$ _____	_____	_____
Investment Accounts	_____	_____	_____
Unexercised Employee Stock Options	_____	_____	_____
Retirement Plans and Accounts	_____	_____	_____
Annuities	_____	_____	_____
Mortgages, Notes & Other Debts Owed to You	_____	_____	_____
Partnership Interests	_____	_____	_____
LLC, Corporate, or Professional Interests	_____	_____	_____
Sole Proprietorship Business Interests	_____	_____	_____
Real Property Interests	_____	_____	_____
Anticipated Inheritance or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
Personal Effects, Boats, and Automobiles	_____	_____	_____
TOTAL ASSETS	\$ _____	_____	_____
Real Property Mortgages & Liabilities	\$ _____	_____	_____
Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	\$ _____	_____	_____
NET WORTH	\$ _____	_____	_____
Insurance Cash Values Less Policy Loans	\$ _____	_____	_____
Insurance Face Amounts Less Policy Loans	\$ _____	_____	_____
NET WORTH TODAY	\$ _____	_____	_____
TOTAL ESTATE	\$ _____	_____	_____

You need not complete grayed-out entries labeled "for office use".
If you do not, we will complete them for you.

Referral Source: _____