

Confidential Estate Planning Personal Information Booklet

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Privacy Policy Notice

In the course of providing our clients with advice related to financial and business matters, which may on occasion include income tax, estate tax, and/or gift tax advice, we may receive significant personal and business financial information from our clients. If you are a client of our firm, you should know that all information we receive from you is held in confidence, and is not released to people outside the firm, except as agreed to by you, or as allowed under applicable law. By retaining us for a particular matter, you do authorize us to disclose information necessary to handle that matter, without breaching the attorney-client privilege; including, for example, information essential for (1) filing or defending a lawsuit on your behalf; (2) handling one or more transactions; or (3) performing estate planning or estate administration for you and/or assisting in the implementation thereof, in consultation with an accountant, financial institution or financial advisor if required.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in certain respects, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. At no time is your name sold or disclosed to a third party for financial gain or disclosed without your knowledge, and then only in conjunction with a matter for which we have been retained.

Please Tell Us As Much As You Can About You

HUSBAND's (or Client's) Full legal name _____
 Name used to sign documents _____ Prefer to be called _____
 Home Address: _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____ Birth Date _____ Age _____
 Home Ph. _____ Cell Ph. _____ Fax No. _____
 email _____ Social Sec. No. _____ Are you a U.S. Citizen? YES NO
 Employer _____ Occupation _____
 Business Address: _____
 City _____ State _____ Zip Code _____ Bus. Ph. _____
 Are you a business owner? YES NO Are you taking distributions from your retirement plan? YES NO

WIFE's (or Partner's) Full legal name _____
 Name used to sign documents _____ Prefer to be called _____
 Home Address: _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____ Birth Date _____ Age _____
 Home Ph. _____ Cell Ph. _____ Fax No. _____
 email _____ Social Sec. No. _____ Are you a U.S. Citizen? YES NO
 Employer _____ Occupation _____
 Business Address: _____
 City _____ State _____ Zip Code _____ Bus. Ph. _____
 Are you a business owner? YES NO Are you taking distributions from your retirement plan? YES NO
 Date of Marriage _____ City/State _____

Your Most Important Estate Planning Concerns

What is it that you hope to accomplish through your estate plan? A clear understanding of what motivates you to prepare or revise your estate plan is critically important to us. An understanding and appreciation of those benefits and values which prompt you to take action is the foundation upon which we begin to design your estate plan.

Please rank the following objectives by giving a "1" to those that are most important to you, a "2" to those that are somewhat important, and leave blank those that you feel are not very important to your personal situation.

Husband/Client's Objectives

Wife/Partner's Objectives

- | | |
|---|-----|
| ___ Simplify the administration of your estate (avoid probate and guardianship) | ___ |
| ___ Avoid private matters being made public unnecessarily | ___ |
| ___ Avoid selling assets in a "fire sale" in order to pay taxes and expenses | ___ |
| ___ Avoid or minimize capital gain tax on the sale of assets | ___ |
| ___ Eliminate as much estate tax as possible | ___ |
| ___ Avoid unnecessary business expenses/failure from lack of a business succession plan | ___ |
| ___ Ensure that the efforts you desire are used to save your life | ___ |
| ___ Have property continue to benefit the survivor after one dies | ___ |
| ___ Maximize control and flexibility in the administration of your financial affairs | ___ |
| ___ Minimize income and capital gain taxes to the extent possible | ___ |

- ___ Prevent assets from being consumed if you/spouse require long-term care ___
- ___ Protect your investment assets from loss resulting from frivolous lawsuits ___
- ___ Provide for parents if they need financial assistance ___
- ___ Provide for you if you become disabled or incapacitated ___
- ___ Reduce risk of claims/litigation from the management/administration of the business ___
- ___ Reduce the risk of litigation from your heirs ___
- ___ Ensure sufficient assets now and in retirement ___
- ___ Protect against estate passing unequally due to the nature of the assets ___
- ___ Educate your children or grandchildren ___
- ___ Structure child/grandchild's inheritance so it instills values and responsibility ___
- ___ Ensure people you select become guardians of your children ___
- ___ Ensure child/grandchild eligible for government benefits even with an inheritance ___
- ___ Protect child/grandchild's inheritance from mismanagement ___
- ___ Protect child/grandchild's inheritance from loss resulting from frivolous lawsuits ___
- ___ Protect child/grandchild's inheritance from claims of future spouses ___
- ___ Protect assets so they are not lost in case of remarriage after one dies ___

Please identify and other significant planning objectives you have which are not listed above:

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- Have you or your spouse/partner previously completed a will, trust, or other estate planning? YES NO
 - If you previously completed your estate planning, were you satisfied with the experience? YES NO
 - (Whenever possible, we prefer to review your current estate planning prior to our initial meeting)***
 - Are you or your spouse/partner receiving disability benefits? YES NO
 - Do you or your spouse/partner have any serious health problems? YES NO
 - Do you or your spouse/partner have any property that you consider to be separate property? YES NO
 - Have you or your spouse/partner ever filed state or federal gift tax returns? YES NO
 - Are you or your spouse/partner making annual exclusion gifts (<\$12,000) to anyone? YES NO
 - Do you and your spouse/partner have a marital/cohabitation agreement? YES NO
 - Have either of you ever been divorced? YES NO
 - Have you and your partner registered as a domestic partnership? YES NO
 - Do either of you have any outstanding obligations owed to a former spouse? YES NO
 - Do either of you have any outstanding child support obligation? YES NO
 - Do either of you have parents, grandparents or others (besides children or grandchildren) that you would like to specifically provide for in your estate planning? YES NO

If you answered YES to any of the above questions please elaborate here or on a separate sheet:

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- If you could give your estate in any manner, how would you? ___ % heirs ___ % Charity ___ % IRS
 - If you could leave your children/beneficiaries any amount of money, what specific dollar amount per child or beneficiary would that be? \$_____
 - What is your monthly after-tax income from all sources? \$_____ and how much of this do you need each month to maintain your current lifestyle? \$_____
 - If you were *required* to give away some of your assets to deserving charities or causes, what charities or causes would you be interested in benefiting?
-

Please Tell Us As Much As You Can About Your Family

YOUR CHILDREN: Please indicate any children who are born to either of you or adopted by either of you. Under "comments" please describe your relationship with this child, his or her spouse or partner, and grandchildren. If you have any specific wishes with respect to their inheritance, please tell us.

H=Husband/Client W=Wife or Partner B=Both

Age	Full Legal Name (Please spell out middle names)	Birth Date	SS#	Child of
_____	_____	_____	_____	_____
Occupation	_____	Education	_____	
Spouse	_____	Married How Long?	_____	
Grandchildren (include age) _____				
Comments _____				

Age	Full Legal Name (Please spell out middle names)	Birth Date	SS#	Child of
_____	_____	_____	_____	_____
Occupation	_____	Education	_____	
Spouse	_____	Married How Long?	_____	
Grandchildren (include age) _____				
Comments _____				

Age	Full Legal Name (Please spell out middle names)	Birth Date	SS#	Child of
_____	_____	_____	_____	_____
Occupation	_____	Education	_____	
Spouse	_____	Married How Long?	_____	
Grandchildren (include age) _____				
Comments _____				

Age	Full Legal Name (Please spell out middle names)	Birth Date	SS#	Child of
_____	_____	_____	_____	_____
Occupation	_____	Education	_____	
Spouse	_____	Married How Long?	_____	
Grandchildren (include age) _____				
Comments _____				

- | | |
|--|--------|
| If you have a family pet(s) do you wish to make arrangements for their care? | YES NO |
| Do you have any deceased children with children of their own that you wish to provide for? | YES NO |
| Do any of your beneficiaries receive governmental benefits because of a disability? | YES NO |
| Do any of your beneficiaries have special educational, medical, or physical needs? | YES NO |

If you answered YES to any of the above questions, or if any of your beneficiaries present issues of special concern to you, please elaborate in the space below or on a separate page:

Your Trusted Advisors

We prefer to work with your advisors in the development of your estate plan, with your permission.

	Name	City/State	Telephone
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Financial Planner	_____	_____	_____
Life Ins. Agent	_____	_____	_____
H/Client's Physician	_____	_____	_____
W/Partner's Physician	_____	_____	_____

Identifying Your Successors

Typically, when most people travel, they make arrangements for their affairs to be handled by someone while they are gone. When small children are left at home, these arrangements are usually left with a babysitter or whoever is in charge. Your Successors are the "babysitters" you are putting in charge of your affairs while you are incapacitated, or after you are gone. Who do you want to make decisions for you? Who do you want to make decisions for your loved ones? If you have small children, who will impart your values to them? What sort of legacy do you hope to leave them? These are vital issues in the estate planning process which most people are ill-equipped to decide on the spot. Giving this issue your thoughtful consideration will make it easier for us to advise you. **Please indicate your preliminary preferences below.**

Who would you choose to manage your **financial affairs if you were disabled or incapacitated?**

Husband/Client's 1 st Choice _____	Wife/Partner's 1 st Choice _____
Husband/Client's 2 nd Choice _____	Wife/Partner's 2 nd Choice _____
Husband/Client's 3 rd Choice _____	Wife/Partner's 3 rd Choice _____

Who would you choose to take charge of your **financial affairs upon your death?**

Same as 1. above _____ If different, list choices below:

Husband/Client's 1 st Choice _____	Wife/Partner's 1 st Choice _____
Husband/Client's 2 nd Choice _____	Wife/Partner's 2 nd Choice _____
Husband/Client's 3 rd Choice _____	Wife/Partner's 3 rd Choice _____

Who would you choose to make **health care decisions** for you if you became disabled or incapacitated? **(Please bring the names, addresses and telephone numbers of all persons you wish to be contacted in the event of a medical emergency)**

Same as 1. above _____ If different, list choices below:

Husband/Client's 1 st Choice _____	Wife/Partner's 1 st Choice _____
Husband/Client's 2 nd Choice _____	Wife/Partner's 2 nd Choice _____
Husband/Client's 3 rd Choice _____	Wife/Partner's 3 rd Choice _____

If you have **minor children**, who would you choose to raise your child or children to adulthood if you and your spouse/partner could not?

Husband/Client's 1 st Choice _____	Wife/Partner's 1 st Choice _____
Husband/Client's 2 nd Choice _____	Wife/Partner's 2 nd Choice _____
Husband/Client's 3 rd Choice _____	Wife/Partner's 3 rd Choice _____

Would you like our assistance developing instructions to assist your child's Guardian? YES NO

Your Assets and Liabilities

Understanding your assets and liabilities is critically important to structuring your estate plan to meet your goals and objectives. We need to know, not only what assets you have, but how they are owned (titled), where they are located, and what liens or encumbrances exist against them. This also helps us track the disposition of each asset as we work together through the development and implementation of your estate plan. In the pages that follow please tell us as much as you can about your current assets and liabilities. *All information you provide is strictly confidential.*

CASH ACCOUNTS. List your and your spouse/partner's *checking* and *savings* accounts and *certificates of deposit*. (Do not include IRAs, pension plans or other qualified retirement plans here.) **Please bring a copy of a recent statement for each account.**

Owner	Institution	Acct. #	Acct. Type	Value

INVESTMENT ACCOUNTS AND MUTUAL FUNDS. List your and your spouse/partner's investment accounts below. (Do not include tax deferred accounts, such as IRAs, 401(k)s and pension plans here.) **Please bring a copy of a recent statement for each account.**

Owner	Institution	Acct. #	Fund Type	Value

STOCK CERTIFICATES AND BOND CERTIFICATES. List individual stocks and bonds owned by you and your spouse/partner (not held within a brokerage account). **Please bring copies of each.**

Owner	Company/Obligor	Acct. # / Cert. #	# Shares	Value

PERSONAL EFFECTS. Include vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as art, jewelry, antiques, collectibles, etc. **Please bring a copy of your vehicle registrations or copies of vehicle titles.**

Owner	Description of Item	Value

QUALIFIED RETIREMENT PLANS. Include IRAs, 401(k)s, 403(b)'s and other qualified plans here. **Please bring a copy of a recent statement for each account.**

Owner	Institution	Acct. #	Acct. Type	Value

LIFE INSURANCE POLICIES AND NON-QUALIFIED ANNUITIES. **Bring a recent policy report, copy of the policy, or statement for each.**

Owner	Company	Acct. #	Acct. Type	Death Benefit/ Cash Value

MORTGAGES, NOTES, OTHER RECEIVABLES. Include here debts owed to you or your spouse/partner by others, such as promissory notes, deeds of trust, etc. **Please bring evidence of the debt and approximate balance owed to you.**

Payee	Payor	Terms of Debt	Debt Type	Amount Owed To You

PARTNERSHIP, BUSINESS AND PROFESSIONAL INTERESTS. List here any shares, membership certificates or other ownership interests in a closely held corporation, partnership, limited liability company, or other entity. **Please bring evidence of ownership, such as copies of articles of incorporation or organization, certificate of limited partnership, etc.**

Owner	Description of Entity	Interest Owned %	Value of Interest

OIL, GAS, MINERAL, ROYALTY, WATER, PATENT & COPYRIGHT INTERESTS. **Please bring copies of your deeds, leases, patents, copyrights, or other evidence for each interest listed below.**

Owner	Brief Legal Description	Ownership %	Value of Interest

REAL ESTATE. This includes your or your spouse/partner's personal residence and any other real estate you own. Indicate in the "Lien" column whether the property has a mortgage against it, and be sure to include the mortgage information in the liabilities section. **For each parcel of real estate, please bring a copy of (1) the most recent deed; (2) a recent tax statement showing the assessor parcel number (APN); and (3) the homeowners or other property insurance information.**

Owner	Brief Legal Description	Mortgage Outstanding	Current Market Value
	State:		
	State:		
	State:		

ANTICIPATED INHERITANCES OR GIFTS. If you or your spouse/partner are a beneficiary of your parent's, grandparent's, or anyone else's estate, please tell us what you anticipate might be distributed to you or your spouse or partner during your lifetime:

OTHER ASSETS. Please describe any other significant assets not included above.

Your Current Liabilities

LIABILITIES	DOLLAR AMOUNTS		
	JOINT	HUSBAND/CLIENT	WIFE/PARTNER
Loans Payable			
Accounts Payable			
Real Estate Mortgage – Residence			
Real Estate Mortgage – Other			
Loans against life insurance			
Other obligations -			
TOTAL LIABILITIES			

Please tell us anything else about you, your family or your financial situation that would help us in preparing for our initial consultation below, or feel free to attach additional pages.

Waiver of Conflict of Interest to Dual Representation

Any time an attorney is asked to provide counsel and advice to more than one client, even a married couple, there is the possibility that a conflict of interest exists. We ask that, before we meet for the first time, you acknowledge that even though there is such potential, you would like us to meet with both of you and advise you about your estate planning. If you agree, please review and sign the statement below. If you disagree or would like to discuss this with us first before signing, please let us know.

We acknowledge that the representation of both of us by one attorney or law firm may present a conflict of interest, and we have been advised that we both may retain independent counsel to assist us in connection with the preparation of our estate planning. Nevertheless, we hereby waive any such conflict of interest and request and authorize the LAW OFFICES OF JAMES K. BURAU, LTD. to represent both of us in regard to the preparation and implementation of our estate planning.

Client Signature

Date

Client Signature

Date

Consent to Disclosure of Confidential Information

Without your permission we cannot share confidential information and communication that you have provided to us with your financial advisors or your children or other beneficiaries. We generally think that the sharing of information with your trusted advisors can result in the development of better recommendations concerning your personal estate planning, and having the ability to explain why we recommended certain estate planning strategies with your children or other beneficiaries can help improve the overall success of your planning. If you agree, please review and sign the statement below. If you disagree or would like to discuss this with us first before signing below, please let us know.

We also agree that our attorney and the law firm may share with each of us, our financial advisors, and our children or other beneficiaries any information disclosed by either of us that the attorney or law firm deems necessary to the successful implementation of our estate planning, unless we have an agreement in writing otherwise.

Client Signature

Date

Client Signature

Date