

TONI DeGASPERIN
 Attorney at Law
 23232 Peralta Drive, Suite 200
 Laguna Hills, CA 92653
 (949)770-4271

INFORMATION SHEET
 (Please Print)

Date: _____

Husband: Full Legal Name: _____ () (/ /)
 (Age) (Birth Date)

Signature Name: _____ (- -)
 Soc. Sec. #

Wife: Full Legal Name: _____ () (/ /)
 (Age) (Birth Date)

Signature Name: _____ (- -)
 Soc. Sec. #

Date of Marriage: ____ / ____ / ____; Number of years: ____

Occupation (or, if retired, former occupation): Husband: _____ Wife: _____

Annual Income: Husband: _____ Wife: _____

Home Address: _____ Bus. Address: _____

Home Phone: _____ Bus. Phone: _____

County of Residence: _____

PERSONAL INFORMATION

Full Name of Children and Address (city & State)	Birthdate and age	Marital Status (M/S/D)	# Of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all of the above persons U.S. citizens? _____

Do any of your children or grandchildren require special attention? (Consider, for example, their educational, mental, or physical needs.) _____

Did you and your spouse ever sign a pre- or post-marriage contract? _____

Are there any persons other than minor children who are dependent upon you? _____

Does any family member receive Soc. Sec. or other benefits? _____

Do you presently qualify for veteran disability exemptions? _____

Do you presently have a Living Trust? ___ Ever file a Federal Gift Tax Return? _____

LIST OF ASSETS
(Fair market value and ownership)

Real Property: (address)	Joint	Husband	Wife
13. _____	\$ _____	\$ _____	\$ _____
14. _____	\$ _____	\$ _____	\$ _____
15. _____	\$ _____	\$ _____	\$ _____
16. _____	\$ _____	\$ _____	\$ _____

Automobiles: (Year & Make)

17. _____	\$ _____	\$ _____	\$ _____
18. _____	\$ _____	\$ _____	\$ _____
19. _____	\$ _____	\$ _____	\$ _____

Savings and Checking Accounts:

20. _____	\$ _____	\$ _____	\$ _____
21. _____	\$ _____	\$ _____	\$ _____
22. _____	\$ _____	\$ _____	\$ _____

C.D.'s:

23. _____	\$ _____	\$ _____	\$ _____
24. _____	\$ _____	\$ _____	\$ _____

Mutual Funds/Money Accounts:	Joint	Husband	Wife
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25. _____	\$ _____	\$ _____	\$ _____
26. _____	\$ _____	\$ _____	\$ _____

Stocks or Bonds:

27. _____	\$ _____	\$ _____	\$ _____
28. _____	\$ _____	\$ _____	\$ _____

Valuable Personal Property:

29. _____	\$ _____	\$ _____	\$ _____
30. _____	\$ _____	\$ _____	\$ _____
31. Other Misc. Contents	\$ _____	\$ _____	\$ _____

INSURANCE

Ins. Co.	Insured	Policy Owner	Beneficiary	Death Benefit
32. _____	_____	_____	_____	_____
33. _____	_____	_____	_____	_____
34. _____	_____	_____	_____	_____
35. _____	_____	_____	_____	_____

BENEFITS

	Beneficiary	Value
Pension/Profit Sharing		
36. _____	_____	\$ _____
37. _____	_____	\$ _____

	Beneficiary	Value
I.R.A.'s		
38. _____	_____	\$ _____
39. _____	_____	\$ _____

Future Inheritance

40. Are either you or your spouse anticipating any inheritance in the next 5-10 years? Please estimate the possible amount: \$ _____ \$ _____

Other Assets	Joint/Husband/Wife	
41. _____	_____	\$ _____
42. _____	_____	\$ _____

LIST OF LIABILITIES

	Husband	Wife	Joint
43. Home Mortgage:	_____	_____	_____
44. Notes:	_____	_____	_____
45. Loans against Life Insurance:	_____	_____	_____
46. Other Obligations:	_____	_____	_____

IMPORTANT

Please list the names and addresses of your Key Advisors

CPA: _____ Personal Bank & Banker: _____

Financial Advisor: _____

Insurance Agent: _____
