

 **LAW OFFICE OF MERRILL A. HANSON**  
A PROFESSIONAL CORPORATION

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**A. PLANNING OBJECTIVES**

Please check any of the following topics which might be among your planning objectives:

- |   |  |
|---|--|
| <input type="checkbox"/> Getting estate in order      | <input type="checkbox"/> Tax protection                |
| <input type="checkbox"/> Estate Plan Amendment        | <input type="checkbox"/> Income protection             |
| <input type="checkbox"/> Probate avoidance            | <input type="checkbox"/> Management of Debts/Creditors |
| <input type="checkbox"/> Care of children after death | <input type="checkbox"/> Marital Agreement             |
| <input type="checkbox"/> Business Succession          | <input type="checkbox"/> Retirement Planning           |
| <input type="checkbox"/> Long Term Care planning      | <input type="checkbox"/> Education Planning            |
| <input type="checkbox"/> Special Needs planning       | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> U.S. Veteran's Benefits      |  |

**B. ESTATE INFORMATION**

My estate has the following assets:

- |  |   |
|--|---|
| <input type="checkbox"/> Real Estate                     | <input type="checkbox"/> Savings Bonds                    |
| <input type="checkbox"/> Certificates of Deposit (CDs)   | <input type="checkbox"/> Bank Accounts                    |
| <input type="checkbox"/> Life Insurance                  | <input type="checkbox"/> Corporate/Partnership Interests  |
| <input type="checkbox"/> IRA/Retirement Plans            | <input type="checkbox"/> Vehicles/Boats/Toys              |
| <input type="checkbox"/> Stocks, Bonds, Mutual Funds     | <input type="checkbox"/> Collections/Expensive Art Pieces |
| <input type="checkbox"/> Notes Payable to You/Collateral | <input type="checkbox"/> Intellectual Property            |
- There's a possibility of a significant increase in my estate (e.g. inheritance)  
 It's possible a lawsuit or creditors could deplete my estate.

**SPECIFICS AFFECTING PLANNING**

Please check all boxes applicable to you (and your spouse, if applicable).

- I/We currently have existing wills or trusts, including "Living Wills" or "Living Trusts". If so, please give us a copy.
- A pre- or post-nuptial agreement, divorce decree, or marital agreement may affect a party of this estate. If so, please give us a copy.
- My business has rules on what happens to a business interest upon a death. If so please give us copies of business records. (e.g., partnership agreement, LLC Operating Agreement, shareholder agreement, stock options, buy-sell agreements).
- I/We have made gifts in excess of the annual federal exclusion amount.
- I/We have made gifts to minor children pursuant to UGMA (Uniform Gifts to Minors Act) or UTMA (Uniform Transfers to Minors Act) for which I/we are the custodian.

**C. SETTLORS INFORMATION (YOU)**

|  |  |  |
|--|--|--|
| Full Name<br>(First, Middle, Last)             | Self   | Spouse <span style="float: right;">check if none <input type="checkbox"/></span> |
| Any aliases, AKAs, or<br>Maiden name           |  |  |
| Street Address                                 |  | <input type="checkbox"/> Same  |
| City, State, Zip                               |  | <input type="checkbox"/> Same  |
| County   |  | <input type="checkbox"/> Same  |
| Phone Number (home)                            |  | <input type="checkbox"/> Same  |
| Phone Number (cell)                            |  |  |
| Phone Number (work)                            |  |  |
| Email Address                                  |  | <input type="checkbox"/> Same  |
| Date of Birth                                  |  |  |
| Citizenship(s)                                 | <input type="checkbox"/> U. S. <input type="checkbox"/> other: | <input type="checkbox"/> U. S. <input type="checkbox"/> other:                   |
| Occupation                                     |  |  |
| Marriage Date & City<br><i>(If applicable)</i> |  |  |

**E. FAMILY INFORMATION**

CHILDREN – IF APPLICABLE

| Name | Date of Birth | Child of Self / Spouse / Both? |
|------|---------------|--------------------------------|
|      |               |                                |
|      |               |                                |
|      |               |                                |
|      |               |                                |

**FAMILY OF ORIGIN – IF NO CHILDREN LISTED**

|  |      |
|--|------|
| Parent <input type="checkbox"/> Living | Name |
| Parent <input type="checkbox"/> Living | Name |
| Parent <input type="checkbox"/> Living | Name |
| Parent <input type="checkbox"/> Living | Name |

**F. ADVISOR INFORMATION**

|                          |              |
|--------------------------|--------------|
| <b>Financial Advisor</b> | Name/Company |
| Mailing Address          |              |
| Phone                    |              |
| Email Address            |              |
| <b>Accountant</b>        | Name/Company |
| Mailing Address          |              |
| Phone                    |              |
| Email Address            |              |
| <b>Insurance Agent</b>   | Name/Company |
| Mailing Address          |              |
| Phone                    |              |
| Email Address            |              |

**G. Questions & Comments**

Please tell us anything about you or your estate that is interesting or different.  
 (Feel free to use the reverse of this page as well.)

*Please return this form to our office for your initial consultation.*