What To Bring When You Meet With Your Estate Planning Attorney

Thank you for contacting CANHR’s Lawyer Referral Service for an attorney referral. Enclosed you will find information about how to contact the attorney and a client satisfaction form to return to us.

Once you have made an appointment with an attorney, you want to gather as much information about your estate before your visit. It will save you time and money!

_You should bring copies of any previously executed estate planning documents, including deeds to property, wills, trusts, durable powers of attorney, health care directives and conservatorship information, if applicable. Also, provide a copy of your latest federal income tax return._

Your attorney will need to know detailed information about your estate and/or your spouse’s estate. If you are widowed, it is still important to provide information about your deceased spouse, as you may be eligible for “death benefits,” for example, Veteran’s Affairs offers a _Death Pension_ for spouses of some deceased veterans. If you are divorced, please make a note of the date(s) of your divorce(s). If your spouse is in a long term care facility or planning for placement in a facility – _the long term care spouse_ – some additional information may be needed to plan in case he or she may ever needs public benefits, i.e. Medi-Cal.

The information you provide to your attorney is critical in planning the future of your estate. The attorney will need to know about the property (assets) that you and your spouse own _together_ and the property that you own _separately_. The attorney will also need to know your monthly income and expenses. _This fact sheet should help you in the process of gathering information; fill it out as thoroughly as possible and bring it to your appointment with your attorney._

_Note: This fact sheet is not all-inclusive; it is a starting point, so keep in mind that the attorney may ask for additional information and/or documents._

**Personal Information Your Attorney Will Need to Know:**

**Information about Client or Medi-Cal Applicant/Beneficiary:**

_Name: ____________________________

- **Date of Birth:** ________________  
  - **Age:** ________________

- **Social Security Number:** ____________________________

- **Permanent Address:** ____________________________

- **Current Address** (if different than permanent): ____________________________

- **Telephone Numbers**
  - **Home:**
  - **Cell:**
  - **Work:**

- **Email Address:** ____________________________

- **If in a nursing home, date entered facility:** ____________________________
- Name/City of Facility: _______________________________________________________
- Health Insurance: _______________________________________________________
- Medi-Cal Benefits: ● Veteran’s Benefits:
  • Date approved: ________________  ● Date approved: ________________
- Developmentally Disabled:
  • Regional Center Case Manager:
    ♦ Name: _______________________________________________________________
    ♦ Address: _____________________________________________________________
    ♦ Phone Number:  ● Email:
- Under Conservatorship: ___________________________________________________
  • Name/Relationship of Conservator: _______________________________________
  • Contact Information to Conservator: _______________________________________
- Physical Problems: _______________________________________________________
- Mental Capacity: _________________________________________________________
- Primary Care Provider
  • Name: ______________________________________________________________
  • Address: _____________________________________________________________
  • Telephone:  • Fax:  • Email:

**Information on Well Spouse** (spouse not going into a facility – if applicable)

Name: _________________________________________________________________

- Date of Birth: ________________  ● Age: _________________________________
- Social Security Number: __________________________________________________
- Present Location/Address: _______________________________________________
- Telephone Number: _____________________________________________________

**Family Information:**

Date Married:

- Children Together (Name, Age, and Contact Information needed for all Children):

________________________________________________________________________

- Children NOT of this marriage (Name, Age, and Contact Information needed for all Children):
  • Well Spouse: ___________________________________________________________
  • LTC Spouse: __________________________________________________________

Are there any disabled children, if so, who? ____________________________________
# Estate Planning Documents

If you or your spouse (if any) have any of the following documents already prepared, bring copies to your first meeting with the attorney:

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes:</th>
<th>No:</th>
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</thead>
<tbody>
<tr>
<td>Will</td>
<td></td>
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<tr>
<td>Trust</td>
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<tr>
<td>Durable Power of Attorney</td>
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<tr>
<td>Advance Health Care Directive</td>
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</tbody>
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## Assets Checklist

Collect the following for your assets:

- **Home:** ☐ Yes ☐ No
  - Outstanding Mortgage, if any: ________________
- **Other Real Property:** ☐ Yes ☐ No
  - Assessed Value: ________________
  - Describe: ______________________
- **Business Property:** ☐ Yes ☐ No
  - Type of Property: ________________
  - ☐ Provide a copy of each grant deed
  - ☐ Bring copies of any trusts or wills

- Provide copy of latest statement, registration form or certificate for each of the following:
  - ☐ Automobile/s
  - ☐ Life Insurance Policies (Whole/Term)
  - ☐ Health Insurance (Medicare/Medi-Cal or Private)
  - ☐ Burial Plots/Burial Plans
  - ☐ Retirement Accounts: Pension Funds/IRAs/Annuities
  - ☐ Bank Accounts (Savings/Checking/CDs)
  - ☐ Stocks and Bonds
Monthly Income

Please include all sources of monthly income:

• Client or Ill spouse:
  • Source: ________________  • Amount: ________________
  • Source: ________________  • Amount: ________________
  • Source: ________________  • Amount: ________________

Total: $ __________

• Well Spouse (spouse not going into a facility) or Spouse #2:
  • Source: ________________  • Amount: ________________
  • Source: ________________  • Amount: ________________
  • Source: ________________  • Amount: ________________

Total Well Spouse: $ __________

Total Income (Combined): $ __________

Monthly Expenses

Please estimate what you (and your spouse, if applicable) spend on the following per month:

Mortgage/Rent: ____________________________  Car Repair/Service: ____________________________
Utilities: ________________________________  Gasoline: ________________________________
Groceries: ________________________________  Other Loans: ________________________________
Household Goods: ________________________  Clothing: ________________________________
Home Repair: _____________________________  Credit Card Payments: ________________________
Property Tax: _____________________________  Medical Expenses: ___________________________
Car Payment: _____________________________  Subscriptions/Membership: _____________________
Car Insurance: ____________________________  Other (describe): ____________________________
DMV: ____________________________________

Total Monthly Expenses: $ __________