



MEMBER INFO

Application Status: Single Married

Mr. Mrs. Ms. Miss

Date Of Birth: ____ / ____ / ____

Name: First _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____ County _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Marital Status : Single Married Divorced Widowed

U.S. Citizen: Yes No

SPOUSE INFO

Mr. Mrs. Ms. Miss

Date Of Birth: ____ / ____ / ____

Name: First _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____ County _____

U.S. Citizen: Yes No

Do you own real property? Yes No

If yes: Total number of **in-state** properties (including principle residence) _____

Total number of **out-of-state** properties _____

Total number of **Deeds of Trust** _____

MARITAL INFO

MEMBER

Date of Marriage to **Current Spouse**: ____ / ____ / ____

Previous Marriage if any From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

Previous Marriage From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

Previous Marriage From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

SPOUSE

Previous Marriage if any From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

Previous Marriage From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

Previous Marriage From: ____ / ____ / ____ To: ____ / ____ / ____ Due to Divorce Due to Death

CHILDREN

Children From Present Marriage

Child's Name	Date of Birth	Date of Death (If Applicable)
1) _____	____ / ____ / ____	____ / ____ / ____
2) _____	____ / ____ / ____	____ / ____ / ____
3) _____	____ / ____ / ____	____ / ____ / ____
4) _____	____ / ____ / ____	____ / ____ / ____
5) _____	____ / ____ / ____	____ / ____ / ____

Children From Previous Marriage(s)

Child's Name	Member's Child = M Spouse's Child = S	Date of Birth	Date of Death (If Applicable)
1) _____	M <input type="checkbox"/> S <input type="checkbox"/>	____ / ____ / ____	____ / ____ / ____
2) _____	M <input type="checkbox"/> S <input type="checkbox"/>	____ / ____ / ____	____ / ____ / ____
3) _____	M <input type="checkbox"/> S <input type="checkbox"/>	____ / ____ / ____	____ / ____ / ____
4) _____	M <input type="checkbox"/> S <input type="checkbox"/>	____ / ____ / ____	____ / ____ / ____
5) _____	M <input type="checkbox"/> S <input type="checkbox"/>	____ / ____ / ____	____ / ____ / ____

Trustee(s) - Manages the affairs of your estate plan. Usually you (and your spouse).

Name(s) _____

Successor Trustee(s) - Steps in only at your disability or death. Usually your adult children and/or trusted friends.

#1 Choice Name: _____ Relationship: _____

#2 Choice Name: _____ Relationship: _____

Individually In Order Set Forth Co-Successor Trustees

Durable Powers Of Attorney - Asset Management (Member For Spouse; Spouse For Member, If Applicable)

Same As The Above Listed "Successor Trustee(s)"

First Power Of Attorney (Other Than Spouse)

Name: _____ Relationship: _____

Second Power Of Attorney (Other Than Spouse)

Name: _____ Relationship: _____

Individually In Order Set Forth Joint Attorney-In-Fact

Do you and/or your spouse currently have an appointed Guardian or Conservator? If yes, please complete the following:

Guardian: Name _____ Alternate Name _____

Conservator: Name _____ Alternate Name _____

Durable Powers Of Attorney - Health Care (Member For Spouse; Spouse For Member, If Applicable)

Same As The Above Listed "Successor Trustee(s)"

First Power Of Attorney (Other Than Spouse)

Name: _____ Relationship: _____

Second Power Of Attorney (Other Than Spouse)

Name: _____ Relationship: _____

(Health Care Agents Cannot Serve Jointly)

Last Will And Testament (Member For Spouse; Spouse For Member, If Applicable)

Same As The Above Listed "Successor Trustee(s)"

Executor (Other Than Spouse) _____

Alternate Executor (Other Than Spouse) _____

Individually In Order Set Forth Co-Executors

"Guardian Of Person" Of Minor Children - Adult Who Will Raise Your Children If Something Happens To You.

#1 Choice Name: _____ Relationship: _____

#2 Choice Name: _____ Relationship: _____

"Guardian Of Estate" Of Minor Children - Adult Who Will Manage Your Children's Financial Matters If Something Happens To You. Can Be The Same Person As The "Guardian Of Person", Or Another Adult.

#1 Choice Name: _____ Relationship: _____

#2 Choice Name: _____ Relationship: _____

Beneficiaries - All Children Divided Equally Unless Otherwise Advised, No Distribution Will Take Place Until 25 Years Of Age, Except For Health, Education And Well-Being At Trustee's Discretion.

Name Of Beneficiary - Only List One Beneficiary's Name Per Line

Choose:

1) _____ Relationship: _____ Amount / Percentage _____

2) _____ Relationship: _____ Amount / Percentage _____

3) _____ Relationship: _____ Amount / Percentage _____

4) _____ Relationship: _____ Amount / Percentage _____

5) _____ Relationship: _____ Amount / Percentage _____

6) _____ Relationship: _____ Amount / Percentage _____

Total Amount / Percentage (Percentage Must Equal 100%): _____

Any Children of a Pre-Deceased Child? Yes No

If Yes. Do You Want The Children Of The Pre-Deceased Child To Receive His / Her Share? Yes No

Alternate Beneficiaries - Who Do You Want To Receive Your Estate If You Outlive The Above Named Beneficiaries?

Surviving Beneficiaries Issue (Children) Of Deceased Beneficiary

Disinheriting - Are There Any Relatives That You Do Not Want To Receive Anything From Your Estate?

Special Care Needs - Name Any Beneficiary Who Receives Supplemental Security Income (SSI), Medicaid or Medi-Cal:
