

THE LAW OFFICES
OF

GERALDINE E. CHAMPION

**Certified Specialist in
Estate Planning,
Trust & Probate Law**
by The State Bar of California
Board of Legal Specialization

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Certified Elder Law Attorney
by the National Elder Law Foundation
as accredited by the American Bar Assn.

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(805) 928-5996

CONFIDENTIAL INTAKE FORM

To the best of your knowledge, have any of your family or friends ever received advice from the Law Offices of Geraldine E. Champion? (Advice could be, but not limited to, a consultation or the engagement of this Law Firm.) Yes No If yes, please list the name(s) below so as to avoid any potential conflict of interest:

INSTRUCTIONS: Please complete the following information and return it to our office.

- (A) The following information pertains to the person(s) seeking either estate planning documents **or** Medi-Cal planning. (For example, if an adult child is coming in for his/her parent(s), the child would fill out the parents' information below.)
- (B) For "Legal Name," please complete your name as it appears on your assets. (For example, the name on the title to your house, if any.) For "a.k.a.," please complete your name as you regularly sign. (For example, the name on your checks.)

PERSON(S) IN NEED: (if applicable) Self Spouse Parent Other: _____

Date: _____, 20____

Legal Name: _____ a.k.a.: _____

Physical Address: _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

(Business) _____ (Fax) _____

Date of Birth: _____ Location of Birth: _____

SS#: _____ Citizenship: _____

Date / Place of Marriage: _____ Spouse in Military Service: _____

Maiden name of Mother: _____

Your maiden name (if applicable): _____

SPOUSE (if applicable)

Legal Name: _____ a.k.a.: _____

Physical Address: _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

(Business) _____ (Fax) _____

Date of Birth: _____ Location of Birth: _____

SS#: _____ Citizenship: _____

Maiden name of Mother: _____

Spouse's maiden name (if applicable): _____

PRIOR MARRIAGES

Husband: Full Name of Prior Spouse: _____

How marriage was terminated: Death Divorce

Date of Death/Divorce: _____

Full Name of Prior Spouse: _____

How marriage was terminated: Death Divorce

Date of Death/Divorce: _____

Wife: Full Name of Prior Spouse: _____

How marriage was terminated: Death Divorce

Date of Death/Divorce: _____

Full Name of Prior Spouse: _____

How marriage was terminated: Death Divorce

Date of Death/Divorce: _____

CHILDREN (Please indicate if child is of wife, husband, or both. If you have additional children, please attach a separate page.)

(For Status, use one of the following: M = married; S = single; D = divorced; W = widow; C = child; MN = minor; A = adult; AD = adopted; SC = stepchild; FC = foster child)

Child #1 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both	Child #2 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both
Name:	Name:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:

Cell:	Cell:
Date of Birth:	Date of Birth:
Status:	Status:
Child #3 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both	Child #4 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both
Name:	Name:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Cell:	Cell:
Date of Birth:	Date of Birth:
Status:	Status:
Child #5 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both	Child #6 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both
Name:	Name:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Cell:	Cell:
Date of Birth:	Date of Birth:
Status:	Status:
Child #7 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both	Child #8 <input type="checkbox"/> husband <input type="checkbox"/> wife <input type="checkbox"/> both
Name:	Name:
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:
Cell:	Cell:
Date of Birth:	Date of Birth:
Status:	Status:

Deceased children? Yes No

If yes, please complete the following information:

Deceased Child #1	Deceased Child #2
Name:	Name:
Date of Birth:	Date of Birth:
Date of Death:	Date of Death:

Any issue surviving deceased child? _____

Any foster children or step-children living with you during their minority? _____

Disinherit any of the above: _____

Are all of your children and grandchildren in good health? Yes No

Are any of your children blind? Yes No

Are any of your children disabled? Yes No

Are any children or grandchildren receiving SSI, Medi-Cal, SSDI, HUD or any other form of government benefits? Yes No

Do any family members have any problems with:

HIV positive/AIDS? Yes No

Drug Addiction? Yes No

Alcoholism? Yes No

Spendthrift? Yes No

Marital Problems? Yes No

HEALTH INSURANCE

1. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

2. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

3. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

LONG TERM CARE INSURANCE

1. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

2. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

3. Name(s) of Insured _____

Name of Insurance Company _____

Premium \$ _____ How often paid _____

SCHEDULE OF ASSETS

FINANCIAL

Gifts — Have you made any gifts in the last 60 months/ 5 years? Yes No

(A gift is any money or other item of value which you have given to any individual or an organization such as your church, synagogue, or favorite charity. A car, a boat, a motorcycle, livestock, stocks or bonds, cash, and a house are just **a few examples** of the items of value which you could gift.)

Please list all gifts made in the past 5 years in excess of \$1,000. (Please attach an additional page, if necessary.)

Recipient _____ Date _____ Amount _____
Recipient _____ Date _____ Amount _____
Recipient _____ Date _____ Amount _____

Have you made any individual gifts over \$12,000 in the same tax year? Yes No
Have you filed gift tax returns? Yes No

REAL PROPERTY

Have you used your \$250,000/\$500,000 exclusion on a house sale in the past 2 years?

Yes No

Personal Residence:

Address: _____ Date Purchased: _____

Assessor's Parcel Number: _____

Purchase Price with Improvements: \$ _____ Current Value: \$ _____

Owner: Husband Wife Community Property Joint Trust Other: _____

Upon how many parcels does your home sit? _____

Other Real Property (Non-investment):

Address: _____ Date Purchased: _____

Assessor's Parcel Number: _____

Purchase Price with Improvements: \$ _____ Current Value: \$ _____

Owner: Husband Wife Joint Trust Other: _____

Upon how many parcels does this property sit? _____

Investment Realty:

Do you own any vacant parcels of land? Yes No

1. Address: _____ Date Purchased: _____

Assessor's Parcel Number: _____

Purchase Price with Improvements: \$ _____ Current Value: \$ _____

Owner: Husband Wife Joint Trust Other: _____

Upon how many parcels does this property sit? _____
Is this property leased or rented? Yes No Amount of monthly rent: \$ _____
If yes, to whom is property leased or rented? _____

2. Address: _____ Date Purchased: _____
Assessor's Parcel Number: _____
Purchase Price with Improvements: \$ _____ Current Value: \$ _____
Owner: Husband Wife Joint Trust Other: _____

Upon how many parcels does this property sit? _____
Is this property leased or rented? Yes No Amount of monthly rent: \$ _____
If yes, to whom is property leased or rented? _____

Mineral Rights:

Do you have any mineral rights? Yes No
If yes, location of property: _____
Title held: _____
If yes, have you filed for protection of these rights? Yes No

Mobilehome/Manufactured Home: Own Rent Stock Lien
Do you own the land under the mobilehome/manufactured home? Yes No
Space rent per month: \$ _____ or Association fee: \$ _____

Farm or Farm Land §2032(A):

PERSONAL PROPERTY: (Examples: vehicles, burial plots, vaults or crypts, etc.)

PROMISSORY NOTES/TRUST DEEDS (supply copies)

Secured Promissory Notes:

Debtor: _____

Deed of Trust, together with Promissory Note, executed on: _____

Collected Amount: \$ _____ Face Amount: \$ _____ Balance Owed: \$ _____

Title Held: _____ Actions: _____

Unsecured Promissory Notes:

Debtor: _____ Promissory Note executed on: _____

Collected Amount: \$ _____ Face Amount: \$ _____ Balance Owed: \$ _____

Title Held: _____ Actions: _____

OTHER: (Example: partnership interests, closely held corporations, joint ventures, businesses, etc.)

	Number of Shares or Percentage Owned	Estimated Value
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CHECKING/SAVINGS ACCOUNTS:

1. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

2. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

3. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

4. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

5. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

6. Name of Bank & Address: _____

Checking Savings Account #: _____ Balance: \$ _____

Owner: Husband Wife Joint Trust Other: _____

You may either complete the following information for each of the assets that you own OR attach a copy of your most recent statement for each account.

MARKETABLE SECURITIES: (mutual funds, stocks, bonds, etc.)

Brokerage statements Attached

1. Name of Fund or Corporation: _____

Name and address of Brokerage Firm & Broker: _____

Account #: _____ Value: \$ _____ Number of shares/units: _____

Title Held: _____ Action: _____

2. Name of Fund or Corporation: _____

Name and address of Brokerage Firm & Broker: _____

Account #: _____ Value: \$ _____ Number of shares/units: _____

Title Held: _____ Action: _____

3. Name of Fund or Corporation: _____

Name and address of Brokerage Firm & Broker: _____

Account #: _____ Value: \$ _____ Number of shares/units: _____

Title Held: _____ Action: _____

4. Name of Fund or Corporation: _____

Name and address of Brokerage Firm & Broker: _____

Account #: _____ Value: \$ _____ Number of shares/units: _____

Title Held: _____ Action: _____

ANNUITIES

Annuity statements attached

1. Type: _____ Company: _____ Value: \$ _____

Annuitant: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Purchase Date: _____ Contract Term: _____

Receiving payments: Yes No If yes, amount: \$ _____

2. Type: _____ Company: _____ Value: \$ _____

Annuitant: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Purchase Date: _____ Contract Term: _____

Receiving payments: Yes No If yes, amount: \$ _____

LIFE INSURANCE POLICIES:

Life Insurance policy attached

1. Carrier: _____ Face Value: \$ _____ Cash Value: \$ _____

Insured: _____ Policy Number: _____

Owner: _____ Beneficiary: _____

Cash Value: \$ _____ Loans: _____

2. Carrier: _____ Face Value: \$ _____ Cash Value: \$ _____
Insured: _____ Policy Number: _____
Owner: _____ Beneficiary: _____
Cash Value: \$ _____ Loans: _____

3. Carrier: _____ Face Value: \$ _____ Cash Value: \$ _____
Insured: _____ Policy Number: _____
Owner: _____ Beneficiary: _____
Cash Value: \$ _____ Loans: _____

IRA's/SEPS/Roth IRAs/SIMPLE IRAs, and other “qualified” non-taxed money:

Statement attached

1. Bank/Brokerage Firm: _____
Account #: _____ Balance: \$ _____ Owner: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Are you taking distribution from this account? Yes No Amount: \$ _____

2. Bank/Brokerage Firm: _____
Account #: _____ Balance: \$ _____ Owner: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Are you taking distribution from this account? Yes No Amount: \$ _____

3. Bank/Brokerage Firm: _____
Account #: _____ Balance: \$ _____ Owner: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Are you taking distribution from this account? Yes No Amount: \$ _____

4. Bank/Brokerage Firm: _____
Account #: _____ Balance: \$ _____ Owner: _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Are you taking distribution from this account? Yes No Amount: \$ _____

RETIREMENT PLANS (Example: pensions) / SOCIAL SECURITY:

Husband's Social Security: \$ _____ /month
Husband's Pension/Retirement Plan: \$ _____ /month
Name of Plan: _____
Beneficiary: _____
Current balance: \$ _____
Husband's Income From Employment: \$ _____ /month
Wife's Social Security: \$ _____ /month
Wife's Pension/Retirement Plan: \$ _____ /month
Name of Plan: _____
Beneficiary: _____
Current balance: \$ _____
Wife's Income From Employment: \$ _____ /month

ANTICIPATED INHERITANCE:

Do you expect to inherit or receive any property from anyone? (From who? In what amount? In what form? Outright/in trust?)

LIABILITIES: (loans, mortgages, demand notes)

1. Creditor: _____ Type of Debt: _____

Property Secured: _____

Current Debt: \$ _____ Interest Rate: _____ % Due Date: _____

Debtor: Husband Wife Joint

2. Creditor: _____ Type of Debt: _____

Property Secured: _____

Current Debt: \$ _____ Interest Rate: _____ % Due Date: _____

Debtor: Husband Wife Joint

Estimated value of entire estate: \$ _____

EXISTING ESTATE PLANNING DOCUMENTS

Please check all documents person(s) currently have.

Yourself/Person in Need:

- Trust
- Will
- Durable Power of Attorney for Assets
- Durable Power of Attorney for Health Care
- Other: _____

Spouse/Spouse of Person in Need:

- Trust
- Will
- Durable Power of Attorney for Assets
- Durable Power of Attorney for Health Care
- Other: _____

Request old estate planning documents from prior attorney Yes No

Attorney's name & address: _____

How did you hear about our Law Offices? _____

I hereby represent to The Law Offices of Geraldine E. Champion, that the information contained in this intake form is accurate and complete. I understand the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

DATED

SIGNATURE

SIGNATURE AND NAME OF PERSON
WHO COMPLETED THIS FORM

PERSON IN NEED

PHYSICAL STATUS OF PERSON IN NEED (if applicable)

Present Physical Status (From what does person in need suffer?): _____

If applicable, state length of time person in need has been unable to manage his/her personal affairs:

LIVING ARRANGEMENTS FOR PERSON IN NEED (if applicable)

Current living arrangement: Home; Hospice; Hospital; Nursing Facility; Board and Care; Assisted Living; Other _____

Name of Institution: _____

Date of Admission: _____ Date of Discharge: _____

Diagnosis: _____

Attending Physician / Type of Practice: _____

Attending Physician's Address & Telephone: _____

Previous living arrangement: Home; Hospice; Hospital; Nursing Facility; Board and Care; Assisted Living; Other _____

Name of Institution: _____

Date of Admission: _____ Date of Discharge: _____

Diagnosis: _____

Attending Physician / Type of Practice: _____

Attending Physician's Address & Telephone: _____