



## CONFIDENTIAL DATA QUESTIONNAIRE

### **South Coast Metro**

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## B. Existing Legal Documents .....

Do you have a Will? Yes  No

Do you have a Revocable Living Trust? Yes  No

If applicable, does your spouse have a Will? Yes  No

If applicable, does your spouse have a Revocable Living Trust? Yes  No

Do you and/or your spouse have other types of trusts or planning?  
(i.e., Durable Power of Attorney; Advance Health Care Directive; Irrevocable Trusts) Yes  No

If yes, please indicate the types of trusts or planning: \_\_\_\_\_

\_\_\_\_\_  
(If you have answered 'Yes' to any of the above please bring these documents with you to your appointment)

## C. Other Information (Optional) .....

Do you regularly attend a specific church? Yes  No

Church Name: \_\_\_\_\_

Church Location: \_\_\_\_\_

Do you have a Financial Advisor? Yes  No

Name of the Financial Advisor: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Do you have a CPA? Yes  No

Name of CPA: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Do you have a Life Insurance Agent? Yes  No

Name of Agent: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

## D. Personal Representatives .....

**The Personal Representative can be an Executor, Trustee, or Attorney-in-Fact who manages your estate and distribute your assets to your named beneficiaries.**

Each spouse serve for the other? (If applicable)      Yes  No

### Alternate Representatives

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

Please add any other information you deem pertinent (i.e., serving together; serving at a certain age):

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## E. Guardians of Minor Children .....

Please name the individual(s) you trust to care for your minor children if you and your spouse are both deceased.

### Guardians of your minor children

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

Please add any other information you deem pertinent (i.e., serving together; serving at a certain age):

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## F. Competency Determiners .....

### Your Competency Determiners

Please name the person(s) you trust to determine whether you are mentally competent and/or physically able to continue to serve as the trustee of your estate.

Each spouse serve for the other? (If applicable) Yes  No

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

How will they serve: Majority Vote  Unanimous Vote  Successively

### Spouse's Competency Determiners (If applicable)

Please name the person(s) you trust to determine whether you are mentally competent and/or physically able to continue to serve as the trustee of your estate.

Each spouse serve for the other? (If applicable) Yes  No

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

How will they serve: Majority Vote  Unanimous Vote  Successively

Please add any other information you deem pertinent (i.e., serving together; serving at a certain age):

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## G. Health Care Agents (Attorney-in-Fact) .....

### Your Health Care Agents

If you are unable to make health care decisions for yourself, please state who you would appoint as your agent.

Each spouse serve for the other? (If applicable) Yes  No

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

### Spouse's Health Care Agents (If applicable)

Each spouse serve for the other? (If applicable) Yes  No

	Name	Address	Relationship
First Alternate			
Second Alternate			
Third Alternate			

Please add any other information you deem pertinent (i.e., serving together; serving at a certain age):

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## H. Distribution of Your Estate .....

Please think about how you want your estate distributed (equally to your children, other family members, charities, churches, etc...). This information will be discussed, and a plan designed at your appointment.

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## I. List of Assets .....

### 1. Real Estate

Real Estate includes residences, timeshares and investment properties. Please bring a copy of the most current deed (can be a grant deed, quitclaim deed, corporation deed, etc.) and property tax bill for each property you own (it is not necessary to bring Deeds of Trust or Reconveyances).

	Address of Property	Use*	Estimated Present Value	Estimated Mortgage Balance (use negative values)	Estimated Equity
1					
2					
3					
4					
5					
6					

Total: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* **PR** = Primary Residence    **VAC** = Vacation Home  
**RP** = Rental Property        **TS** = Timeshare  
**MH** = Mobile or Manufactured Home

## 2. Liquid Assets

	Bank Name	Account Type	Account#	Estimated Account Balance
1				
2				
3				
4				
5				
6				

Total: \$ \_\_\_\_\_

## 3. Investment Accounts

	Institution Name	Account#	Approximate Value
1			
2			
3			
4			
5			

Total: \$ \_\_\_\_\_

## 4. Business Interest

	Name of Business	Type of Business	% of Interest You Own	Approximate Value
1				
2				

Total: \$ \_\_\_\_\_



## 5. Promissory Notes Owed to You

	Name of Payor	Date of Execution	Original Note Amount	Present Value
1				
2				

Total: \$ \_\_\_\_\_

## 6. Annuities

	Carrier Name	Owner	Beneficiary of Policy	Policy Number	Annuitized Y/N	Estimate Value
1						
2						
3						
4						
5						

Total: \$ \_\_\_\_\_

## 7. Retirement Accounts

(Includes 401K, IRA, Roth IRA, etc.)

	Institution Name	Account Type	Owner	Account #	Beneficiary	No. of Years to Retirement	Approximate Value
1							
2							
3							
4							
5							

Total: \$ \_\_\_\_\_

## 8. Life Insurance

	Carrier Name	Term / Permanent	Owner	Beneficiary of Policy	Policy Number	Death Benefit	Cash Value
1							
2							
3							
4							
5							

Total: \$ \_\_\_\_\_

## 9. Other Assets

Please list any other important assets of significant value that you own, i.e. collections (coin, vintage car, art), manuscripts, patents, trademarks, royalties, settlements, cryptocurrency, etc.

	Type of Asset	Owner	Beneficiary	Approximate Value
1				
2				
3				
4				
5				

Total: \$ \_\_\_\_\_

Gross Estate: \$ \_\_\_\_\_

Less Debts: - \_\_\_\_\_

Net Estate: \$ \_\_\_\_\_

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