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**FAMILY INFORMATION AND DATA**

We have found that taking the time to complete this form (as much as is applicable) and keeping it with your other estate planning documents can greatly aid your representatives, family and beneficiaries.

My Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

My Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

My Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Address \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Address (if other than above): \_\_\_\_\_

Location of Safe Deposit Box #1 \_\_\_\_\_

Box Number \_\_\_\_\_ Key Number \_\_\_\_\_ Location of Key \_\_\_\_\_

Persons Having Access to Box \_\_\_\_\_

Location of Safe Deposit Box #2 \_\_\_\_\_

Box Number \_\_\_\_\_ Key Number \_\_\_\_\_ Location of Key \_\_\_\_\_

Persons Having Access to Box \_\_\_\_\_

Location of My Birth Certificate \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Location of our Marriage Certificate \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Location of our Marriage Certificate \_\_\_\_\_

Separated  Divorced on \_\_\_\_\_ at \_\_\_\_\_

Court Decrees \_\_\_\_\_

Father's Name (if living) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name (if living) \_\_\_\_\_ Place of Birth \_\_\_\_\_

<u>Children</u> <u>(Name/Address)</u>	<u>Deceased</u>	<u>Date</u> <u>of Birth</u>	<u>Marital</u> <u>Status</u>	<u>Occupation</u>	<u>Phone</u>
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

Other Comments (children of prior marriages, children of spouses, etc.) \_\_\_\_\_

**RELATIVES TO BE NOTIFIED IN CASE OF DEATH**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**OTHERS TO BE NOTIFIED**

Accountant \_\_\_\_\_ Phone \_\_\_\_\_

Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Bank Officer \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Executor(s) of Estate \_\_\_\_\_ Phone \_\_\_\_\_

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Director \_\_\_\_\_ Phone \_\_\_\_\_

Hospital for Anatomical Gifts \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Auto \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Life \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agent / Co. - Other \_\_\_\_\_ Phone \_\_\_\_\_

Landlord - Business \_\_\_\_\_ Phone \_\_\_\_\_

Landlord - Residence \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Partner or Business Associate \_\_\_\_\_ Phone \_\_\_\_\_

Religious Representative \_\_\_\_\_ Phone \_\_\_\_\_

Stockbroker \_\_\_\_\_ Phone \_\_\_\_\_

Trustee of Estate \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

**FUNERAL ARRANGEMENTS**

Made With \_\_\_\_\_

Location of Plot \_\_\_\_\_  Military Honors

Location of Funeral Instructions \_\_\_\_\_

Maximum to be Spent on Funeral \$ \_\_\_\_\_ Manner of Burial \_\_\_\_\_

Anatomical Gifts To \_\_\_\_\_

Other Requests \_\_\_\_\_

**LIFE INSURANCE**

Company	Type of Policy	Policy No.	Date	Issued
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Owner	Beneficiary	Face Amount	Total Loans Outstanding
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Location of Life Insurance Policies \_\_\_\_\_

**OTHER INSURANCE (Health, Accident, Property, Casualty, Liability, etc.)**

Company	Type of Policy	Policy No.	Date	Issued
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Deductible	Benefits
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Location of Other Insurance Policies \_\_\_\_\_

\_\_\_\_\_

**WILL DATA**

Type \_\_\_\_\_ Date \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Will \_\_\_\_\_

\_\_\_\_\_

Date of Codicil \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Will Codicil \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Will \_\_\_\_\_

\_\_\_\_\_

Date of Codicil \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Will Codicil \_\_\_\_\_

**TRUST DATA**

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

\_\_\_\_\_

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

\_\_\_\_\_

Type \_\_\_\_\_ Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Trust \_\_\_\_\_

\_\_\_\_\_

**DURABLE POWER OF ATTORNEY**

Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Document \_\_\_\_\_

**DURABLE POWER OF ATTORNEY - HEALTH CARE**

Date Drawn \_\_\_\_\_ Attorney Who Drafted \_\_\_\_\_

Location of Original Executed Document \_\_\_\_\_

**CHECKING AND SAVINGS ACCOUNT**

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

Name of Institution \_\_\_\_\_

Location or Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

How Title Held \_\_\_\_\_

Account or Book No. \_\_\_\_\_ Location of Book \_\_\_\_\_

**SECURITIES**

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_



How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

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How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

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How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Certificate \_\_\_\_\_

Broker \_\_\_\_\_ Phone \_\_\_\_\_

### **US SAVINGS BONDS**

<u>Date</u>	<u>Serial No.</u>	<u>Maturity</u> <u>Series</u>	<u>Maturity</u> <u>Date</u>	<u>Maturity</u> <u>Value</u>	<u>How Title Held</u>
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Location of Bonds \_\_\_\_\_

\_\_\_\_\_

### **REAL ESTATE**

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

Location of Property \_\_\_\_\_

Deed in Name of \_\_\_\_\_

Name of Mortgagor \_\_\_\_\_ Phone \_\_\_\_\_

Deeds, Insurance Policies, Leases, etc., are located at \_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE BENEFIT PLANS & IRA's**

Description	Beneficiary	Owner
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Location of Papers \_\_\_\_\_

\_\_\_\_\_

**PROMISSORY NOTES & TRUST DEEDS**

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Payor \_\_\_\_\_

How Title Held \_\_\_\_\_

Location of Documents \_\_\_\_\_

**PATENTS, COPYRIGHTS, ETC.**

Description \_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

Description \_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

Description \_\_\_\_\_

Expiration Date \_\_\_\_\_ Location of Certificate \_\_\_\_\_

**OTHER ASSETS & LOCATION** (Include Jewelry, Furs, Antiques, Art Objects, Hobbies, Collections, Boats, etc.)

**ASSETS TO BE SOLD IN PAYMENT OF ESTATE TAXES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIABILITIES**

Description \_\_\_\_\_ Payee \_\_\_\_\_ Location of Documents \_\_\_\_\_

**RECORD OF GIFTS**

Donor's or Donee's Name \_\_\_\_\_ Date of Gift \_\_\_\_\_ Description \_\_\_\_\_ Value \_\_\_\_\_

**BUSINESS DATA**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Description of Business \_\_\_\_\_

Form of Organization:  Sole Proprietorship  Partnership  "C" Corporation  
 "S" Corporation

Location of Ownership Records \_\_\_\_\_

Names of Partners or Shareholders Relationship % of Ownership Years with Company

- 1.
- 2.
- 3.
- 4.

5.

6.

7.

Arrangements for continuation or liquidation after my death \_\_\_\_\_

\_\_\_\_\_

If "Retained by Family," business to be Operated by \_\_\_\_\_

If to be "Sold", who will be the purchaser? \_\_\_\_\_

Is there a purchase-and-sale agreement? If so, describe \_\_\_\_\_

\_\_\_\_\_

Location of Tax and Financial Records and Agreements \_\_\_\_\_

Other Arrangements \_\_\_\_\_

\_\_\_\_\_

**MILITARY DATA**

Service Branch                      Serial No.                      From                      To                      Retired?

Rank                      Disabled?                      Description of Benefits

Location of Papers \_\_\_\_\_

\_\_\_\_\_

**TAX & LEGAL DATA**

Location of Tax Returns \_\_\_\_\_

\_\_\_\_\_

My Net Worth at Date of Marriage \_\_\_\_\_ Spouse's Net Worth at Date of Marriage \_\_\_\_\_

States Resided In  
Since Marriage

From

To

Combined Net Worth  
When Established  
Residence in State

Date of Pre-Nuptial Agreement \_\_\_\_\_ Prepared by Attorney \_\_\_\_\_

Location of Agreement \_\_\_\_\_

\_\_\_\_\_

**OTHER DATA** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_