

LAW OFFICE OF DENISE E. OXLEY LLC

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PERSONAL INFORMATION SHEET

All information provided is confidential and protected by attorney/client privilege.

Name: _____ DOB: _____ US Citizen (Yes/No)
SSN: _____

Naturalized Citizen _____ Yes/No Green card holder: _____

Occupation: _____ Veteran: _____ Retired: _____

Marital Status: _____ Single/widow(er) Date of marriage: _____

Divorced _____ Judgment entered on: _____

Present spouse: _____ DOB: _____ US Citizen (Yes/No)

SSN: _____

Children from prior relationship:

1. _____ DOB: _____ SSN: _____
2. _____ DOB: _____ SSN: _____
3. _____ DOB: _____ SSN: _____

Children from current/existing relationship:

4. _____ DOB: _____ SSN: _____
5. _____ DOB: _____ SSN: _____
6. _____ DOB: _____ SSN: _____

Grandchildren:

7. _____ DOB: _____ SSN: _____
8. _____ DOB: _____ SSN: _____
9. _____ DOB: _____ SSN: _____

Home Address: _____

Cell: _____ Home Phone: _____ Fax: _____

Business: _____ Personal E-mail: _____

Emergency tele #: _____

Which # would you prefer us to contact you at: _____ Best time _____

Existing Estate Planning:

Do you have any of the following: _____ Your Spouse: _____

Will Yes/No Will Yes/No

Trust Yes/No Trust Yes/No

Power of Attorney Yes/No Power of Attorney Yes/No

If you or your spouse have any of the above, when were they executed _____

Have you transferred or gifted assets away in the last 60 months? Amount \$ _____ Date: _____

Your health is an important consideration in designing an estate plan best suited to meet your needs. We greatly appreciate sharing the information with us so that we can help you:

What is your current health status: _____ good/of concern/a challenge? _____

Your spouse's current health status: _____ good/of concern/a challenge? _____

Specify the concern/challenge: _____

Estate Plan:

What would completing your estate plan accomplish for you? _____

What do you see as your biggest risk if you do not complete your estate plan? _____

On a scale of 1 (less important) to 10 (very important) rank the level of importance to you on the following:

Avoid probate: _____

Keep estate matters private: _____

Reduce/eliminate taxes: _____

Remain independent and in control of my assets/care _____

Protect my assets from governments/lawsuits/nursing homes: _____

Protect assets from family and other predators after my death: _____

Keep it simple for my family if something happens to me: _____

Provide detailed instructions and authority to the people I trust: _____

Provide for the care of my pets after I death: _____

Provide charitable gifts: _____

FINANCIAL INFORMATION

REAL PROPERTY

Address	Fair Market value	Debt	Name(s) on deed to property	Principal Residence/Rental?

MONTHLY INCOME

Source	You	Spouse	Joint	Total
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
Total Income				

OTHER ASSETS

TYPE OF ASSET	YOU	YOUR SPOUSE	JOINT	TOTAL
Cash, checking, savings, money market and cash management accounts				
Investment broker-held accounts and mutual fund accounts				
Life insurance: death benefit and cash value				
Stocks you hold (not in a brokerage account)				
Bonds (not in a brokerage)				

account)				
Retirement accounts: IRA, 401k, 403B, SEP, etc				
Vehicles: autos, motorcycles, boats, snowmobiles				
Antique and other collectibles				
Artwork				
Jewelry				

BUSINESS INTERESTS

TYPE	YOU	YOUR SPOUSE	JOINT	TOTAL
Ranch	\$	\$	\$	\$
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

DEBTS

TYPE	YOU	YOUR SPOUSE	JOINT	TOTAL
Credit card	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Student Loans	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Debt	\$	\$	\$	\$

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- **We appreciate that you have taken the time to complete this form ahead of your appointment. It will enable us to spend more time during our meeting to answer your questions and help identify solutions to your concerns. We look forward to meeting you.**