



Family Information

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Confidential

CLIENT NAME - -----

DATE -----

FAMILY INFORMATION

Relation	Full Legal Name	Preferred Name ¹	Birthdate	Birthplace
Husband				
Wife				
Relation	Full Legal Name	Child of H/W?	Birthdate	Birthplace
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				
Child #6				
Child #7				
Child #8				
Child #9				
Child #10				

ADDRESSES

Relation	Street Address	City,State,Zip	Telephone	SSN (if known)
Husband				
Wife				
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				
Child #6				
Child #7				
Child #8				
Child #9				
Child #10				

¹ Preferred name is the name usually used on business documents (e.g., to sign checks).

HUSBAND'S OTHER FAMILY MEMBERS

Relation	Name	Age	Spouse Name	Age	City, State	Est. Net Worth
Father						
Mother						
*						
*						
*						
*						
*						
*						

WIFE'S OTHER FAMILY MEMBERS

Relation	Name	Age	Spouse Name	Age	City, State	Est. Net Worth
Father						
Mother						
*						
*						
*						
*						
*						
*						

*Indicate brother, sister, half brother/sister, step brother/sister

CHILDREN'S CIRCUMSTANCES

Relation	Marital*	Spouse Name	No. of Children	Occupations		Estate ** Potential
				Child	Spouse	
Child #1						
Child #2						
Child #3						
Child #4						
Child #5						
Child #6						
Child #7						
Child #8						
Child #9						
Child #10						

KEY: *MARITAL (M) Married (S) Single (D) Divorced (A) Separated
 **ESTATE POTENTIAL Possibility of Child developing a significant estate apart from their inheritance (V) Very Good (G) Good (F) Fair (P) Poor

EMPLOYMENT

	Occupation	Title	Employer	Telephone
Husband				
Wife				
Previous Employment				
Husband				
Husband				
Wife				
Wife				

CURRENT MARRIAGE

DATE OF MARRIAGE _____		PLACE _____	
Husband		Wife	
Occupation at date of marriage _____		_____	
Net worth at date of marriage \$ _____		_____	
If you have changed your state of residence during the marriage, show:			
State	Year of Arrival	Approx. net worth upon arrival	

PRIOR MARRIAGES

H/W	Spouse Name	Termination Date	How Terminated (e.g., by death)

CITIZENSHIP

If any members of your immediate family are not U.S. citizens, please indicate:	
Name	Circumstance ¹

¹ For example, indicate if there are plans to acquire US citizenship or if the individual will probably return to his/her native country in the future or any other pertinent information.

ADOPTED CHILDREN/GRANDCHILDREN

Name	Relationship	Parent Name (if grandchild)

OTHER DEPENDENTS

Name	Age	Relationship	Circumstance

ADVISORS

Profession	Name	Street Address	City,State,Zip	Telephone
Attorney				
Attorney				
Accountant				
Accountant				
Life Ins.				
Life Ins.				
Fin. Plnr.				
Fin. Plnr.				
Cas. Ins.				
Cas. Ins.				

BUSINESS ASSOCIATES

Name	Business

Do you have information on prospective purchasers of your business in the event of your death or on other aspects of disposition of the business?
 Yes No
 (If yes, who knows the location of this information?)

If you are in business, do you have any business or stock buy and sell agreements?
 Yes No (If yes, please furnish a copy)

ARMED SERVICE

	Branch	Serial Number	Current Status	Disability
Husband				
Wife				

MISCELLANEOUS INFORMATION

Has social security status been reviewed lately? Yes No
 Is there a homestead on your home? Yes No
 Safe Deposit Boxes:

Number	Institution	In whose names?

PLANNING INFORMATION

PRIOR DOCUMENTS

Do you have a pre- or post-nuptial agreement? Yes No (If yes, please furnish)
 Do you have any continuing obligations under divorce or property settlement agreements?
 Yes No (If yes, please furnish a copy of each such document.)

Trusts Which You Created (please furnish copies)

Creator (H/W/B)	Beneficiaries	Trustee	Irrevocable?	Date

Trusts of Which You Are Beneficiary (please furnish copies)

Creator (H/W/B)	Beneficiaries	Trustee	Irrevocable?	Date

Gifts Made by You Under the Uniform Gifts to Minors Act

Donor (H/W/B)	Donee	Amount	Custodian	Date of Gift(s)

Guardians

If your children are minors, please indicate your first and second choices of guardian for them if something should happen to the two of you:

Name	Relationship	Address	City,State,Zip

Trustee/Executor

List in order of preference the persons and/or corporate entity (bank or trust company) you would prefer to name as your Executor or Trustee:

Alternate Distribution

List the persons or charities you would like to have receive your estate if the two of you and all your issue were deceased, and indicate the percentage of your estate each would receive, or alternatively, check the box below if you would want the property to pass one-half to the heirs of each of you:

Name	Relationship	% of Estate	Address	City,State,Zip

Distribute property one-half to the heirs of each of us.

HEALTH/CASUALTY INSURANCE

Do you have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, maximum limits _____ <p align="center">Casualty Insurance</p>			
Covering	Insurer	Liability Maximum	Replacement Maximum
Autos			
Boats			
Residence			
Other Real Prop.			

DISABILITY COVERAGE

Do you have disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, total amount of annual coverage on husband _____ <p align="center">total amount of annual coverage on wife _____</p>	
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ANNUAL INCOME

Source	Husband	Wife	Dependent Children
Real Property			
Interest			
Securities			
Other Investments			
Trusts			
Other			
Subtotal			
Salary			
Total			