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INFORMATION SHEET
(Please Print)

647 Camino de los Mares
Suite 225
San Clemente, CA 92673
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Date: _____

Husband: Full Legal Name: _____ Age: ____ Birth Date: _____
Signature Name: _____ Last 4 Soc. Sec: _____
Wife: Full Legal Name: _____ Age: ____ Birth Date: _____
Signature Name: _____ Last 4 Soc. Sec: _____

Date of Marriage: _____ Number of Years _____

Occupation (or if retired former occupation):
Husband: _____ Wife: _____

Annual Income:
Husband: _____ Wife: _____

Home Address: _____ Bus. Address: _____

Home Phone: _____ Bus. Phone: _____

County of Residence: _____

Email: _____

PERSONAL INFORMATION

Full Name of Children and Address (City and State)	Birth Date and Age	Marital Status (M/S/D)	# of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are all of the above persons U.S. Citizens? _____

Do any of your children or grandchildren require special attention? (Consider for example, their educational, mental, or physical needs.) _____

Did you and your spouse ever sign a pre- or post-marriage contract? _____

Are there any persons other than minor children who are dependent upon you? _____

Does any family member receive Soc. Sec. or other benefits? _____

Do you presently qualify for veteran disability exemptions? _____

Do you presently have a living trust? _____ Ever file a Federal Gift Tax Return? _____

**List of Assets
(Fair Market Value and Ownership)**

Real Property: (address)	Joint	Husband	Wife
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Automobiles: (Year and Make)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Savings and Checking Accounts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

C.D.'s			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Mutual Funds/Money Accounts:	Joint	Husband	Wife
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Stocks or Bonds:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Valuable Personal Property:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other Misc. Contents	\$ _____	\$ _____	\$ _____

INSURANCE

Ins. Co.	Insured	Policy Owner	Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

