

MEMO / REMINDER

TO: _____ DATE: _____ ATTORNEY CODE: _____

YOUR SIGNING CONFERENCE IS SET FOR _____, 20__ @ ____ M. AT _____ OFFICE.

THANK YOU for the opportunity to assist you in the planning of your estate. To complete your estate plan, we need you to provide us with the following information. (Only the checked items are applicable.) To expedite the signing of your documents, and ensure their accuracy, it is extremely important that you provide the following information **within 10 days**. **If we do not receive the requested information within 10 days, we will proceed based upon the information we have been provided. The time required to complete your documents may be lengthened and could result in an increase to your fee.**

Please provide us with the following:

- _____ Copies of **GRANT DEEDS**, *including* the street address (if any), **ASSESSOR'S PARCEL NO. & COMPLETE LEGAL DESCRIPTION, including all Exhibits.*** Please **do not** send Deeds of Trust unless you own a real estate trust deed.
- _____ Bank and Savings & Loan details. (i.e. checking, savings, money market, etc. Please include banking institution's name and address, as well as your account number)
- _____ Investment Accounts, Brokerage Accounts and Individual Stock. (Please include details such as company name and address, broker's name and address, account or certificate number, or number of shares of stock.)
- _____ Other business interests such as Corporations or Partnership Interests. (Please include details such as company name and address, and type of interest in the business.)
- _____ Individual Retirement Accounts and other retirement benefits. (Please include name of banking institution or investment company's name, address and account number. Remember to specify whose retirement account you are describing.)
- _____ Life Insurance Policy Information. (Please include the name of the institution who holds the policy, the name of the Insured and the policy number.)
- _____ Health Care Representatives. (Please include how their address and name should appear on all documentation. If they are to serve jointly, please indicate if one appointee is unable to serve, may the other appointee serve alone?)
 _____ Principal _____ Alternate _____ 2nd Alt
- _____ Trustees / Executors. (Please include how their address and name should appear on all documentation. If they are to serve jointly, please indicate if one appointee is unable to serve, may the other appointee serve alone?)
 _____ Principal _____ Alternate _____ 2nd Alt
- _____ Guardians of the Person (Please include how their address and name should appear on all documentation. If they are to serve jointly, please indicate if one appointee is unable to serve, may the other appointee serve alone?)
 _____ Principal _____ Alternate _____ 2nd Alt
- _____ Guardians of the Estate. (Please include how their address and name should appear on all documentation. If they are to serve jointly, please indicate if one appointee is unable to serve, may the other appointee serve alone?)
 _____ Principal _____ Alternate _____ 2nd Alt
- _____ Charitable Beneficiaries (include address and percentage of sum or bequest).
- _____ Distribution scheme if all named beneficiaries predecease you. (Common Disaster)
- _____ Children's / Grandchildren's Distribution ages.
- _____ Other: _____.
- _____ Initial Payment, as agreed, in the amount of \$ _____.

I UNDERSTAND AND AGREE TO THE ABOVE.

_____ **Client Initial** _____ **Client Initial**