PROBATE CODE 3101 Fact File

I. WELL SPOUSE

Name____

Date of Birth__________ Soc Sec Number______________

Customary residence:

Address ____

____

Telephone No. __________________________________

Present location:

Address ____

____

Telephone No. __________________________________

II. DISABLED SPOUSE

Name____

Date of Birth__________ Soc Sec Number______________

Veterans Benefits?_____ Developmentally Disabled?___

Under a conservatorship? ___________

Disabled Spouse's present location:

Address ____

____

Telephone No.___________________________________

Date Disabled Spouse entered nursing home:___________

Disabled Spouse's personal physician:

Name ____

Address ____

____

Telephone No. _____________________________________

III. DISABLED SPOUSE'S LIVING RELATIVES WITHIN THE SECOND DEGREE: (Children, parents, brothers, sisters, grandparents and grandchildren) Attach an extra page if necessary.

Name	Relationship	Age	Address and telephone number

IV. FAMILY HISTORY:

Date the spouse married ____________________________

How long spouses have lived in California ___________

Does the disabled spouse have any children NOT of this marriage? If yes, provide name(s),age(s),address(es):

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Has either spouse inherited property since the date of their marriage? If yes, explain:

____

____

V. ASSETS (whether held in joint tenancy, tenancy in common, or as comunity or separate property):

Real Property (provide a copy of each grant deed)

____
address, A.P.N., and present market value

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address, A.P.N., and present market value

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address, A.P.N., and present market value

Personal Property (bank accounts, brokerage acconts, stocks, bonds annuities or life insurance, IRA or other retirement accounts, automobiles, etc. - for each asset provide a copy of the latest statement, registration form or certificate, as appropriate)

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VI. ANNUAL INCOME (Provide a copy of latest federal tax return)

Source _________________________ Amount __________

Source _________________________ Amount __________

Source _________________________ Amount __________

Source _________________________ Amount __________

VII. MONTHLY EXPENSES

Residence Expenses
- Mortgage
- Home Insurance
- Utilities
- Home Repairs
- Household Expenses
- Property Tax
- Tax Preparation

Automobile Expenses
- Auto Loan
- Auto Insurance
- Gas
- DMV
- Auto Repair Services

Living Expenses
- Groceries
- Household Expenses
- Clothing
- Credit Card Expenses
- Subscriptions

Medical Expenses
- Health Insurance Premiums
- Medications
- Co-Payments for Health Care

Dental Expenses
Vision Expenses

Other

Payroll Deductions
Child Care Expenses
Other Dependents' Expenses (Please Substantiate)
Gifts
Federal Income Taxes
State Income Taxes

Total $ _______________