

Japanese WILL Application
(Confidential Background Information)

Client: Japanese Citizen? Yes No Other [_____]

Full Legal Name: _____

Street Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Prefecture: _____

Home Phone: () _____ Cell Phone: () _____

Date of Birth: _____ Tax ID #: _____

Marital Status: Single Married Widowed Divorced

Date of Current Marriage: _____ Driver's License #: _____

Do you own property that you desire to keep separate? Yes No

If yes, please identify: _____

Co-Client: Japanese Citizen? Yes No Other [_____]

Full Legal Name: _____

Cell Phone: () _____

Date of Birth: _____ Social: _____

Marital Status: Single Married Widowed Divorced

Driver's License #: _____

Do you own property that you desire to keep separate? Yes No

If yes, please identify: _____

CHILDREN (H: Husband alone; W: Wife alone; HW: Husband and Wife)

Name of Child	M/F	Who's Child (H/W/HW)	Date of Birth
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GUARDIAN FOR MINOR CHILDREN: Adult(s) who will be responsible for raising your minor children if something should happen to you and your spouse:

1. Name: _____ Relationship: _____
Address/Phone _____
2. Name: _____ Relationship: _____
Address/Phone: _____

BENEFICIARIES:

Are your spouse & children your primary beneficiaries? Yes No
Is the distribution to be made in equal shares? Yes No

In the event that a beneficiary predeceases the Trustor(s), please indicate how the deceased beneficiary's share should be distributed:

- Children of Beneficiary Divide Pro Rata Between Remaining Beneficiaries
 Other _____

If distribution is not equal among the children, please list the names of the beneficiaries and the percentage that each is to receive:

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Gift/Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

For minor beneficiaries, their inheritance should be held in trust except for health, education, and well-being at Trustee's discretion until age: 18 21 25

DISINHERITANCE: List any relatives whom you specifically do not want to receive anything from your Estate, and a short explanation of why not:

SPECIAL CARE/NEEDS: Please list any beneficiaries who receive government benefits or social security, or require special care/needs.

PROPERTY INFORMATION: Please list all assets to determine the retitling that is needed and potential estate tax liability:

A. **REAL ESTATE:** Includes residences, rental properties, and timeshares.

Street Address: _____

City/State/Zip: _____

APN Number: _____ Appx. Value: _____

Street Address: _____

City/State/Zip: _____

APN Number: _____ Appx. Value: _____

Street Address: _____

City/State/Zip: _____

APN Number: _____ Appx. Value: _____

Provide the Japan, US or other Tax Documents for country where Property is located

B. **ASSETS:** Include all worldwide monetary assets to be counted as part of your estate, such as bank accounts held in various countries, CDs, IRAs, 401k accounts, life insurance policies, mutual funds, annuities, pensions, stocks, etc.

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

Type of Asset: _____ Appx. Value: _____

Account Title: _____

Name of Institution: _____

C. OTHER INTERESTS: Please list any Business or Partnership Interests, Promissory Notes or Potential Future Inheritances

Type of Asset: _____ Appx. Value: _____

Owner: _____

Source of Income: _____

Type of Asset: _____ Appx. Value: _____

Owner: _____

Source of Income: _____

Type of Asset: _____ Appx. Value: _____

Owner: _____

Source of Income: _____

Additional Comments/Instructions: _____
