

ESTATE PLANNING WORKBOOK



BOTTI & MORISON
ESTATE PLANNING ATTORNEYS, LTD.

WORKING HARD TO PROTECT WHAT YOU WORKED HARD TO BUILD™



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BOTTI & MORISON
ESTATE PLANNING ATTORNEYS, LTD.

ESTATE PLANNING QUESTIONNAIRE - TRUST

Please complete this questionnaire to the best of your ability. All information submitted is governed by the attorney-client privilege and shall remain confidential. If you need more space, please add it to the "NOTES" section on the last page of this questionnaire. If Single, proceed with "Single/Spouse 1/Domestic Partner" questions.

FAMILY FACTS



Are you single? ☐ Yes (Complete fields for Single/Spouse/Partner1)

SINGLE/SPOUSE 1/DOMESTIC PARTNER 1's Full Legal Name _____

Name as you want it to appear on your Trust Documents: _____

(Should match most commonly used signature, i.e. with or without middle initial or middle name.)

Date of Birth: _____

U.S. Citizen:

☐

Yes

☐

No

Social Security Number: _____

SPOUSE 2/DOMESTIC PARTNER 2's Full Legal Name: _____

Name as you want it to appear on your Trust Documents: _____

(Should match most commonly used signature, i.e. with or without middle initial or middle name.)

Date of Birth: _____

U.S. Citizen:

☐

Yes

☐

No

Social Security Number: _____

HOME ADDRESS: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Home Phone #: _____



SINGLE/SPOUSE/PARTNER 1's Work #: _____ SPOUSE/PARTNER 2's Work #: _____

SINGLE/SPOUSE/PARTNER 1's Cell #: _____ SPOUSE/PARTNER 2's Cell #: _____

SINGLE/SPOUSE/PARTNER 1's Email: _____ SPOUSE/PARTNER 2's Email: _____



MARRIAGE INFORMATION

Your Marriage/Partnership: Date: _____

Place: _____

Previous Marriage(s)? ☐ No

☐ Yes (Complete the following)

Single/Spouse/Partner 1:

Date of Marriage: _____

Date ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Date of marriage: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Previous Marriage(s)? Spouse/Partner 2:

☐ No

☐ Yes (Complete the following)

Date of marriage: _____

Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

Date of marriage: _____

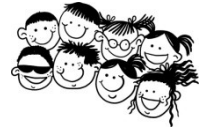
Date marriage ended: _____

☐ Divorced

☐ Widowed

Name of Former Spouse: _____

CHILDREN (If you do not have children, skip this section)



Children of SINGLE/MARRIED/PARTNERSHIP:

Child(ren)'s Full Name(s)	Child(ren)'s Birth Dates

Children of SPOUSE/PARTNER 1's Previous Relationship(s):

Child(ren)'s Full Name(s)	Child(ren)'s Birth Dates

Children of SPOUSE/PARTNER 2's Previous Relationship(s):

Child(ren)'s Full Name(s)	Child(ren)'s Birth Dates

Do you have any children who are deceased?

SINGLE/MARRIED/PARTNERSHIP: ☐ No ☐ Yes

Deceased Child(ren)'s Full Name(s)	Date of Death

SPOUSE/PARTNER 1: ☐ No ☐ Yes

Deceased Child(ren)'s Full Name(s)	Date of Death

SPOUSE/PARTNER 2: ☐ No ☐ Yes

Deceased Child(ren)'s Full Name(s)	Date of Death

Grandchildren (include all SINGLE/SPOUSES/PARTNERS)	Related Parent (your child)

FAMILY MEMBERS

Living Parents

SINGLE/SPOUSE/PARTNER 1:

Mother: _____

Father: _____

SPOUSE/PARTNER 2:

Mother: _____

Father: _____

Living Brothers and/or Sisters: (Indicate Brother or Sister)

SINGLE/SPOUSE/PARTNER 1:

Brother(s) and Sister(s) Names:	Brother or Sister

SPOUSE/PARTNER 2:

Brother(s) and Sister(s) Names:	Brother or Sister

GENERAL INFORMATION SINGLE/SPOUSE/PARTNER 1:

Do you have a Will or Trust now? ☐ No ☐ Yes

Do you have any adopted children? ☐ No ☐ Yes

If yes, are they to be treated as your natural children? ☐ No ☐ Yes

Do you have any stepchildren? ☐ No ☐ Yes

If yes, are they to be treated as your natural children? ☐ No ☐ Yes

Do you have a pre-nuptial agreement? ☐ No ☐ Yes

Do any of your beneficiaries own you money? ☐ No ☐ Yes

If yes, and the money is still owed at the time of your death, do you want to:

☐ Forgive the loan ☐ Forgive part of the loan \$ _____

☐ Offset the amount owed from the beneficiary's inheritance

GENERAL INFORMATION SPOUSE/PARTNER 2:

Do you have a Will or Trust now? ☐ No ☐ Yes

Do you have any adopted children? ☐ No ☐ Yes

If yes, are they to be treated as your natural children? ☐ No ☐ Yes

Do you have any stepchildren? ☐ No ☐ Yes

If yes, are they to be treated as your natural children? ☐ No ☐ Yes

Do you have a pre-nuptial agreement? ☐ No ☐ Yes

Do any of your beneficiaries own you money? ☐ No ☐ Yes

If yes, and the money is still owed at the time of your death, do you want to:

☐ Forgive the loan ☐ Forgive part of the loan \$ _____

☐ Offset the amount owed from the beneficiary's inheritance

YOUR ASSETS

The purpose of this section is to determine the approximate total value of the size of your estate for Federal Estate Tax planning purposes. Also, your trust must be funded properly, so we need to know the types of assets you own. We do not need exact numbers, and we understand asset values inevitably change with time. Just give us your best estimate. Spouse/Partners should combine answers for each asset category (real estate/stocks/etc.)

REAL ESTATE: This includes your home and any rental property, time-shares, lots, etc. We will need a copy of the Grant Deed for any California property we will be transferring to your Trust. If you cannot locate your Grant Deed(s), we may be able to obtain a copy for you. Note: We cannot prepare Deed(s) for out-of-state properties. We can, however, refer you to an organization that can.

YOUR HOME

Do you own your home? ☐ No ☐ Yes (If yes, please complete the following section.)

APN (Assessor's Parcel Number): _____

(This number can be found on your property tax bill.)

1. How much could you sell this property for: \$ _____
2. How much do you owe on this property: \$ _____
3. Net equity (subtract 2 from 1): \$ _____



OTHER PROPERTY



Do you own other real property? ☐ No ☐ Yes

(If yes, please complete the following section.)

1. ADDRESS: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, County: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. Net equity (subtract 2 from 1): \$ _____

2. ADDRESS: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, County: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. Net equity (subtract 2 from 1): \$ _____

3. ADDRESS: _____

APN (Assessor's Parcel Number): _____

Is this property in California? ☐ No ☐ Yes, County: _____

1. How much could you sell this property for: \$ _____

2. How much do you owe on this property: \$ _____

3. Net equity (subtract 2 from 1): \$ _____

TOTAL VALUE OF EQUITY IN YOUR REAL PROPERTY: \$ _____

IRAs, 401(k)s, AND THE LIKE: In this section we are asking the approximate value of your IRAs, 401(k)s, and other tax deferred retirement accounts.

SINGLE/SPOUSE/PARTNER 1

Do you have retirement accounts?

☐

No (Skip Section)

☐

Yes

IRA(s) with a total value of: \$ _____

Roth IRA(s) with a total value of: \$ _____

401(k)(s) with a total value of: \$ _____

Annuity(ies): \$ _____

Other plan(s) with a total value of: \$ _____



SPOUSE/PARTNER 2

Do you have retirement accounts?

☐

No (Skip Section)

☐

Yes

IRA(s) with a total value of: \$ _____

Roth IRA(s) with a total value of: \$ _____

401(k)(s) with a total value of: \$ _____

Annuity(ies): \$ _____

Other plan(s) with a total value of: \$ _____

TOTAL VALUE OF IRAs, 401(k)s, ETC.: \$ _____

STOCKS, BONDS, MUTUAL FUNDS, ETC.: We know stocks, bonds and mutual funds fluctuate in value; all we need is an **estimate**. *Do not include retirement funds (IRAs or 401(k)s, etc.)*

Do you have these types of investments?

☐

No (Skip Section)

☐

Yes

How do you hold your stocks and bonds?

☐

I/We have certificates for each stock and/or bond at home or in a safe deposit box.

☐

I/We have an account(s), with a broker(s), and all of my/our stocks, bonds and mutual funds are in these accounts.

☐

I/We have certificates in my/our possession and account(s) with a broker(s).

TOTAL VALUE OF STOCKS, BONDS AND MUTUAL FUNDS: \$ _____

CERTIFICATES OF DEPOSIT:

Do you have money in CDs?

☐

No (Skip Section)

☐

Yes

If yes, how many different Certificates of Deposit do you have? _____

TOTAL VALUE OF CERTIFICATES OF DEPOSIT: \$ _____

CHECKING, SAVINGS AND MONEY MARKET ACCOUNTS:

We understand that the balance in checking, savings and money market accounts fluctuate. What we are looking for here is your best estimate of the average balances in these accounts. *Do not include business or commercial accounts.*

CHECKING ACCOUNTS

Do you have personal checking account(s)?

☐

No (Skip Section)

☐

Yes

What is the approximate average monthly balance in your checking account? \$ _____

SAVINGS ACCOUNTS

Do you have personal savings account(s)?

☐

No (Skip Section)

☐

Yes

What is the approximate average monthly balance in your savings account? \$ _____

MONEY MARKET ACCOUNTS

Do you have money market account(s)?

☐

No (Skip Section)

☐

Yes

What is the approximate average monthly balance in your money market account? \$ _____

TOTAL VALUE OF CHECKING, SAVINGS, AND MONEY MARKET ACCOUNTS: \$ _____



LIFE INSURANCE: Life insurance is a part of your estate for Estate Tax (Death Tax) purposes, so we need to know what type of life insurance you have so we can minimize the Death Tax consequences to your estate. (Remember you may have life insurance as part of your benefits at work.)

Do you have life insurance?

☐

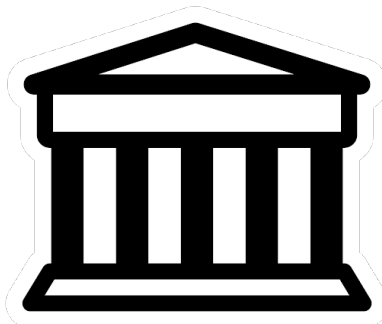
No (Skip Section)

☐

Yes

Insured's Name	Death Benefit \$

TOTAL VALUE OF LIFE INSURANCE DEATH BENEFITS: \$ _____



BUSINESSES, ETC.: Here we are seeking information on businesses you own. Also, please let us know the form of entity, and how much the business would be worth if you died or sold it. We realize that the value may be difficult to determine, but do your best.

Do you own an interest in a business(es)?

☐

Yes

☐

No



If yes, please provide the following information for each business:

1. Name of Business: _____

Percentage of ownership: _____% Estimated Value of your interest: \$ _____

Type of entity: _____ State: _____

2. Name of business: _____

Percentage of ownership: _____% Estimated Value of your interest: \$ _____

Type of entity: _____ State: _____

3. Name of business: _____

Percentage of ownership: _____% Estimated Value of your interest: \$ _____

Type of entity: _____ State: _____

TOTAL VALUE OF BUSINESS INTERESTS: \$ _____

OTHER ASSETS OF VALUE: Do NOT include things like collectibles, stamp or coin collections, the family car(s) or RV(s); but rather other valuable items such as boats, antique cars, rare and/or very expensive items, oil or mineral rights, inheritance or expected inheritance, etc. (Again, you will have to estimate the value of these assets.)

Item:	Value \$

TOTAL VALUE OF OTHER ASSETS: \$ _____

SUMMARY OF YOUR ESTATE: This is simply a summary of the values you have indicated in each of the previous asset categories.



REAL PROPERTY	\$ _____
IRAs, 401(k)s, etc.	\$ _____
STOCKS, BONDS & MUTUAL FUNDS	\$ _____
CERTIFICATES OF DEPOSIT	\$ _____
CHECKING, SAVINGS, & MONEY MARKET	\$ _____
LIFE INSURANCE BENEFITS	\$ _____
BUSINESS INTERESTS	\$ _____
OTHER ASSETS OF VALUE	\$ _____

ESTIMATED TOTAL VALUE OF YOUR ESTATE: \$ _____



YOUR LIVING TRUST



WHO DO YOU TRUST? If you (or your spouse/domestic partner) were unable to manage your financial affairs due to illness or disability, who would you trust to manage your affairs? Who would you trust to distribute your assets? Those you list below will be your Successor Trustees, the Executors of your Will(s) as well as your Agent(s) appointed in your Power of Attorney for Financial Purposes.

Your Successor Trustees must be United States Citizens to avoid foreign trust taxation issues.

(NOTE FOR SPOUSES/DOMESTIC PARTNERS): Remember that the two of you will be acting as Primary Trustees; those you list below will only take over as Successor Trustees when neither of you can act as Trustee due to disability or death. The spouse/partner is automatically considered number 1. You may provide up to three designees here. We recommend that you name at least two.)

SUCCESSOR TRUSTEES/AGENTS/CO-AGENTS:

1. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

2. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

3. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

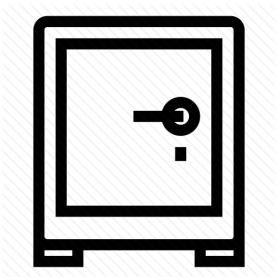
GENERAL DISTRIBUTION

Who do you want to receive your estate (your money and property) after your death(s)?

☐ Your children in equal shares

☐ Other instructions (use chart below)

Beneficiary's Name or Name of Institution	Relationship	Share (Percentage)



At what age would you like your children/beneficiaries to receive their share of your estate?

All at once when I (or the last of us) die(s): ☐ YES ☐ NO

If "No," at what age:

☐ 18 (not recommended) ☐ 21 ☐ 25 ☐ 30

☐ Other: _____



If **one** of your children/beneficiaries dies before both of you, who would you want to receive the deceased beneficiary's share?

☐ The deceased's children ☐ The surviving beneficiaries ☐ Your brothers and sisters

☐ Other: _____

If **all** of your children/beneficiaries die before you, who would you want to receive your assets?

☐ Your brothers and sisters ☐ Your nieces and nephews

☐ Other: (charity, other organization, etc.): _____

Do any of your children/beneficiaries have special needs or circumstances? ☐ No ☐ Yes

1. Full Name: _____

Nature of special circumstance: ☐ Medical ☐ Physical ☐ Psychological

☐ Educational ☐ Substance abuse/addiction

☐ Not Financially Responsible ☐ Other

Are you aware of any government benefits being provided to them (e.g. Medi-Cal, SSI, etc.)?

Please explain special need or diagnosis: _____

2. Full Name: _____

Nature of special circumstance: ☐ Medical ☐ Physical ☐ Psychological

☐ Educational ☐ Substance abuse/addiction

☐ Not Financially Responsible ☐ Other

Are you aware of any government benefits being provided to them (e.g. Medi-Cal, SSI, etc.)?

Please explain special need or diagnosis: _____

SPECIFIC GIFTS

Before the general distribution of your estate is made, as you designated in the previous section, would you like to make any ***Specific Distributions***? For instance, a gift of cash or real property to a charity, an institution, or a specific person? Note: This is not where you would specify an object gift like an automobile or family heirloom. We will explain how to make those gifts during your consultation with one of our attorneys.



☐ No ☐ Yes (If yes, complete the following):

1. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Amount of gift: \$ _____

2. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Amount of gift: \$ _____

3. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Amount of gift: \$ _____

DISINHERTANCE: Are there any of your heirs you plan to specifically omit? ☐ No ☐ Yes

(If yes, complete the following):

1. Name: _____ Relationship: _____

Please explain: _____

2. Name: _____ Relationship: _____

Please explain: _____

3. Name: _____ Relationship: _____

Please explain: _____

YOUR WILLS

GUARDIANSHIP OF YOUR CHILD/CHILDREN: if you have a minor child or children, who would you want to care for them? Your surviving spouse/partner will automatically be first unless he/she/they is not the children's legal parent. If you would like to use the same people you selected as SUCCESSOR TRUSTEES/EXECUTORS/AGENTS, check the box "Same as Successor Trustees" and skip to the next section; you do not need to list them again. Only if you check the "Other" box below is it necessary to fill in the Name, Address, Telephone Number and Relationship for each.



☐ N/A (no minor children) ☐ Same as Successor Trustees ☐ Other (complete the following):

1. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

2. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

(Optional)

3. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

ADVANCE HEALTH CARE DIRECTIVE

If you were too ill to make health care decisions for yourself, who would you want to make those decisions for you? (Spouse/Partner would automatically be the agent, unless you don't want them to be). If you would like to use the same people you selected as SUCCESSOR TRUSTEES, check the box "Same as Successor Trustees". You do not need to list them again. Only if you check "Other" box below, is it necessary to fill in the Name, Address, Telephone Number and Relationship for each agent.



SINGLE/SPOUSE/PARTNER 1: ☐ Same as Successor Trustees ☐ Other: (complete following):

1. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

2. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

3. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

ADVANCE HEALTH CARE DIRECTIVE

SPOUSE/PARTNER 2:

☐

Same as Successor Trustees

☐

Other: (complete following):

1. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

2. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

3. Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship: _____

SINGLE/SPOUSE/PARTNER 1:



Instructions to Physician: Please check the box next to the statement that best matches your wishes.

☐ If I have an incurable injury, disease, or illness certified by two (2) physicians to be a terminal condition, and if the application of life-sustaining procedures would serve only to artificially prolong the moment of my death, and if my treating physician determines that my death is imminent, whether or not life-sustaining procedures are utilized, then I desire that all life-sustaining treatment be withheld or withdrawn. In making the decision to withhold or withdraw treatment, my agent should ask the question: "Is the proposed treatment an aid to recover or merely a prolongation of inevitable death?" The determination of what is "reasonable", what is "an aid to recover", and what is "merely a prolongation of inevitable death" shall be made by my agent after consulting with my attending physicians.

☐ I express the desire that my life be prolonged to the greatest possible extent without regard for my physical or mental condition, chance of recovery, likelihood of suffering, or expense and authorize my agent to consent to whatever medical procedures are necessary to accomplish this end.

At your death, would you be willing to donate your organs? ☐ Yes ☐ No

SPOUSE/PARTNER 2:

Instructions to Physician: Please check the box next to the statement that best matches your wishes.

☐ If I have an incurable injury, disease, or illness certified by two (2) physicians to be a terminal condition, and if the application of life-sustaining procedures would serve only to artificially prolong the moment of my death, and if my treating physician determines that my death is imminent, whether or not life-sustaining procedures are utilized, then I desire that all life-sustaining treatment be withheld or withdrawn. In making the decision to withhold or withdraw treatment, my agent should ask the question: "Is the proposed treatment an aid to recover or merely a prolongation of inevitable death?" The determination of what is "reasonable", what is "an aid to recover", and what is "merely a prolongation of inevitable death" shall be made by my agent after consulting with my attending physicians.

☐ I express the desire that my life be prolonged to the greatest possible extent without regard for my physical or mental condition, chance of recovery, likelihood of suffering, or expense and authorize my agent to consent to whatever medical procedures are necessary to accomplish this end.

At your death, would you be willing to donate your organs? ☐ Yes ☐ No

FINAL DISPOSITION INSTRUCTIONS - SINGLE/SPOUSE/PARTNER 1

☐

Agent will choose

☐

Will leave a letter for Agent

☐

Prior Arrangements have been made. Please explain briefly: _____

☐

Burial at: _____

☐

Cremation, ashes to be:

☐

Scattered at sea

☐

Scattered at other location: _____

☐

Interred at: _____

☐

With spouse/partner

☐

Religious services (specify): _____

☐

Military services (specify): _____

(Note: Only available to those who were members of the armed forces.)

☐

Other instructions: _____



SPOUSE/PARTNER 2

☐

Agent will choose

☐

Will leave a letter for Agent

☐

Prior Arrangements have been made. Please explain briefly: _____

☐

Burial at: _____

☐

Cremation, ashes to be:

☐ Scattered at sea

☐ Scattered at other location: _____

☐ Interred at: _____

☐ With spouse/partner

☐

Religious services (specify): _____

☐

Military services (specify): _____

(Note: Only available to those who were members of the armed forces.)

☐

Other instructions: _____

NOTES



WAIVER AND CERTIFICATION - INDIVIDUAL

I hereby certify that the information provided herein is true and correct to the best of my knowledge, and attest to the accuracy of this information.

Dated: _____

Signed: _____ Print Name: _____

WAIVER AND CERTIFICATION - MARRIED/DOMESTIC PARTNERS

Whenever an attorney represents two people, there is always the possibility of conflict. This is rare between married people or domestic partners, because they typically have the same interests. By submitting this questionnaire, you will be waiving any potential conflict between yourself and your spouse/partner. You will also be waiving the attorney-client privilege *as to your spouse/partner only*. We will still keep your secrets from everyone else in the world.

We hereby certify that the information provided herein is true and correct to the best of our knowledge, and we are in agreement as to the accuracy of this information.

Dated: _____

Signed: _____ Print Name: _____
(SPOUSE/DOMESTIC PARTNER 1)

Signed: _____ Print Name: _____
(SPOUSE/DOMESTIC PARTNER 2)

BOTTI & MORISON

ESTATE PLANNING ATTORNEYS, LTD.

Thank you for choosing Botti & Morison to assist you in the Estate Planning process.

If you have not done so, call us as soon as possible at 877.585.1885 to schedule your appointment.

Our attorneys bring a unique “Team Approach” to every client. When you work with one of us, you’re truly benefiting from the expertise of our entire team. This collaborative dynamic ensures that our collective experience and dedication strengthen every service we provide.

The sooner you call, the easier it will be for us to accommodate any special requests that you may have regarding scheduling or document preparation. Since scheduling can be complicated, ***we cannot handle walk-in visits; please be sure to call in advance to schedule your consultation.***

We have six locations to serve you and are also available to meet via Zoom.

Ventura Office – Headquarters 199 Figueroa Street, Suite 200 Ventura, CA 93001 Phone: (805) 585-1885	Bakersfield Office 4900 California Ave Tower B, Suite 210B, Bakersfield, CA 93309 Phone: (661) 326-1255
San Luis Obispo Office 2436 Broad Street San Luis Obispo, CA 93401 Phone: (805) 544-0410	Santa Barbara Office 924 Anacapa Street, Suite 3G Santa Barbara, CA 93101 Phone: (805) 585-1885
Valencia Office 27240 Turnberry Lane, Suite 200 Valencia, CA 91355 Phone: (661) 775-9958	Westlake Village Office 2625 Townsgate Road, Suite 330 Westlake Village, CA 91361 Phone: (805) 585-1885

Scan to Access Contact Page for Location Details, Map & Directions:

