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CLIENT QUESTIONNAIRE: CONFIDENTIAL INFORMATION SHEET

1. Date: **06/14/09**
2. Citizenship of Husband/Partner: **United States**
3. Citizenship of Wife/Partner: **United States**

NOTE: Attach a separate page for additional information and copy the applicable format.

I. CLIENT AND FAMILY

Name usually used: **Antonin Rehnquist**

Telephone: **(650) 948-5310 (home)**

**(650) 943-2323 (work)**

**(650) 948-2232 (cell)**

**(650) 954-3632 (spouse/partner's work)**

1. Full name: (if other than normally used) **Antonin Hubbs Rehnquist**
2. Street Address: **659 Rosewood Court** Apt number: \_\_\_\_\_
3. City/State/Zip Code: **Los Altos, CA 94024** County: **Santa Clara**
4. Date of Birth: **10/8/1965** Social Security Number: **567-47-4747**
5. Place of Birth: (City/State): **Mountain View, CA**
6. Period of Residence in California: **Entire life**
7. Occupation: **Judge**
8. Employer: **Santa Clara Superior Court**
9. State of Health: (any current medical conditions) **None**



80 Gilman Ave Suite 27  
Campbell, CA 95008  
Tel: (408) 866-8382  
Email: s.miri@mirilaw.com  
Web: www.mirilaw.com

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10. Veteran? N I.D. number: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

11. Discharge date: \_\_\_\_\_

12. Full name of spouse/partner: **Sandra Ann Rehnquist**

13. Other names used: **Sandie Rehnquist**

14. Date of Birth: **01/22/68** Social Security Number: **565-56-7573**

15. Place of Birth: (City/State) **Mountain View, CA**

16. Period of Residence in California: **Entire life**

17. Occupation: **Nurse**

18. Employer: **El Camino Hospital**

19. State of Health: (any current medical conditions) **None**

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20. Veteran? N I.D. number: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

21. Discharge date: \_\_\_\_\_

22. Date and place of marriage: (mm/yy/State) **06/95 California**

23. Date and place of partnership registration: (mm/yy/State) \_\_\_\_\_

24. Periods of out-of-state domicile more than 3 months: (dates and places) \_\_\_\_\_

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25. Do you have a prenuptial, postnuptial or partnership agreement? **N**

If yes, please provide us with a copy.

26. Separated and/or in process of dissolving marriage/partnership? **N**

If yes, Date of Separation: \_\_\_\_\_



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27. Are there any outstanding orders regarding property division? **N**

If yes, please provide us with a copy.

28. Children of current marriage/partnership: List oldest first

A. Name: **Robert Rehnquist**

B. Birth date: **06/01/2000**

C. Place of Birth and Citizenship: **Mountain View, CA/United States**

D. Marital status: **Single**

E. If married, name of spouse: **N/A**

F. Grandchildren? **N**

G. Grandchild's Name: \_\_\_\_\_

H. Grandchild's Name: \_\_\_\_\_

I. Grandchild's Name: \_\_\_\_\_

A. Name: **Mary Rehnquist**

B. Birth date: **06/7/04**

C. Place of Birth and Citizenship: **Mountain View, CA/United States**

D. Marital status: **Single**

E. If married, name of spouse: **N/A**

F. Grandchildren? **N**

G. Grandchild's Name: \_\_\_\_\_

H. Grandchild's Name: \_\_\_\_\_

I. Grandchild's Name: \_\_\_\_\_



- 
- A. Name: \_\_\_\_\_
- B. Birth date: \_\_\_\_\_
- C. Place of Birth and Citizenship: \_\_\_\_\_
- D. Marital status: \_\_\_\_\_
- E. If married, name of spouse: \_\_\_\_\_
- F. Grandchildren? (Y/N) \_\_\_\_\_
- G. Grandchild's Name: \_\_\_\_\_
- H. Grandchild's Name: \_\_\_\_\_
- I. Grandchild's Name: \_\_\_\_\_

29. If registered domestic partnership: Second parent adoption of children? **N**

If yes, what date: (dd/mm/yyyy) \_\_\_\_\_

30. If applicable, most recent prior marriage/domestic partnership:

Name of former spouse/partner: \_\_\_\_\_

Ended by: \_\_\_ death \_\_\_ marriage dissolution/termination of domestic partnership

In: \_\_\_\_\_ (year)

31. Children of most recent prior marriage/domestic partnership: List oldest first

A. Name: \_\_\_\_\_

B. Birth date: \_\_\_\_\_

C. Place of Birth and Citizenship: \_\_\_\_\_

D. Marital status: \_\_\_\_\_

E. If married, name of spouse: \_\_\_\_\_



- 
- F. Grandchildren? (Y/N) \_\_\_\_\_
- G. Grandchild's Name: \_\_\_\_\_
- H. Grandchild's Name: \_\_\_\_\_
- I. Grandchild's Name: \_\_\_\_\_
- A. Name: \_\_\_\_\_
- B. Birth date: \_\_\_\_\_
- C. Place of Birth and Citizenship: \_\_\_\_\_
- D. Marital status: \_\_\_\_\_
- E. If married, name of spouse: \_\_\_\_\_
- F. Grandchildren? (Y/N) \_\_\_\_\_
- G. Grandchild's Name: \_\_\_\_\_
- H. Grandchild's Name: \_\_\_\_\_
- I. Grandchild's Name: \_\_\_\_\_
- A. Name: \_\_\_\_\_
- B. Birth date: \_\_\_\_\_
- C. Place of Birth and Citizenship: \_\_\_\_\_
- D. Marital status: \_\_\_\_\_
- E. If married, name of spouse: \_\_\_\_\_
- F. Grandchildren? (Y/N) \_\_\_\_\_
- G. Grandchild's Name: \_\_\_\_\_
- H. Grandchild's Name: \_\_\_\_\_



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I. Grandchild's Name: \_\_\_\_\_

32. Existing right from or obligation support to former spouse or partner (spousal support)? **N**

33. If applicable, prior marriage/domestic partnership:

Name of former spouse/partner: \_\_\_\_\_

Ended by: \_\_\_ death \_\_\_ marriage dissolution/termination of domestic partnership

In: \_\_\_\_\_ (year)

34. Children of most recent prior marriage/domestic partnership: List oldest first

A. Name: \_\_\_\_\_

B. Birth date: \_\_\_\_\_

C. Place of Birth and Citizenship: \_\_\_\_\_

D. Marital status: \_\_\_\_\_

E. If married, name of spouse: \_\_\_\_\_

F. Grandchildren? (Y/N) \_\_\_\_\_

G. Grandchild's Name: \_\_\_\_\_

H. Grandchild's Name: \_\_\_\_\_

I. Grandchild's Name: \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Birth date: \_\_\_\_\_

C. Place of Birth and Citizenship: \_\_\_\_\_

D. Marital status: \_\_\_\_\_



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E. If married, name of spouse: \_\_\_\_\_

F. Grandchildren? (Y/N) \_\_\_\_\_

G. Grandchild's Name: \_\_\_\_\_

H. Grandchild's Name: \_\_\_\_\_

I. Grandchild's Name: \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Birth date: \_\_\_\_\_

C. Place of Birth and Citizenship: \_\_\_\_\_

D. Marital status: \_\_\_\_\_

E. If married, name of spouse: \_\_\_\_\_

F. Grandchildren? (Y/N) \_\_\_\_\_

G. Grandchild's Name: \_\_\_\_\_

H. Grandchild's Name: \_\_\_\_\_

I. Grandchild's Name: \_\_\_\_\_

35. Existing right from or obligation to former spouse or partner re child? N

36. Please provide a copy of any marital settlement agreement, qualified domestic relations order or final judgment of dissolution that imposes obligations on you or contains decisions regarding property division, thank you.



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## II. ADVISORS

1. CPA/Accountant: **Lewis Powell**
2. Financial Advisor: **Byron White**
3. Insurance Agent: **Potter Stewart**
4. Business or other attorney(s): **Roger Taney**

## III. ASSETS

### REAL PROPERTY:

Attach copy of most recent RECORDED GRANT DEED OR TITLE DOCUMENT and COPY OF TAX BILL for each and copy of any buy-out co-tenancy agreement

For each property please list: (If unsure leave blank)

1. Full Address: **659 Rosewood Court Los Altos, CA 94024**
2. Title: (joint tenancy/tenants in common) **Joint Tenancy**
3. Owner(s): **Antonin and Sandra Rehnquist**
4. Acquisition date: (dd/mm/yyyy) **06/17/1998**
5. Purchase price: **\$400,000**
6. Type of property: (residential, rental, vacation) **Residential**
7. Approximate fair market value: **\$750,000**
8. Mortgage amount remaining: **\$250,000**
9. Equity: (Fair market value less encumbrances): **\$500,000**





80 Gilman Ave Suite 27  
Campbell, CA 95008  
Tel: (408) 866-8382  
Email: s.miri@mirilaw.com  
Web: www.mirilaw.com

1. Full Address: \_\_\_\_\_

2. Title: (joint tenancy/tenants in common) \_\_\_\_\_

3. Owner(s): \_\_\_\_\_

4. Acquisition date: (dd/mm/yyyy) \_\_\_\_\_

5. Purchase price: \$ \_\_\_\_\_

6. Type of property: (residential, rental, vacation) \_\_\_\_\_

7. Approximate fair market value: \$ \_\_\_\_\_

8. Mortgage amount remaining: \$ \_\_\_\_\_

9. Equity: (Fair market value less encumbrances): \$ \_\_\_\_\_

1. Full Address: \_\_\_\_\_

2. Title: (joint tenancy/tenants in common) \_\_\_\_\_

3. Owner(s): \_\_\_\_\_

4. Acquisition date: (dd/mm/yyyy) \_\_\_\_\_

5. Purchase price: \$ \_\_\_\_\_

6. Type of property: (residential, rental, vacation) \_\_\_\_\_

7. Approximate fair market value: \$ \_\_\_\_\_

8. Mortgage amount remaining: \$ \_\_\_\_\_

9. Equity: (Fair market value less encumbrances): \$ \_\_\_\_\_



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NOTES & DEEDS OF TRUST/MORTGAGE (Legally speaking the two are the same):

Attach copy of NOTE and SECURITY AGREEMENT or RECORDED DEED  
OF TRUST for each note

For each note please list: (If unsure leave blank)

1. Payer(s): **Antonin and Sandra Rehnquist**
2. To whom payable: **Bank of America**
3. Original amount: **\$320,000**
4. Due date: (dd/mm/yyyy) **06/17/2028**
5. Interest: (Percentage) **5%**
6. Security: (property address) **659 Rosewood Court Los Altos, CA 94024**
7. Current balance: **\$250,000**

1. Payer(s): \_\_\_\_\_

2. To whom payable: \_\_\_\_\_

3. Original amount: \$ \_\_\_\_\_

4. Due date: (dd/mm/yyyy) \_\_\_\_\_

5. Interest: (Percentage) \_\_\_\_\_%

6. Security: (property address) \_\_\_\_\_

7. Current balance: \$ \_\_\_\_\_

1. Payer(s): \_\_\_\_\_

2. To whom payable: \_\_\_\_\_

3. Original amount: \$ \_\_\_\_\_



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4. Due date: (dd/mm/yyyy) \_\_\_\_\_

5. Interest: (Percentage) \_\_\_\_\_ %

6. Security: (property address) \_\_\_\_\_

7. Current balance: \$ \_\_\_\_\_

**INVESTMENT ACCOUNTS:**

Attach copy of the most recent MONTHLY or QUARTERLY STATEMENT for  
Stock Portfolios, Bonds, Mutual Funds, Dividend Reinvestment Accounts and  
Certificate of Deposits

For each account please list:

1. Name of Company: **Putnam Investments (Mutual Fund)**
2. Account Number: **1626261626**
3. Account title: (sole ownership, joint tenancy) **Joint Tenancy**
4. Current value: **\$23,161.12**

1. Name of Company: **Fidelity Investments (Mutual Fund)**
2. Account Number: **1647474747**
3. Account title: (sole ownership, joint tenancy) **Joint Tenancy**
4. Current value: **\$4,502.73**

1. Name of Company: **Star One Credit Union 166 8<sup>th</sup> Ave Sunnyvale, CA 94089**

**(Certificate of Deposit)**

2. Account Number: **68464626**
3. Account title: (sole ownership, joint tenancy) **Joint Tenancy**



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4. Current value: **\$12,191.98**

1. Name of Company: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Account title: (sole ownership, joint tenancy) \_\_\_\_\_

4. Current value: \$ \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Account title: (sole ownership, joint tenancy) \_\_\_\_\_

4. Current value: \$ \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Account title: (sole ownership, joint tenancy) \_\_\_\_\_

4. Current value: \$ \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Account title: (sole ownership, joint tenancy) \_\_\_\_\_

4. Current value: \$ \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Account title: (sole ownership, joint tenancy) \_\_\_\_\_

4. Current value: \$ \_\_\_\_\_



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**STOCKS:**

Stocks in Certificate Form, Stock Options, & Bonds not in an account if you hold stocks or bonds in certificate form. We will need the ORIGINAL

CERTIFICATES in order to transfer to your trust (NOT US Savings Bonds E/EE, H/HH, or I) (Provide OPTIONS CONTRACT and/or STATEMENT).

For each stock please list:

1. Company name: **Southern Company**

2. Shares or amount: **200 shares**

3. Current value: **\$5,899.34**

1. Company name: **General Electric**

2. Shares or amount: **300 shares**

6. Current value: **\$4,502.21**

1. Company name: **Verizon**

2. Shares or amount: **150 shares**

3. Current value: **\$3,452.46**

1. Company name: **American Electric Power Company**

2. Shares or amount: **200 shares**

3. Current value: **\$6,202.94**

1. Company name: \_\_\_\_\_

2. Shares or amount: \_\_\_\_\_

3. Current value: \$ \_\_\_\_\_



1. Company name: \_\_\_\_\_

2. Shares or amount: \_\_\_\_\_

3. Current value: \$ \_\_\_\_\_

1. Company name: \_\_\_\_\_

2. Shares or amount: \_\_\_\_\_

3. Current value: \$ \_\_\_\_\_

1. Company name: \_\_\_\_\_

2. Shares or amount: \_\_\_\_\_

3. Current value: \$ \_\_\_\_\_

**SAVINGS & CASH ACCOUNT**

Attach COPY of the most recent statements.

For each account please list:

1. Name and address of financial institution: **Star One Credit Union 166 8<sup>th</sup> Ave**

**Sunnyvale, CA 94089**

2. Account number: **684403727**

3. Account holder: **Antonin and Sandra Rehnquist**

4. Type of account: (Checking/Savings) **Savings**

5. Account title: (sole ownership/joint tenancy/totten trust) **Joint Tenancy**

6. Current value: **\$45,258.86**

1. Name and address of financial institution: **Star One Credit Union 166 8<sup>th</sup> Ave**

**Sunnyvale, CA 94089**



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2. Account number: **684403727**

3. Account holder: **Antonin and Sandra Rehnquist**

4. Type of account: (Checking/Savings) **Checking**

5. Account title: (sole ownership/joint tenancy/totten trust) **Joint Tenancy**

6. Current value: **\$5,473.32**

1. Name and address of financial institution: **Star One Credit Union 166 8<sup>th</sup> Ave  
Sunnyvale, CA 94089**

2. Account number: **684403727**

3. Account holder: **Antonin Rehnquist**

4. Type of account: (Checking/Savings) **Checking**

5. Account title: (sole ownership/joint tenancy/totten trust) **Sole Ownership**

6. Current value: **\$5,868.28**

1. Name and address of financial institution: **Star One Credit Union 166 8<sup>th</sup> Ave  
Sunnyvale, CA 94089**

2. Account number: **684403727**

3. Account holder: **Sandra Rehnquist**

4. Type of account: (Checking/Savings) **Checking**

5. Account title: (sole ownership/joint tenancy/totten trust) **Sole ownership**

6. Current value: **\$7,978.85**

1. Name and address of financial institution: \_\_\_\_\_

2. Account number: \_\_\_\_\_



- 
3. Account holder: \_\_\_\_\_
4. Type of account: (Checking/Savings) \_\_\_\_\_
5. Account title: (sole ownership/joint tenancy/totten trust) \_\_\_\_\_
6. Current value: \$ \_\_\_\_\_
1. Name and address of financial institution: \_\_\_\_\_
2. Account number: \_\_\_\_\_
3. Account holder: \_\_\_\_\_
4. Type of account: (Checking/Savings) \_\_\_\_\_
5. Account title: (sole ownership/joint tenancy/totten trust) \_\_\_\_\_
6. Current value: \$ \_\_\_\_\_

**CLIENT-OWNED BUSINESS**

**SOLE PROPRIETORSHIP**

Provide copy of filed, current FICTITIOUS BUSINESS NAME STATEMENT, copy of all BUSINESS BANK ACCOUNT STATEMENTS, copy of most recent BALANCE SHEET, copy of SCHEDULE C to FORM 1040 and a list of LICENSES or PERMITS in the name of sole proprietorship.

For each sole proprietorship please list:

1. Name of business: \_\_\_\_\_
2. Address of business: \_\_\_\_\_
3. Nature of Business: \_\_\_\_\_
4. Total value (assets): \$ \_\_\_\_\_





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5. Name of business: \_\_\_\_\_

6. Address of business: \_\_\_\_\_

7. Nature of Business: \_\_\_\_\_

8. Total value (assets): \$ \_\_\_\_\_

**LIMITED LIABILITY OR GENERAL PARTNERSHIP**

Provide copy of CERTIFICATE and COPY of AGREEMENT and copy of any  
BUY-SELL AGREEMENT.

For each LLP or GP please list:

1. Number of units: \_\_\_\_\_

2. Name of partnership: \_\_\_\_\_

3. General partner(s): \_\_\_\_\_

4. Address of general partner(s): \_\_\_\_\_

5. Total value (assets): \$ \_\_\_\_\_



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LIMITED LIABILITY COMPANY

Provide copy of OPERATING AGREEMENT and filed ARTICLES OF INCORPORATION, copy of most recent COMPANY INCOME TAX RETURNS, copy of BALANCE SHEET and ANNUAL STATEMENT, copy of any APPRAISALS, and client's issued SHARE CERTIFICATE.

For each LLC please list:

1. Name of company: **Bavarian Propperties LLC**
2. Address of company: **856 Gilman Ave Suite 80 Campbell, CA 95008**
3. Nature of business: **Real Estate Investment**
4. Other members' names: **Antonin and Sandra Rehnquist**
5. Percentage ownership distribution: **Antonin Rehnquist 50%/Sandra Rehnquist 50%**
6. Value: (Assets) **\$124,000**



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CORPORATION

Provide copy of filed ARTICLES OF INCORPORATION, BYLAWS and MINUTE BOOKS; copy of most recent COMPANY INCOME TAX RETURNS; copy of BALANCE SHEET and ANNUAL STATEMENT; copy of any SHAREHOLDERS' AGREEMENTS (e.g., any BUY-SELL AGREEMENTS or VOTING TRUST AGREEMENTS); copy of any APPRAISALS; and client's issued SHARE CERTIFICATES with all legends and restrictions on transfer.

For each corporation please list:

1. Name of corporation: \_\_\_\_\_
2. Address of corporation: \_\_\_\_\_
3. Value: (assets) \$ \_\_\_\_\_



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MISCELLANEOUS ASSETS

TANGIBLE PERSONAL PROPERTY OF SIGNIFICANT VALUE

(E.g., collections of artworks, animals, jewelry, antiques, coins, rare books, stamps, silver worth more than \$10,000, and individual items worth more than \$3000). Indicate approximate fair market value. If item is not entirely owned by you, list the co-owners and their ownership interests in the item

For each item please list:

1. Item: **Rolex Oyster Perpetual Watch**
2. Owner(s): **Antonin Rehnquist**
3. Ownership percentage breakdown: **Antonin Rehnquist 100%**
4. Fair market value: **\$15,000**

1. Item: **Persian Rug**
2. Owner(s): **Sandra Rehnquist**
3. Ownership percentage breakdown: **Sandra Rehnquist 100%**
4. Fair market value: **\$12,000**

1. Item: \_\_\_\_\_
2. Owner(s): \_\_\_\_\_
3. Ownership percentage breakdown: \_\_\_\_\_
4. Fair market value: \_\_\_\_\_

1. Item: \_\_\_\_\_
2. Owner(s): \_\_\_\_\_



3. Ownership percentage breakdown: \_\_\_\_\_

4. Fair market value: \_\_\_\_\_

CARS, TRUCKS, TRAILERS, RECREATIONAL VEHICLES, BOATS, AIRPLANES

For each item please list

1. Model: **Honda Accord**

2. Year: **2005**

3. Title as shown on ownership document: **Antonin or Sandra Rehnquist**

4. Encumbrances: (Loans/liens) **None**

5. Approximate fair market value: **\$12,000**

6. Equity: (Fair market value less encumbrances) **\$12,000**

1. Model: **Honda Accord**

2. Year: **2000**

3. Title as shown on ownership document: **Antonin or Sandra Rehnquist**

4. Encumbrances: (Loans/liens) **None**

5. Approximate fair market value: **\$8,000**

6. Equity: (Fair market value less encumbrances) **\$8,000**

1. Model: **Honda Odyssey**

2. Year: **2002**

3. Title as shown on ownership document: **Antonin or Sandra Rehnquist**

4. Encumbrances: (Loans/liens) **None**

5. Approximate fair market value: **\$11,000**



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6. Equity: (Fair market value less encumbrances) **\$11,000**

**SAFE DEPOSIT BOX**

For each safe deposit box please list:

1. Number: **1929**

2. Location: **Star One Credit Union 166 8<sup>th</sup> Ave Sunnyvale, CA 94089**

3. Contents: **Rolex watch, Wills, Deed to House**

4. Value: **\$15,000**

1. Number: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Contents: \_\_\_\_\_

4. Value: \$ \_\_\_\_\_

**SUBTOTAL OF ASSETS: \$753,489.12**



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RETIREMENT ASSETS

IRA accounts, SEP IRAs, KEOGH plans, 401(k) accounts, pensions plans, profit-sharing plans, annuities, deferred compensation plans, social security benefits  
(copy of statement).

For each retirement account please list:

1. Custodian of account: **Antonin Rehnquist**
2. Company name: **Eaton Vance**
3. Beneficiary: **Sandra Rehnquist**
4. Contingent beneficiary: **Robert and Mary Rehnquist**
5. Account Number: **472372722**
6. Value: **\$19,939.87**

1. Custodian of account: **Sandra Rehnquist**
2. Company name: **Eaton Vance**
3. Beneficiary: **Antonin Rehnquist**
4. Contingent beneficiary: **Robert and Mary Rehnquist**
5. Account Number: **6876788666**
6. Value: **\$24,202.20**

1. Custodian of account: \_\_\_\_\_
2. Company name: \_\_\_\_\_
3. Beneficiary: \_\_\_\_\_
4. Contingent beneficiary: \_\_\_\_\_



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CURRENTLY OWNED BENEFITS OTHER THAN RETIREMENT ASSETS

RELATING TO YOUR PRESENT AND/OR FORMER EMPLOYMENT

E.g., stock purchase plans, stock options, and bonus plans.

For each please list:

1. Asset: \_\_\_\_\_
  2. Name of the death beneficiary, if one has been named: \_\_\_\_\_
  3. Value of each benefit: \$ \_\_\_\_\_
- 
1. Asset: \_\_\_\_\_
  2. Name of the death beneficiary, if one has been named: \_\_\_\_\_
  3. Value of each benefit: \$ \_\_\_\_\_

LIFE INSURANCE POLICIES

Client, spouse, or domestic partner is the insured.

For each life insurance policy please list:

1. Name of company: **Pacific Life**
2. Type: (Term/Full) **Full**
3. Face value of each policy less borrowed amount: **\$75,000**
4. Surrender Value: **\$75,000**
5. Policy number: **128388321**
6. Insured: **Antonin Rehnquist**
7. Owner of policy: **Antonin Rehnquist**
8. Beneficiary: **Sandra Rehnquist**





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9. Contingent beneficiary: **Robert and Mary Rehnquist**

1. Name of company: \_\_\_\_\_

2. Type: (Term/Full) \_\_\_\_\_

3. Face value of each policy less borrowed amount: \$ \_\_\_\_\_

4. Surrender Value: \$ \_\_\_\_\_

5. Policy number: \_\_\_\_\_

6. Insured: \_\_\_\_\_

7. Owner of policy: \_\_\_\_\_

8. Beneficiary: \_\_\_\_\_

9. Contingent beneficiary: \_\_\_\_\_

SUBTOTAL OF MISCELLANEOUS ASSETS: **\$119,752.76**

SUBTOTAL OF ASSETS: **753,489.22**

TOTAL: **\$772,717.62**



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POSSIBLE ASSETS

1. Expected Inheritances or Gifts?

**Uncertain**

If yes, please approximate value from inheritance: \$ \_\_\_\_\_

If yes, please approximate value from gifts: \$ \_\_\_\_\_

2. Beneficial Interest in Trust?

**Uncertain**

If yes, please approximate value of beneficial interest: \$ \_\_\_\_\_

IV. COMPANION ANIMALS

1. Do you currently own a companion animal(s)?

**Yes**

2. If yes, please provide the following:

A. Name: **Sando**

B. Age: **5 years 2 months**

C. Birth date (if known): **07/04**

D. Breed: **Bernese Mountain Dog**

E. Sex: **Female**

F. Physical description: **Large canine**

G. Name of current veterinarian: **Dr. Koop**

H. Telephone: **(650) 737-7622**

I. Address: **1021 #9 Altos Oaks Dr. Los Altos, CA 94024**



- 
- A. Name: \_\_\_\_\_
- B. Age: \_\_\_\_\_
- C. Birth date (if known): \_\_\_\_\_
- D. Breed: \_\_\_\_\_
- E. Sex: \_\_\_\_\_
- F. Physical description: \_\_\_\_\_
- G. Name of current veterinarian: \_\_\_\_\_
- H. Telephone: \_\_\_\_\_
- I. Address: \_\_\_\_\_
- A. Name: \_\_\_\_\_
- B. Age: \_\_\_\_\_
- C. Birth date (if known): \_\_\_\_\_
- D. Breed: \_\_\_\_\_
- E. Sex: \_\_\_\_\_
- F. Physical description: \_\_\_\_\_
- G. Name of current veterinarian: \_\_\_\_\_
- H. Telephone: \_\_\_\_\_
- I. Address: \_\_\_\_\_

3. How would you like to provide for your companion animal(s)?:

- A. Pet Trust:  **X**
- B. Outright gift in will: \_\_\_\_\_



C. Leave to a charitable animal organization: \_\_\_\_\_

V. PERSONAL REPRESENTATIVES

1. Executor of Will: (Indicate co-executors on the same line)

1st choice: **Antonin/Sandra Rehnquist (reciprocal)**

2nd choice: **Mary Callahan**

3rd choice: **William Brennan**

2. Guardian of the Person for Minor Children: (Indicate co-guardians on the same line)

1st choice: **Stephen and Mary Callahn**

2nd choice: **William and Wilhemina Brennan**

3rd choice: **James and Johnnie Rawlinson**

3. Guardian of the Estate for Minor Children: (Indicate co-guardians on the same line)

1st choice: **Stephen and Mary Callahn**

2nd choice: **William and Wilhemina Brennan**

3rd choice: **James and Johnnie Rawlinson**

4. Trustee(s): (Indicate co-trustees on the same line)

Self: \_\_\_\_\_

Self & Spouse/Partner: **Antonin and Sandra Rehnquist**

1st successor(s): **Stephen and Mary Callahn**

2nd successor(s): **William and Wilhemina Brennan**

3rd successor(s): **James and Johnnie Rawlinson**



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VI. DISTRIBUTION OF ASSETS

NOTE: Leave blank if unsure.

HOUSEHOLD GOODS AND PERSONAL PROPERTY

Specific Gifts of Specific Items of Property to Specific People:

1. Item: **Rolex watch**
2. Primary beneficiary: **Frank Easterbrook**
3. Contingent beneficiary (if primary does not survive you): **Richard Posner**

1. Item: **Persian Rug**
2. Primary beneficiary: **Mary Callahan**
3. Contingent beneficiary (if primary does not survive you): **Wilhemina Brennan**

1. Item: \_\_\_\_\_
2. Primary beneficiary: \_\_\_\_\_
3. Contingent beneficiary (if primary does not survive you): \_\_\_\_\_

GIFTS OF REMAINING PERSONAL BELONGINGS

Primary (check one):

1. To Spouse  To Partner \_\_\_\_\_ Equally to Children \_\_\_\_\_  
Equally to Siblings \_\_\_\_\_ Equally to (named) Others \_\_\_\_\_ Other (name) \_\_\_\_\_

Names: \_\_\_\_\_

Contingent (if primary does not survive you; check one):

2. To Spouse \_\_\_\_\_ To Partner \_\_\_\_\_ Equally to Children   
Equally to Siblings \_\_\_\_\_ Equally to (named) Others \_\_\_\_\_ Other (name) \_\_\_\_\_



Names: \_\_\_\_\_

GIFTS OF MONEY OR SPECIFIC DISTRIBUTIONS IN TRUST

1. Name: **Mary Callahan**

2. Item: \_\_\_\_\_

3. Monetary Amount: **\$12,000**

GIFTS OF REAL PROPERTY

1. Subject to liens: \_\_\_ or Free from liens \_\_\_ Free from estate taxes? (Y/N)\_\_\_

2. To whom: \_\_\_\_\_

3. If Beneficiary is not living then to: \_\_\_\_\_

RESIDUE (BALANCE OF THE ESTATE)

DISTRIBUTE OUTRIGHT

1. To Spouse \_\_\_ To Partner \_\_\_ Equally to Children \_\_\_

Equally to Siblings \_\_\_ Equally to (named) Others \_\_\_ Other (name)\_\_\_

Names: \_\_\_\_\_

HOLD IN TRUST

1. Spouse **X** Partner \_\_\_ Equally to Children **X**

Equally to Siblings \_\_\_ Equally to (named) Others \_\_\_ Other (name)\_\_\_

Names: \_\_\_\_\_

NO BENEFICIARIES OR ISSUE SURVIVES

1. Who inherits:

A. Name(s): **Thurgood Rehnquist**



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B. Relationship to you: **Antonin's brother**

IF GIFTS HELD IN TRUST FOR MINORS

1. Distribute in one (1) stage at age: **25**
2. Distribute in two (2) stages at age: \_\_\_\_\_ and age \_\_\_\_\_
3. Distribute in three (3) stages at age: \_\_\_\_\_, age \_\_\_\_\_, and age \_\_\_\_\_

VII. BUSINESS INTERESTS

1. Is there a business in the Estate? **Yes**

VIII. DURABLE POWER OF ATTORNEY

Durable Power of Attorney for Financial Management:

Husband/partner/individual

1. Primary agent: **Sandra Rehnquist**
2. Alternate: **Mary Callahan**
3. With Gifting Power? **No**
4. Springing? **Yes**

Wife/partner/individual

1. Primary agent: **Antonin Rehnquist**
2. Alternate: **Mary Callahan**
3. With Gifting Power? **No**
4. Springing? **Yes**



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IX. ADVANCED HEALTH CARE DIRECTIVE

Husband/partner/ individual

1. Primary appointee: **Sandra Rehnquist**
2. 1st Alternate: **Mary Callahan**
3. 2nd Alternate: **William Brennan**

Special Instructions:

A. Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state? **Yes;**

B. Do you wish to be an organ donor? **No**

Wife/partner/ individual

1. Primary appointee: **Antonin Rehnquist**
2. 1st Alternate: **Mary Callahan**
3. 2nd Alternate: **William Brennan**

Special Instructions:

A. Do you wish to be kept alive by machine if in terminal condition or persistent vegetative state? **Yes;**

B. Do you wish to be an organ donor? **No**





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X. POSSIBLE CONTESTANTS

Husband/partner/ individual

1. Is anyone likely to contest your estate plan? **No**

2. Your health care directive? **No**

If yes, who: \_\_\_\_\_

Wife/partner/ individual

1. Is anyone likely to contest your estate plan? **No**

2. Your health care directive? **No**

3. If yes, who: \_\_\_\_\_