

ESTATE PLANNING QUESTIONNAIRE

LEGAL NAME: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

SPOUSE'S NAME: _____

SPOUSE'S MAIDEN NAME: _____

SPOUSE'S SOCIAL SECURITY NO.: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

PERMANENT RESIDENCE ADDRESS: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

MOBILE/CELL PHONE NUMBER: _____

FACSIMILE NUMBER: _____

EMPLOYER'S NAME: _____

WORK ADDRESS: _____

JOB TITLE: _____

NUMBER OF YEARS AS ARIZONA RESIDENT: _____

IF NOT U.S. RESIDENT, COUNTRY OF CITIZENSHIP: _____

NAMES OF LIVING PARENTS:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____

NAMES OF LIVING SIBLINGS:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

NAMES OF SPOUSE'S LIVING PARENTS:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____

NAMES OF SPOUSE'S LIVING SIBLINGS:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

NAMES and DATES OF BIRTH OF ALL CHILDREN, WHETHER NATURAL OR ADOPTED:

	<u>Name</u>	<u>Date of Birth</u>	<u>From previous relationship (yes or no)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

NAMES AND ADDRESSES OF ALL PERSONS OR CHARITABLE ORGANIZATIONS WHO WILL INHERIT ESTATE PROPERTY:

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

NAME AND ADDRESS OF SUCCESSOR PERSONAL REPRESENTATIVE (person to carry out the provisions of your Will) :

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____

(Alternate)	_____	_____

IS BOND OR OTHER SECURITY REQUIRED OF SUCCESSOR PERSONAL REPRESENTATIVE: _____ (YES) or _____ (NO).

NAME AND ADDRESS OF SUCCESSOR TRUSTEE:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____

(Alternate)	_____	_____

IS BOND OR OTHER SECURITY REQUIRED OF SUCCESSOR TRUSTEE: _____ (YES) or _____ (NO).

NAME AND ADDRESS OF GUARDIAN FOR MINOR CHILDREN:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____ _____
(Alternate)	_____	_____ _____

NAME, ADDRESS, and TELEPHONE NUMBER OF HEALTH CARE AGENT (person to make health care decisions on your behalf):

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____ _____ _____ (Phone)
(Alternate)	_____	_____ _____ _____ (Phone)

NAME, ADDRESS, and TELEPHONE NUMBER OF SPOUSE'S HEALTH CARE AGENT:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____ _____ _____ (Phone)
(Alternate)	_____	_____ _____ _____ (Phone)

NAME OF ATTORNEY-IN-FACT FOR FINANCIAL POWER OF ATTORNEY (person to make financial decisions on your behalf):

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____ _____ _____ (Phone)
(Alternate)	_____	_____ _____ _____ (Phone)

NAME OF SPOUSE'S ATTORNEY-IN-FACT FOR FINANCIAL POWER OF ATTORNEY:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____ _____ _____ (Phone)
(Alternate)	_____	_____ _____ _____ (Phone)

PROPERTY AND LIABILITIES

<u>Item</u>	<u>Approximate Value</u>	<u>Liens</u>
Cash and Deposit Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
IRA'S and SEP IRA'S		
_____	_____	_____
_____	_____	_____
Stocks, Bonds, Notes, Mortgages, Deeds of Trust, Choses in Action and Time Notes, Accounts Receivable		
_____	_____	_____
_____	_____	_____
Retirement Plans		
_____	_____	_____
_____	_____	_____
Life Insurance		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Item</u>	<u>Approximate Value</u>	<u>Liens</u>
Motor Vehicles		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Real Property		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Liabilities		
_____	_____	_____
_____	_____	_____
_____	_____	_____