

# ESTATE PLANNING QUESTIONNAIRE

The information on this form is confidential and subject to the attorney-client privilege.

Please complete Section I through IV of this questionnaire and bring it and the documents requested in Part VIII with you to our initial meeting. We will address the questions detailed in Sections V through VII at our meeting.

## I. PERSONAL INFORMATION

Husband

Wife

Full Name \_\_\_\_\_

Citizenship \_\_\_\_\_

Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Place \_\_\_\_\_

Previously Married?  Yes  No  Yes  No

County of Residence \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Mailing Address (if different) \_\_\_\_\_  
Address City State Zip

Home Phone/Fax ( ) - \_\_\_\_\_

Mobile Numbers ( ) - \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone ( ) - \_\_\_\_\_

Business Fax ( ) - \_\_\_\_\_

Prefer to be contacted via (please check one):  Home Phone  Work Phone  Mobile Phone  E-mail

Referred by: \_\_\_\_\_

Date of Marriage \_\_\_\_\_

City and State \_\_\_\_\_

Premarital Agreement?  Yes  No

### III. CHILDREN AND GRANDCHILDREN

*Please continue on back if necessary*

<u>Children – Full Names and Addresses</u>	<u>Birth Date</u>	<u>Child of only Husband (H) Wife (W)</u>	<u>Married (Y/N)</u>	<u>No. of children</u>
Child #1: _____ Address: _____ _____	/ /	_____	_____	_____
Spouse's name: _____				
Child #2: _____ Address: _____ _____	/ /	_____	_____	_____
Spouse's name: _____				
Child #3: _____ Address: _____ _____	/ /	_____	_____	_____
Spouse's name: _____				
Child #4: _____ Address: _____ _____	/ /	_____	_____	_____
Spouse's name: _____				

<u>Grandchildren – Full Names</u>	<u>Age or Birth Date</u>	<u>Parent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Parent's Names</u>	<u>Living/ Deceased</u>	<u>Age</u>	<u>Address</u>
Husband: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Wife: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### III. ADVISORS

<b>Accountant:</b>	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Insurance Agent:</b>	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Investment Advisor/ Stock Broker:</b>	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Private Banker/ Trust Officer:</b>	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Primary Physician:</b>	<i>Name</i>	<i>Location</i>	<i>Phone</i>

### IV. FINANCIAL INFORMATION

*As an alternative to the following, please bring a current financial statement to our meeting.*

#### Approximate Value of Estate (with brief description):

##### Real Estate:

Location, name(s) on title and use (primary residence, second residence, rental property, vacant)	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

##### Checking, Savings Accounts, Money Market Funds, CDs:

Institution, name(s) on accounts, held as joint or separate?	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

##### Investment and Brokerage Accounts:

Institution, name(s) on accounts, held as joint or separate?	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

##### Individual Retirement Accounts:

Institution, owner, beneficiary, type (traditional or Roth)	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans:**

Employer, employee, beneficiary, type (e.g., 401(k), Profit Sharing)

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

**Life Insurance Policies:**

Institution, name of insured, owner and beneficiary, type (e.g., term or whole life), cash value (if any)

Face Value/Death Benefit:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

**Closely held Stock/LLC Interests/LP Interests:**

Business entity owned, name(s) on certificates, # of shares or % owned

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

**Other/Miscellaneous Assets of Significant Value (over \$20,000):**

Automobiles, recreational vehicles, boats, household furnishings, collections

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

**Debts, loans and other obligations to third parties:**

Institution, name(s) on accounts, held as joint or separate?

Amount Owed:

- 1. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 2. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 3. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 4. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 5. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 6. \_\_\_\_\_ (\$ \_\_\_\_\_)

**Approximate net worth (Total assets less debts and loans):** \$ \_\_\_\_\_

If any of the above-listed assets meet any one of the following criteria, please list the asset and whom (husband or wife) acquired or has title to property:

Acquired prior to marriage: \_\_\_\_\_

Acquired before moving to Arizona: \_\_\_\_\_

Acquired by gift, devise, bequest or inheritance: \_\_\_\_\_

Titled as "separate property" of one spouse: \_\_\_\_\_

Please estimate the size of your potential inheritance from your family:

\_\_\_\_\_ Husband \_\_\_\_\_ Wife

**V. BACKGROUND QUESTIONS**

*This section may be completed with your attorney.*

Yes/No

- |     |  |          |          |
|-----|--|----------|----------|
| 1.  | Is all your property community property (i.e., marital property owned 50/50)?  | _____    |          |
| 2.  | Are any of your more valuable assets titled as "JTWRS," or joint tenants with right of survivorship?                 | _____    |          |
| 3.  | Do you have any pets and if so, would you like a provision in your documents addressing their care after your death? | _____    |          |
|     |  | <u>H</u> | <u>W</u> |
| 4.  | Are you the beneficiary or trustee of any trust?   | _____    | _____    |
| 5.  | Have you ever made gifts over \$12,000 annual exclusion amount?  | _____    | _____    |
| 6.  | Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices?   | _____    | _____    |
| 7.  | Do you want to specifically disinherit any child or treat your children unequally?                                   | _____    | _____    |
| 8.  | Do you want to leave items of personal property and/or gifts to specific people?                                     | _____    | _____    |
| 9.  | Do you want to leave anything to charity?  | _____    | _____    |
| 10. | Do either of you, or do any of your children suffer from any serious illness or incapacity?                          | _____    | _____    |
| 11. | Do you want life support procedures terminated in the event of a terminal condition?                                 | _____    | _____    |
| 12. | Are there any religious preferences that we need to incorporate in your living will?                                 | _____    | _____    |
| 13. | Do you want your organs to be available for transplantation (only) following your death?                             | _____    | _____    |
| 14. | Would you like to make special provisions for the education of your children or grandchildren?                       | _____    | _____    |

**VI. YOUR SPECIAL OBJECTIVES/OR OTHER INFORMATION YOU WISH TO ADD (IF ANY):**

## VII. FIDUCIARY AND DISTRIBUTION INFORMATION

*This section will be completed with your attorney.*

**Trustee:** Who should be the trustee of the trust or trusts (for surviving spouse, children, etc.)?

1<sup>st</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**Personal Representative:** Who should administer your estate?

1<sup>st</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**Financial Agent:** Who should manage your financial affairs if you become incapacitated?

1<sup>st</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**Health Care Agent:** Who should make medical decisions for you if you become incapacitated?

1<sup>st</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**Guardian:** If both parents die, with whom should your minor children live (as "Guardian")?

1<sup>st</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**Holdback:** At what age (or ages) should your children be in control of their inheritance?

\_\_\_\_\_

**Alternate Distribution:** If your entire family (you, your children, and your grandchildren) dies in a common disaster, which individuals and/or charities do you want to receive your property and in what shares?

## VIII. DOCUMENTS TO BRING WITH YOU

*We can make copies at our meeting*

- This Questionnaire.
- A copy of any existing Wills or Trust.
- A copy of any deeds to real property owned by you or your existing Trust, wherever located.
- A copy of all current financial account statements.
- A copy of any Community Property Agreements or Premarital Agreements you have signed.
- A copy of any Divorce Decrees or Agreements you have been party to.
- A copy of any "Buy-Sell" Agreements you have signed (shareholders agreements, partnership agreements, operating agreements, etc.)
- A copy of your most recent gift tax return (if any).

**Please return this form using one of the following options:**

**US Mail:**            Colby & Thornes, PLLC  
8434 E. Shea Blvd.  
Scottsdale, Arizona 85260

**Fax:**                    (480) 443-4310

**E-mail:**                [mthornes@colbythornes.com](mailto:mthornes@colbythornes.com)

Should you have any questions, please contact us at (480) 443-1990