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

Full Name ______________________________

Citizenship ______________________________

Social Security # ______________________________

Birth Date ______________________________

Birth Place ______________________________

County of Residence ______________________________

Home Address ______________________________
Street Address City State Zip

Mailing Address ______________________________
(if different) Address City State Zip

Home Phone/Fax ( ) - __________ ( ) - __________

Mobile Number ( ) - __________

E-mail ______________________________

Employer ______________________________

Business Address ______________________________

____

Business Phone/Fax ( ) - __________ ( ) - __________

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

Referred by: ______________________________

Previously Married? ☐ Yes ☐ No

Name of Ex-Spouse ______________________________

Date of Marriage ______________________________

City and State ______________________________

Premarital Agreement? ☐ Yes ☐ No

III. CHILDREN AND GRANDCHILDREN

Please continue on back if necessary

Children – Full Names and AddressesDate	Birth Date	Married (Y/N)	No. of children
Child #1: ____________________	___/___/___	__________	__________
Address: ____________________			
____________________			
Spouse's name: ______________			
Child #2: ____________________	___/___/___	__________	__________
Address: ____________________			
____________________			
Spouse's name: ______________			
Child #3: ____________________	___/___/___	__________	__________
Address: ____________________			
____________________			
Spouse's name: ______________			
Child #4: ____________________	___/___/___	__________	__________
Address: ____________________			
____________________			
Spouse's name: ______________			

Grandchildren – Full Names	Age or Birth Date	Parent

Parent's Names	Living/ Deceased	Age	Address

III. ADVISORS

Accountant: ____________________ ____________________ ____________________
Name *Firm* *Phone*

Insurance Agent: ____________________ ____________________ ____________________
Name *Firm* *Phone*

Investment Advisor/ Stock Broker: ____________________ ____________________ ____________________
Name *Firm* *Phone*

Private Banker/ Trust Officer: ____________________ ____________________ ____________________
Name *Firm* *Phone*

Primary Physician: ____________________ ____________________ ____________________
Name *Location* *Phone*

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:

Payee and description. If secured by a lien, describe collateral.	Amount Owed:
1. ____________________	($ ________)
2. ____________________	($ ________)
3. ____________________	($ ________)
4. ____________________	($ ________)
5. ____________________	($ ________)
6. ____________________	($ ________)

Approximate net worth (Total assets less debts and loans): $ ________

Were any of the above assets acquired by gift, devise, bequest or inheritance? If so, please list assets and approximate value at the time of transfer:

____

____

____

____

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

V. BACKGROUND QUESTIONS

This section may be completed with your attorney.

		Yes/No
1.	Are any of your more valuable assets titled as "JTWRS," or joint tenants with right of survivorship?	___________
2.	Do you have any pets and if so, would you like a provision in your documents addressing their care after your death?	___________
3.	Are you the beneficiary or trustee of any trust?	___________
4.	Have you ever made gifts over $12,000 annual exclusion amount?	___________
5.	Are you subject to any divorce or other court decree or agreement limiting your estate planning choices?	___________
6.	Do you want to leave items of personal property and/or gifts to specific people?	___________
7.	Do you want to leave anything to charity?	
8.	Do you want to specifically disinherit any child or treat your children unequally?	___________
9.	Do you, or do any of your children suffer from any serious illness or incapacity?	___________
10.	Do you want life support procedures terminated in the event of a terminal condition?	___________
11.	Are there any religious preferences that we need to incorporate in your living will?	___________
12.	Do you want your organs to be available for transplantation (only) following your death?	___________
13.	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 children, etc.)?

1st Choice: ______________________________ City/State: ______________________
2nd Choice: ______________________________ City/State: ______________________
3rd Choice: ______________________________ City/State: ______________________

Personal Representative: Who should administer your estate?

1st Choice: ______________________________ City/State: ______________________
2nd Choice: ______________________________ City/State: ______________________
3rd Choice: ______________________________ City/State: ______________________

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

1st Choice: ______________________________ City/State: ______________________
2nd Choice: ______________________________ City/State: ______________________
3rd Choice: ______________________________ City/State: ______________________

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

1st Choice: ______________________________ City/State: ______________________
2nd Choice: ______________________________ City/State: ______________________
3rd Choice: ______________________________ City/State: ______________________

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

1st Choice: ______________________________ City/State: ______________________
2nd Choice: ______________________________ City/State: ______________________
3rd 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 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

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