

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 Home Phone Work Phone Mobile Phone E-mail
(please check one):

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

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:

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.

	<u>Yes/No</u>	
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.)?

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 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
7373 E. Doubletree Ranch Rd. Ste. 225
Scottsdale, Arizona 85258

Fax: (480) 443-4310

E-mail: mthornes@colbythornes.com

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