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Information For Estate Planning
(Married Individual)

Please complete the following form to the best of your ability in advance of your appointment with our office. Completing this form may be overwhelming to you and doing so is not required for your appointment, however, completing the form will help us properly advise you, and will reduce the amount of time needed for the appointment. **JUST DO THE BEST YOU CAN!** In addition to completing this form, if at all possible please bring with you any documentation that supports the information listed on this form such as:

- ◆ Copies of any and all estate planning documents such as wills, trusts, powers of attorney, durable powers of attorney, health care powers of attorney and/or living wills.
- ◆ The names, addresses and phone numbers of any individuals whom you plan on listing as agents, trustees, or personal representatives in your new estate plan.
- ◆ Copy of any pre-paid burial plan contracts and/or agreements.
- ◆ Deeds or copies of deeds for real property owned and current mortgage amount.
- ◆ Copies of vehicle titles
- ◆ Copies of life insurance policies and current cash surrender value.
- ◆ Copies of current statements for all financial accounts (bank and/or investment accounts, IRA, CD's, etc.).
- ◆ Copies of annuity contracts and current cash value.
- ◆ Copy of long term care insurance policies and/or health insurance policies & identification cards including Medicare card.
- ◆ Any other documents you feel may be helpful in recommending an estate plan to accomplish your objectives.

1. Information about you and your spouse:

Husband:

Name: _____

Date of Birth _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail Address: _____

When did you move to Arizona? _____ month _____ year

In what state did you reside in previously? _____

Occupation: _____

U.S. Citizen?: Yes No

Any previous marriages of husband? YES NO

(If "yes", please complete)

Name of former spouse	Terminated by Divorce or Death?	Date of termination
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wife:

Name: _____

Date of Birth _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail Address: _____

When did you move to Arizona? _____ month _____ year

In what state did you reside in previously? _____

Occupation: _____

U.S. Citizen?: Yes No

Any previous marriages of wife? YES NO

(If "yes", please complete)

Name of former spouse	Terminated by Divorce or Death?	Date of termination
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you and your spouse have a prenuptial or postnuptial marital property agreement?

YES NO

If yes, please provide a copy of such agreement.

2. Children of current or former relationships:

a. Name: _____
Birthdate: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email address: _____
Married? Yes No
Child's Spouse's Name: _____
Child's Parents' Names: _____

b. Name: _____
Birthdate: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email address: _____
Married? Yes No
Child's Spouse's Name: _____
Child's Parents' Names: _____

c. Name: _____
Birthdate: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email address: _____
Married? Yes No
Child's Spouse's Name: _____
Child's Parents' Names: _____

d. Name: _____
Birthdate: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email address: _____
Married? Yes No
Child's Spouse's Name: _____
Child's Parents' Names: _____

e. Name: _____
 Birthdate: _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____
 Married? Yes No
 Child's Spouse's Name: _____
 Child's Parents' Names: _____

f. Name: _____
 Birthdate: _____
 Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email address: _____
 Married? Yes No
 Child's Spouse's Name: _____
 Child's Parents' Names: _____

3. **Do you have any disabled children?** YES NO

If so, what are their name(s)? _____

If so, what is the type of disability, and has a S.S.A. disability determination been made? _____

4. **If any children are deceased, indicate name(s) and date(s) of death:**

5. **Living Grandchildren** (If grandchildren are no longer living with their parents, please list the current address and phone number)

<u>Name of Grandchild</u>	<u>Age</u>	<u>Name of Parents</u>	<u>Address</u>	<u>Phone Number</u>

6. Living Parents

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Home phone number</u>	<u>Parent of husband or wife</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Living Brothers and Sisters

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Home phone number</u>	<u>Sibling of husband or wife</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Employment

Husband

- a. Who is your employer? _____
- b. What is your position? _____
- c. Are you a sole proprietor, a partner, or a shareholder of a closely held corporation? Yes No
If yes, what is the type of business? _____

Wife

- a. Who is your employer? _____
- b. What is your position? _____
- c. Are you a sole proprietor, a partner, or a shareholder of a closely held corporation? Yes No
If yes, what is the type of business? _____

9. Legal Documents:

		<u>Husband</u>	<u>Wife</u>
a.	Do you have a will?	_____	_____
b.	Do you have a trust?	_____	_____
c.	Do you have a General Power of Attorney or a Power of Attorney for Financial Decisions?	_____	_____
d.	Do you have a Power of Attorney for Health Care Decisions?	_____	_____
e.	Do you have a Mental Health Care Power of Attorney?	_____	_____
f.	Do you have a living will?	_____	_____
g.	Do you have a pre-hospital medical care directive?	_____	_____

Note: Please bring copies of these documents to your appointment.

10. Goals:

Husband	Wife	
<input type="checkbox"/>	<input type="checkbox"/>	To provide a home or security of income to my spouse
<input type="checkbox"/>	<input type="checkbox"/>	To provide business management of my property and to relieve my spouse of such responsibility
<input type="checkbox"/>	<input type="checkbox"/>	To give my spouse freedom to manage his/her own affairs
<input type="checkbox"/>	<input type="checkbox"/>	To enable my family to go into business or to continue my business
<input type="checkbox"/>	<input type="checkbox"/>	To provide creditor protection for ourselves
<input type="checkbox"/>	<input type="checkbox"/>	To limit tax consequences
<input type="checkbox"/>	<input type="checkbox"/>	To provide in general for children
<input type="checkbox"/>	<input type="checkbox"/>	To provide for a special needs child
<input type="checkbox"/>	<input type="checkbox"/>	To provide for grandchildren
<input type="checkbox"/>	<input type="checkbox"/>	To avoid probate
<input type="checkbox"/>	<input type="checkbox"/>	To protect children's assets from creditors, spouse or themselves
<input type="checkbox"/>	<input type="checkbox"/>	To satisfy charitable intentions
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

11. Describe husband's overall health, and any major mental and/or physical disabilities or illnesses have, or have had?

12. Describe wife's overall health, and any major mental and/or physical disabilities or illnesses have, or have had?

13. Health Insurance

	Husband	Wife	Company	Premium Amount
Medicare Insurance	_____	_____	_____	_____
Supplemental Insurance	_____	_____	_____	_____
Long Term Care Insurance	_____	_____	_____	_____
Private Health Insurance	_____	_____	_____	_____
Other:	_____	_____	_____	_____

14. Veteran:

Husband: Yes No Wife: Yes No

Describe any benefits you are receiving: _____

15. Monthly Income:

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
a. Monthly Paycheck (Gross)	_____	_____	_____
b. Monthly Paycheck (Net)	_____	_____	_____
c. Rental income	_____	_____	_____
d. Pension and retirement (Gross)	_____	_____	_____
Pension and retirement (Gross)	_____	_____	_____
Pension and retirement (Gross)	_____	_____	_____
Pension and retirement (Gross)	_____	_____	_____
e. Pension and retirement (Net)	_____	_____	_____
Pension and retirement (Net)	_____	_____	_____
Pension and retirement (Net)	_____	_____	_____
Pension and retirement (Net)	_____	_____	_____
f. Social Security Income (Gross)	_____	_____	_____
g. Social Security Income (Net)	_____	_____	_____
h. Dividends and interest income including reinvested dividends and bank account interest	_____	_____	_____
i. Disability and unemployment pay	_____	_____	_____
j. Qualified retirement plan distributions	_____	_____	_____
k. *Third party trust distributions	_____	_____	_____
l. Non-qualified annuity distributions	_____	_____	_____
m. Note/deed of trust income	_____	_____	_____
n. Other	_____	_____	_____
TOTAL MONTHLY INCOME:	_____	_____	_____

*If receiving trust distributions from a trust other than your own, please describe the trust, i.e. amount and type of trust assets, source of trust, trustee, and right to distributions: _____

16. Outstanding Long Term Debt, other than mortgages or car loans:

<u>Type of debt:</u>	<u>To whom owed:</u>	<u>Amount owed:</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

17. Resources:

a. Real Property:

<u>Address</u>	<u>Names on Deed/Type of Ownership</u>	<u>Market Value</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

<u>Tax Assessed Value</u>	<u>Balance of Mortgage (if any)</u>	<u>Purchase Price</u>
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

b. Household Goods and Personal Effects:

1). **Total Estimated Value:** \$ _____

2). **Valuable Collections:**

<u>Description</u>	<u>Value</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____

c. **Vehicles (including automobiles, mobile homes, golf carts and boats):**

Description	Names on Title	Value	Balance on Loan
		\$	
		\$	
		\$	

d. **Burial plots/niches owned by husband and/or wife:**

For husband: Yes No

For wife: Yes No

For immediate family: Yes No

Names of plot beneficiaries: _____

Location of plots/niches owned by husband and/or wife:

e. **Burial Funds or Plans owned by husband and/or wife:**

For husband: Yes No

For wife: Yes No

Names of Fund owners: _____

- 1) Describe plans: _____
- 2) Revocable or irrevocable: _____
- 3) Current value: _____
- 4) Balance owing: _____

f. **Life Insurance**

Company	Owner	Insured Person	Policy Number	Beneficiary	Death Benefit	Cash Value

g. IRA's, 401(k)'s, Keogh, qualified annuities or other retirement plans with cash value:

Company	Owner	Type of Account	Account Number	Beneficiary	Cash Value	Current Distribution

h. Annuities (non-qualified, i.e. funded with after tax dollars)

Company	Owner	Policy Number	Beneficiary	Death Benefit	Surrender Value	Current Distribution

Describe annuity withdrawal penalties/rights if any, and penalty exceptions, if any: _____

i. Bank accounts and Money Market accounts

Bank	Type (i.e. savings, checking)	Account Number	Names on Account (Title)	Balance	Interest Rate

j. Certificates of Deposit

Bank	Name on Account	Account Number	Balance	Interest Rate	Maturity Date

k. Promissory Notes, payable to person or spouse:

Payor	Payee	Secured by Deed of Trust (Yes/No)	Original Principal Amount	Current Amount Owed

l. Stocks, bonds, mutual funds held in brokerage account:

Company	Names of Owners	Type of Investment	Account Number	Total Value

m. Stocks and Mutual Funds (held by certificate):

Description	Names of Owners	# of Shares	Share Value	Total Value	Monthly Dividend	Purchase Price per Share

n. Bonds, and treasury certificates (held by certificate):

Description	Names on Bonds	Serial Number	Value	Monthly Dividends	Maturity Date

o. Partnership

Description	Ownership	Value	Maturity Date

p. Other resources:

Description	Title	Value	Income

NOTE: Please bring copies of any annuity or life insurance policies, financial statements, and recent tax returns as well as other documents which you feel may be helpful in determining the value and title to the assts.

18. Do you currently have a financial advisor? Yes No
 If so, please list their name, email address and telephone number: _____

19. Do you currently have a long term care insurance agent? Yes No
 If so, please list their name, email address and telephone number: _____

20. Do you currently have an accountant? Yes No
 If so, please list their name, email address and telephone number: _____

21. Are you expecting any inheritances in the near future? Yes No
 If so, how much/ and from where? _____

22. Have you made any gifts to any individual in amounts exceeding \$10,000 per year?
 Yes No

If so,

To Whom:	How much?	What year?

NOTE: Please bring copies of any gift tax returns filed with the I.R.S.