

Prepared By:
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Information For Estate Planning
(Single 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. Client Information:

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? YES NO

(If "yes", please complete)

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

2. Children:

a. Name: _____

Birthdate: _____

Address: _____

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

Email address: _____

Married? Yes No

Child's Spouse's Name: _____

Child's Parent's 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. **Grandchildren:** (Note: If the grandchildren are no longer living with their parents, please provide us with their current addresses and phone numbers)

<u>Name of Granchild</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>
_____	_____	_____	_____
_____	_____	_____	_____

7. **Living Brothers and Sisters**

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Home phone number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Employment

- 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>Yes</u>	<u>No</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:

- To provide business management of my property
- To enable my family to go into business or to continue my business
- To provide creditor protection for ourselves
- To limit tax consequences
- To provide in general for children
- To provide for a special needs child
- To provide for grandchildren
- To avoid probate
- To protect children's assets from creditors, spouse or themselves
- To satisfy charitable intentions
- Other: _____

11. Describe your overall health, and any major mental and/or physical disabilities or illnesses have, or have had? _____

12. Health Insurance

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

13. Veteran: Yes No

Describe any benefits you are receiving: _____

14. Monthly Income:

- a. Monthly Paycheck (Gross) _____
- b. Monthly Paycheck (Net) _____
- c. Rental income _____
- d. 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) _____
- 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: _____

14. Outstanding Long Term Debt:

<u>To whom owed:</u>	<u>Amount due:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. 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:

For yourself: Yes No

For immediate family: Yes No

Names of plot beneficiaries: _____

Location of plots/niches owned:

e. Burial Funds or Plans owned:

For yourself: Yes No

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: 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, recent tax returns as well as other documents which you feel may be helpful in determining the value and title to the assts.

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

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

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

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

20. 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.