

Prepared By:  
**Law Offices of  
Chester B. McLaughlin, P.C.**  
1577 Plaza West Drive, Suite B  
Prescott, Arizona 86303  
Telephone: 928-443-9934  
Attorney: Chester B. McLaughlin

**Information For Estate Planning**  
(Married Individual)

Please complete the following form in advance to your appointment with our office so that we will have the necessary information to properly advise you at the time of your appointment. 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 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 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:**

**Husband**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of current marriage? \_\_\_\_\_  
When did you move to Arizona? \_\_\_\_\_ month \_\_\_\_\_ year  
In what state did you reside in previously? \_\_\_\_\_  
Occupation: \_\_\_\_\_ U.S. Citizen?:  Yes  No  
Any previous Marriage?  YES  NO

(If "yes", please complete)

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

**Wife**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of current marriage? \_\_\_\_\_  
When did you move to Arizona? \_\_\_\_\_ month \_\_\_\_\_ year  
In what state did you reside in previously? \_\_\_\_\_  
Occupation: \_\_\_\_\_ U.S. Citizen?:  Yes  No  
Any previous Marriage?  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**

1. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Spouse: \_\_\_\_\_  
Names of legal parents: \_\_\_\_\_

2. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Spouse: \_\_\_\_\_  
Names of legal parents: \_\_\_\_\_

3. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Spouse: \_\_\_\_\_  
Names of legal parents: \_\_\_\_\_

4. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Spouse: \_\_\_\_\_  
Names of legal parents: \_\_\_\_\_

5. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Married: \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Spouse: \_\_\_\_\_  
Names of legal parents: \_\_\_\_\_

6. Name \_\_\_\_\_ Former relationship parent \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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**5. Brothers and Sisters of Wife**

**Name**

**Address and Phone Number**

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**6. 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? \_\_\_\_\_

**7. Legal Documents:**

	Husband	Wife
a. Is there a will?	_____	_____
b. Is there a trust?	_____	_____
c. Are you beneficiary of any trust?	_____	_____
d. Is there a Power of Attorney for Financial Decisions?	_____	_____
e. Is there a Power of Attorney for Health Care Decisions?	_____	_____
f. Is there a living will?	_____	_____
g. Is there a pre-hospital medical care	_____	_____

Directive?

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

**8. 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
<input type="checkbox"/>	<input type="checkbox"/>	To limit tax consequences
<input type="checkbox"/>	<input type="checkbox"/>	To provide for children
<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 our children's assets if one spouse remarries upon the death of the other
		Other: _____
		_____
		_____
<input type="checkbox"/>	<input type="checkbox"/>	To satisfy charitable intentions

**9. Health Insurance**

	<b>Husband</b>	<b>Wife</b>	<b>Policy #</b>	<b>Premium Amount</b>
Medicare Insurance	_____	_____	_____	_____
Supplemental Insurance	_____	_____	_____	_____
Long Term Care Insurance	_____	_____	_____	_____
Other Health Insurance	_____	_____	_____	_____

**10. Monthly Income:**

<u><b>Husband</b></u>	<u><b>Wife</b></u>	<u><b>Joint</b></u>
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a.	Monthly Paycheck (Gross)	_____	_____	_____
b.	Monthly paycheck (Net)	_____	_____	_____
c.	Rental income	_____	_____	_____
d.	Pension and retirement (Gross)	_____	_____	_____
e.	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.	IRA distributions (if income)	_____	_____	_____
k.	Trust funds	_____	_____	_____
l.	Annuity	_____	_____	_____
m.	Note/deed of trust income	_____	_____	_____
n.	Other	_____	_____	_____
	<b>TOTAL MONTHLY INCOME:</b>	_____	_____	_____

**11. Real Property**

Address of Property	Names on Deed/Type of Ownership	Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Tax Assessed Value	Balance on Mortgage (if any)	Purchase Price
1. \$	\$	\$
2. \$	\$	\$
3. \$	\$	\$

4. \$	\$	\$
5. \$	\$	\$

**Note: Please bring deeds or copies of deeds.**

**12. Vehicles (including automobiles, mobile homes and boats):**

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

**13. Household goods and personal effects:  
(rough estimate)**

\$ \_\_\_\_\_

**14. Valuable Collections:**

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**15. BURIAL PLOTS:**

	Husband	Wife	Immediate Family
1. Burial plots: (indicate yes or no)	_____	_____	_____
2. Burial Funds or Plans:	_____	_____	_____
a) Owner's name(s):	_____	_____	_____
b) Beneficiary:	_____	_____	_____
c) Revocable or irrevocable:	_____	_____	_____
d) Current value:	_____	_____	_____
e) Balance owing:	_____	_____	_____

NOTE: Please bring copy of policy with you.

**16. Life Insurance**

Company	Owner	Insured Person	Policy Number	Beneficiary	Death Benefit	Cash Value

**17. IRA's, 401(k)'s, Keogh, or other retirement plans.**

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

**18. Annuities**

<b>Company</b>	<b>Owner</b>	<b>Policy Number</b>	<b>Beneficiary</b>	<b>Death Benefit</b>	<b>Cash Value</b>

**19. Bank accounts and Money Market accounts**

<b>Bank</b>	<b>Type (i.e. joint checking)</b>	<b>Account Number</b>	<b>Names on Account (Title)</b>	<b>Balance</b>	<b>Interest Rate</b>

**20. Certificates of Deposit**

<b>Bank</b>	<b>Name on Account</b>	<b>Account Number</b>	<b>Balance</b>	<b>Interest Rate</b>	<b>Maturity Date</b>

**21. Promissory Notes or Deeds of Trust (Payable to Husband or Wife):**

Description	Title	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**22. Stocks and Mutual Funds**

Description	Names on Certificates	Account Number	# of Shares	Share Value	Total Value	Monthly Dividend	Purchase Price per Share

**23. Bonds, and treasury certificates if not part of mutual fund:**

Description	Names on Bonds	Serial Number	Value	Monthly Dividends	Maturity Date

**24. Partnerships**

Description	Ownership	Value	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**25. 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.**

Do you currently have a financial advisor?  Yes  No. If so, please list their name and address: \_\_\_\_\_  
 \_\_\_\_\_

Do you currently have an accountant?  Yes  No. If so, please list their name and address: \_\_\_\_\_  
 \_\_\_\_\_

Are you or your spouse expecting any inheritances in the near future?  Yes  No. If so, who is receiving it, how much and when? \_\_\_\_\_  
 \_\_\_\_\_

Have you made any gifts to any individual in amounts exceeding \$10,000.00 per year?  Yes  No. If so,

To whom:	How much?	What year?	Gift tax return filed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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