

Prepared By:
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Information For Estate Planning
(Single 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 Yourself:

Name: _____

Age: _____ Date of Birth _____ SSN: _____

Permanent Address: _____

Home Phone: _____ Work Phone: _____

Present Address: _____

Home Phone _____ Work Phone: _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Children:

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: _____
Married: _____ Yes _____ No Name of Spouse: _____
Names of legal parents: _____

If any children are deceased please indicate name(s): _____

Do you have any disabled children? Yes No. If so, what are their names?

What type of disability and has a S.S. disability determination been made?

3. Grandchildren

(Note: If the grandchildren are no longer living with their parents, please provide us with their current addresses and phone numbers)

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?_____

6. Legal Documents:

- 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.

7. Goals

- To enable my family to go into business or to continue my business
- To provide creditor protection
- To limit tax consequences
- To provide for children
- To provide for grandchildren
- To avoid probate
- Other: _____

- To satisfy charitable intentions

8. Health Insurance

	Policy #	Premium Amount
Medicare Insurance	_____	_____
Supplemental Insurance	_____	_____
Long Term Care Insurance	_____	_____
Other Health Insurance	_____	_____

9. Monthly Income:

- 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 _____
- TOTAL MONTHLY INCOME:** _____

10. Real Property

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

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

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

Note: Please bring deeds or copies of deeds.

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

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

12. Household goods and personal effects: \$ _____
(Rough Estimate)

13. Valuable Collections:

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

14. Burial plots: (indicate yes or no) _____

Burial Funds or Plans: _____

- 1) Owner's name(s): _____
- 2) Beneficiary: _____
- 3) Revocable or irrevocable: _____
- 4) Current value: _____

Balance owing: _____

15. Life Insurance

Company	Owner	Insured Person	Policy Number	Beneficiary	Death Benefit	Cash Value

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

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

17. Annuities

Company	Owner	Policy Number	Beneficiary	Death Benefit	Cash Value

18. Bank accounts and Money Market accounts

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

19. Certificates of Deposit

Bank	Name on Account	Account Number	Balance	Interest Rate	Maturity Date

20. Promissory Notes or Deeds of Trust:

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

21. Stocks and Mutual Funds

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

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

Description	Names on Bonds	Serial Number	Value	Monthly Dividends	Maturity Date

23. Partnerships

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

24. 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.

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 expecting any inheritances in the near future? Yes No. If so, 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.