



**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.
- ◆ Copies of promissory notes.
- ◆ Copies of business formation documents and buy-sell agreements.
- ◆ 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:**

Date of current marriage: \_\_\_\_\_

**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 previously? \_\_\_\_\_

Occupation: \_\_\_\_\_

U.S. Citizen?:  Yes  No Place of birth \_\_\_\_\_

If No, please indicate immigration status: \_\_\_\_\_

**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 previously? \_\_\_\_\_

Occupation: \_\_\_\_\_

U.S. Citizen?:  Yes  No Place of birth \_\_\_\_\_

If No, please indicate immigration status: \_\_\_\_\_

**Any previous marriages of wife?**  YES  NO

(If "yes", please complete)

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

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 of either spouse:**

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

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

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

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_

4. **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>

5. **Do you have any disabled children or grandchildren?**  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? \_\_\_\_\_  
 \_\_\_\_\_

Are they receiving governmental/public benefits of any kind (cash, insurance or housing), and if so what kind?

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**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

- Who is your employer? \_\_\_\_\_
- What is your position? \_\_\_\_\_
- 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

- Who is your employer? \_\_\_\_\_
- What is your position? \_\_\_\_\_
- 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 he has?**

\_\_\_\_\_

\_\_\_\_\_

**12. Describe wife's overall health, and any major mental and/or physical disabilities or illnesses she has?**

\_\_\_\_\_

\_\_\_\_\_

**13. Health Insurance**

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

**14. Veteran Status:**

Veteran?  Husband  Wife  
 Served during war time?  Yes  No. If yes, what war? \_\_\_\_\_  
 Injured while in the service?  Yes  No  
 Seriously ill while in the service and continuing issues exist?  Yes  No  
 Mental or physical condition that may be related to service?  Yes  No  
 Permanently and totally disabled due to military service?  Yes  No

Service History:  
 Enlistment Date: \_\_\_\_\_ to \_\_\_\_\_  
 Separation Date: \_\_\_\_\_  
 Active Duty?  Yes  No  
 Honorable Discharge?  Yes  No  
 Branch of the Military: \_\_\_\_\_  
 Grade, Rank or Rating: \_\_\_\_\_  
 Service Number: \_\_\_\_\_

If the veteran was injured while in service:  
 Were they injured while traveling to/from their military assignment?  Yes  No  
 If Yes, when and where did the injury occur? \_\_\_\_\_

Where were they treated (name and address of doctor or hospital if known)?  
 \_\_\_\_\_

With which agency did they file an incident report?  
 \_\_\_\_\_

Is the veteran receiving or will they receive retired or retainer pay that is based on military service?  Yes  No

If so, what is the monthly amount paid to them? \_\_\_\_\_

Is their retirement based on:

Length of service  Disability  Temporary Disability  Retired Status

Will they receive or have they received any of the following benefits:

Lump Sum Readjustment Pay?  Yes  No  
 Separation Pay?  Yes  No  
 Special Separation Benefit?  Yes  No  
 Voluntary Separation Incentive?  Yes  No

Disability Severance Pay?  Yes  No  
 If Yes, name of disability \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Is there a representative payee?  Yes  No.  
 If Yes, who? \_\_\_\_\_.  
 If No, is anyone applying to become representative payee?  Yes  No.  
 If Yes, who? \_\_\_\_\_. Application date: \_\_\_\_\_

**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	_____	_____	_____
<b>TOTAL MONTHLY INCOME:</b>	_____	_____	_____

\*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:**

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

17. **Assets:**

a. **Real Property:**

<b>Address</b>	<b>Names on Deed/Type of Ownership</b>	<b>Market Value</b>

<b>Tax Assessed Value</b>	<b>Balance of Mortgage (if any)</b>	<b>Purchase Price</b>

b. **Household Goods and Personal Effects:**

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

2). **Valuable Collections:**

<b>Description</b>	<b>Value</b>

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

<b>Description</b>	<b>Names on Title</b>	<b>Value</b>	<b>Balance on Loan</b>

**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

Do you have a safe deposit box  Yes  No

Location/Box #: \_\_\_\_\_

Names on box: \_\_\_\_\_

**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. Businesses (corporations, LLCs)**

Name of Entity	Ownership	Value	Maturity Date

Are there any buy/sell agreements for these entities?  Yes  No

If yes, are their life insurance policies covering the business partners/owners?

Yes  No

**q. Other assets:**

Description	Title	Value	Income

**NOTE: Please bring copies of any annuity or life insurance policies, financial statements, business formation documents, 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 \$14,000 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.**