74748847

ESTATE PLANNING QUESTIONNAIRE

LEGAL NAME: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

SPOUSE'S NAME: _____

WIFE'S MAIDEN NAME: _____

SPOUSE'S SOCIAL SECURITY NO.: _____

SPOUSE'S DATE OF BIRTH: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

PERMANENT HOME ADDRESS: _____

_____

HOME TELEPHONE NUMBER: _____

CELL PHONE NUMBER: H: _____ **W:** _____

WORK PHONE NUMBER: H: _____ **W:** _____

FACSIMILE NUMBER: _____

EMPLOYER'S NAME: H: _____ **W:** _____

WORK ADDRESS: H: _____

W: _____

NUMBER OF YEARS AS ARIZONA RESIDENT: H: _____ **W:** _____

IF NOT U.S. RESIDENT, COUNTRY OF CITIZENSHIP: _____

NAMES OF LIVING PARENTS:

	Name	Date of Birth
1.	_____	_____
2.	_____	_____

NAMES OF LIVING SIBLINGS:

	Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

NAMES OF *SPOUSE'S* LIVING PARENTS:

	Name	Date of Birth
1.	_____	_____
2.	_____	_____

NAMES OF *SPOUSE'S* LIVING SIBLINGS:

	Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

NAMES and DATES OF BIRTH OF ALL CHILDREN, WHETHER NATURAL OR ADOPTED:

	Name	Date of Birth	From a prior relationship? (yes or no)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

NAMES AND ADDRESSES OF ALL PERSONS OR CHARITABLE ORGANIZATIONS WHO WILL INHERIT ESTATE PROPERTY:

	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

NAME AND ADDRESS OF SUCCESSOR PERSONAL REPRESENTATIVE (person to carry out the provisions of your Will):

<u>Name</u>   <u>Address</u>

(Primary)   _____   _____

                                                          _____

                                                          (Home) _____

                                                          (Cell) _____

(Alternate) _____   _____

                                                          _____

                                                          (Home) _____

                                                          (Cell) _____

IS BOND OR OTHER SECURITY REQUIRED OF SUCCESSOR PERSONAL REPRESENTATIVE: _____ (YES) or _____ (NO).

NAME AND ADDRESS OF SUCCESSOR TRUSTEE:

<u>Name</u>   <u>Address</u>

(Primary)   _____   _____

                                                          _____

                                                          (Home) _____

                                                          (Cell) _____

(Alternate) _____   _____

                                                          _____

                                                          (Home) _____

                                                          (Cell) _____

IS BOND OR OTHER SECURITY REQUIRED OF SUCCESSOR TRUSTEE: _____ (YES) or _____ (NO).

NAME AND ADDRESS OF GUARDIAN FOR MINOR CHILDREN:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____
		_____
(Alternate)	_____	_____
		_____

NAME OF ATTORNEY-IN-FACT FOR FINANCIAL POWER OF ATTORNEY (person to make financial decisions on your behalf):

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____
		_____
		(Home) _____
		(Cell) _____
(Alternate)	_____	_____
		_____
		(Home) _____
		(Cell) _____

NAME OF *SPOUSE'S* ATTORNEY-IN-FACT FOR FINANCIAL POWER OF ATTORNEY:

	<u>Name</u>	<u>Address</u>
(Primary)	_____	_____
		_____
		(Home) _____
		(Cell) _____
(Alternate)	_____	_____
		_____
		(Home) _____
		(Cell) _____

NAME, ADDRESS, and TELEPHONE NUMBER OF HEALTH CARE AGENT (person to make health care decisions on your behalf):

<u>Name</u>   <u>Address</u>

(Primary)   _____   _____

                                                    _____

                                                    (Home) _____

                                                    (Cell) _____

(Alternate) _____   _____

                                                    _____

                                                    (Home) _____

                                                    (Cell) _____

NAME, ADDRESS, and TELEPHONE NUMBER OF *SPOUSE'S* HEALTH CARE AGENT:

<u>Name</u>   <u>Address</u>

(Primary)   _____   _____

                                                    _____

                                                    (Home) _____

                                                    (Cell) _____

(Alternate) _____   _____

                                                    _____

                                                    (Home) _____

                                                    (Cell) _____

PROPERTY AND LIABILITIES

<u>Item</u>	<u>Approximate Value</u>	<u>Liens</u>
Cash and Deposit Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
IRA'S and SEP IRA'S		
_____	_____	_____
_____	_____	_____
Stocks, Bonds, Notes, Mortgages, Deeds of Trust, Choses in Action and Time Notes, Accounts Receivable		
_____	_____	_____
_____	_____	_____
Retirement Plans		
_____	_____	_____
_____	_____	_____
Life Insurance		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Item	Approximate Value	Liens

Motor Vehicles

_____   _____   _____

_____   _____   _____

_____   _____   _____

Real Property

_____   _____   _____

_____   _____   _____

_____   _____   _____

Liabilities

_____   _____   _____

_____   _____   _____

_____   _____   _____