

**ESTATE PLANNING QUESTIONNAIRE**

LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

FACSIMILE NUMBER: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

NUMBER OF YEARS AS ARIZONA RESIDENT: \_\_\_\_\_

IF NOT U.S. RESIDENT, COUNTRY OF CITIZENSHIP: \_\_\_\_\_

**NAMES OF LIVING PARENTS:**

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____

**NAMES OF LIVING SIBLINGS:**

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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

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

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

	<u>Name</u>	<u>Address</u>
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, 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) _____

**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		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Item</u>	<u>Approximate Value</u>	<u>Liens</u>
Motor Vehicles		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Real Property		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Liabilities		
_____	_____	_____
_____	_____	_____
_____	_____	_____