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**Date: ________________**

# PERSONAL AND FINANCIAL QUESTIONNAIRE

**CONFIDENTIAL**

The information you provide on this questionnaire is subject to the principles of attorney-client confidentiality, and will not be released except as authorized by you in our representation of you and your family.

*Please complete the following questionnaire to the best of your abilities. This information is most helpful to us so that we may properly assist you. Do not be upset if you cannot complete all of the questions. We will review this information at our meeting. If you are seeking help or advice regarding a family member or other person, please complete the Questionnaire about that person's affairs.*

| | Name | Date of Birth | Social Security Number |
|---|---|---|---|
| Client: | ______________________________ | ____________ | ___________________ |
| Spouse: | ______________________________ | ____________ | ___________________ |

Address: ________________________________________ Email: ___________________

________________________________________ County______________

Telephone: Home: ________________ Business:_________________ Cell Phone(s):__________________

Date of Marriage: ____________________________

Occupation: Client: _____________________________________

Spouse: _____________________________________

Children common to the marriage:

| Name | Date of Birth | Address (Very Helpful) |
|---|---|---|
| _____________________________ | ______________ | ________________________________________ |
| Marital status ____ Spouse's name________________ | | ________________________________________ |
| | | phone(s): ________________________________ |
| _____________________________ | ______________ | ________________________________________ |
| Marital status ____ Spouse's name________________ | | ________________________________________ |
| | | phone(s): ________________________________ |
| _____________________________ | ______________ | ________________________________________ |
| Marital status ____ Spouse's name________________ | | ________________________________________ |
| | | phone(s): ________________________________ |

Husband's children (prior marriage):

Name Date of Birth Address (Very Helpful)

____________________ __________ ____________________

Marital status ____ Spouse's name__________ ____________________

phone(s): ____________________

____________________ __________ ____________________

Marital status ____ Spouse's name__________ ____________________

phone(s): ____________________

Wife's children (prior marriage):

Name Date of Birth Address (Very Helpful)

____________________ __________ ____________________

Marital status ____ Spouse's name__________ ____________________

phone(s): ____________________

____________________ __________ ____________________

Marital status ____ Spouse's name__________ ____________________

phone(s): ____________________

Other persons who are important to your estate plan (grandchildren, siblings, nieces and nephew, etc.):

Name Relationship

____________________ ____________________

____________________ ____________________

____________________ ____________________

Is there anyone important to your estate plan (including you or your spouse) who is not a citizen of the United States?____________________

Who would you want to manage your **ESTATE** in the event of your death? This person(s) will be nominated in your Will to handle your estate affairs.

Primary:____________________ Alternate:____________________

Who would you want to handle **FINANCIAL** decisions for you in the event of a disability? (We will need **addresses and phone numbers** for these persons if not listed elsewhere.)

Primary: ____________________

Alternate: ____________________

Who would you want to handle **MEDICAL** decisions for you in the event of a disability? (We will need **addresses and phone numbers** for these persons if not listed elsewhere.)

Primary:____________________Address & phone(s):____________________

Alternate: ____________________Address & phone(s):____________________

**TRUSTEE:**

Who would you name to be responsible for managing the funds in the trusts for your children? These trusts are scheduled (unless you indicate otherwise below) to distribute out when your youngest child attains the age of 35 years. Since this trusted role may continue for that length of time, please consider your nomination and alternates carefully.

______________________________________________________________________________

Primary:________________________________ Alternate:__________________________________

Address & phone(s):______________________ Address & phone(s):___________________________

**SCHEDULE OF DISTRIBUTION FOR CHILDREN'S TRUSTS**

If you would prefer to have a schedule of distribution for the children's trusts other than 1/3 at age 25; ½ at age 30 and the balance at age 35, please indicate your preferred schedule of distribution here:

______________________________________________________________________________

**GUARDIAN:**

Whom would you name to care for your children if both parents died while the children were still young?

Primary:________________________________ Alternate:__________________________________

Address & phone(s):______________________ Address & phone(s):___________________________

| General Information | Husband | Wife |
|---|---|---|
| (please bring copies of all important documents) | | |
| Do you have a Will? (Y,N) . . . . . . . . . . . . . . . . . . . | ________ | ________ |
| Have you ever made a Trust? (Y,N). . . . . . . . . . . . . . (e.g. a Revocable Living Trust) | ________ | ________ |
| Has anyone ever made a Trust for you? (Y,N). . . . . . | ________ | ________ |
| Are you a Veteran of the U.S. military? (Y,N) . . . . . | ________ | ________ |
| Have you signed a Power of Attorney? (Y,N) . . . . . | ________ | ________ |

Health Care

Name and address of regular physician: ______________________________________

Do you have: Medicare?

Supplemental Insurance? ____________________________________________

Long Term Health Care Insurance? ______________________________________

Special Needs

Do you or any member of your family have any illness, disability, or special needs which should be considered in planning your estate? __________ If so, please describe or attach a separate sheet.

## INCOME

Please list your estimated income from the following sources:

Monthly Amounts

| Source | Client | Spouse |
|---|---|---|
| Social Security | | |
| Interest | | |
| Dividends | | |
| Pension Benefits | | |
| | | |
| Employment | | |
| Rental Income | | |
| Other Income | | |
| Sub Total | | |

Total Income________________________________________

Do you have any unusual expenses which should be considered in planning your estate?

Do you have financial advisors that we should be aware of? (Name / Phone Number)

Accountant/Tax Preparer: ________________________________________

Securities Broker: ________________________________________

Insurance Agent: ________________________________________

Financial/Retirement Planner: ________________________________________

ASSETS

Please complete the appropriate sections or attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc. If assets are not owned jointly by husband and wife, please indicate.

1. Real Estate

| Location | Name(s) on Title | Estimated Value | Mortgage Balance |
| --- | --- | --- | --- |
| | | | |
| | | | |

2. Bank Accounts

| Name of Bank and Account Number | Type: (Checking, CD, money market, etc) | Name(s) on Account | Balance |
| --- | --- | --- | --- |
| | | | |
| | | | |
| | | | |
| | | | |

3. Regular Investments (brokerage accounts, mutual funds, etc.) Attach statements or separate list if available.

| Item | Account Number | Name(s) on Account | Value |
| --- | --- | --- | --- |
| | | | |
| | | | |
| | | | |

4. Promissory Notes, Mortgages (money owed to you)

| Description | Value |
| --- | --- |
| | |

5. Business Assets

| Description | Form of Ownership Name(s) on Account | Value |
|---|---|---|
| | | |
| | | |

6. Tax-Qualified Investments (IRA accounts, tax-sheltered annuities, pensions, 401(K)s, 403(b)s, etc.)

| Description/Account Number | Owner of Account | Amount | Beneficiary |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

7. Life Insurance

| Insured (H or W?) | Company | Policy Number | Face Amount | Cash Value | Beneficiary |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DO YOU HAVE ANY ASSETS WITH A BASIS SIGNIFICANTLY LOWER THAN PRESENT VALUE? For Example, did you purchase your house, stocks, or other assets many years ago for a price significantly less than they are worth now? If so, please describe the assets:

| Asset | Date Purchased | Basis(Cost) |
|---|---|---|
| | | |
| | | |
| | | |

DO YOU HAVE HOUSEHOLD PETS for which you would like to make special arrangements, such as a "Pet Trust" as authorized by ARS § 14-2907?

________________________________________

8. Tangible Personal Property (motor vehicles, musical instruments, artwork, jewelry, etc.)

| Item | Location | Approximate Value |
|---|---|---|
| | | |
| | | |
| | | |

Estimate the total value of your household furnishings, and other personal belongings: $ ____________________

(You will have the opportunity to prepare a separate list to designate certain items of tangible personal property for specific persons, but you need not do this now.)

Do you maintain a safe deposit box?

| Bank | Branch | Number |
|---|---|---|
| | | |

Do you have any Prepaid Burial Plans or Cemetery Plots? Have you expressed your desires?

| Company | Type of Plan | Amount |
|---|---|---|
| | | |

Cremation? ______ Full Burial (where)? ____________ Special Requests? ____________________

9. Miscellaneous Do you have any additional or special items which should be considered in planning your estate?

| Description | Value |
|---|---|
| | |
| | |

Do you expect to receive an inheritance or gift from any source that should be considered in planning your estate?

________________________________________

SUMMARY OF ASSET VALUES

| | Client's Name | In Joint Names | ______Spouse's Name |
|---|---|---|---|
| 1. Real Estate | | | |
| 2. Bank Accounts | | | |
| 3. Regular Investments | | | |
| 4. Promissory Notes | | | |
| 5. Business Assets | | | |
| 6. Tax-Qualified Inv. | | | |
| 7. Life Insurance | | | |
| 8. Personal Property | | | |
| 9. Miscellaneous | | | |
| ______Subtotal | | | |

Total Assets ________________

LIABILITIES

Please list any outstanding liabilities (you need not include ordinary monthly expenses) if not shown elsewhere:

DISPOSITION OF ASSETS/PERSONAL PROPERTY

______To whom do you wish to leave items of personal property? You should consider making a list of such gifts and bring it with you.

NOTE: Please bring the following documents to our meeting, if available and applicable: (a) Will(s); (b) Deed to residence; (c) latest tax returns; (d) insurance policies; (e) bank or brokerage account statements and (f) any other documents or information you deem relevant.