



*Desmond Law, PLLC*  
*Preserving Your Legacy*

**ESTATE PLANNING QUESTIONNAIRE**

Thank you for choosing Desmond Law to assist you with your planning goals! Your family will thank you for planning ahead and making your wishes clear. In order to provide you with a plan that is tailor-made for your needs and considers all of your assets, it is necessary to fully disclose the requested information. Please complete this questionnaire to the best of your ability, and bring all requested documents with you to your initial consultation. If you are unsure of an answer, don't worry, we can discuss it during our consultation. If you have not already scheduled your initial consultation, please call me so we can schedule our meeting. Both spouses will need to attend the initial meeting.

**PERSONAL INFORMATION**

Provide the names requested below exactly as you want them to appear in your will and other estate planning documents. Please also provide their legal names, if different.

**Client Information**

Full legal name: \_\_\_\_\_

United States citizen:     Yes     No: specify country of citizenship: \_\_\_\_\_

Social Security: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address	City	State	Zip
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Mailing Address: \_\_\_\_\_

Street Address	City	State	Zip
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(if different)

Home Phone/Fax: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street Address	City	State	Zip
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Business Phone: \_\_\_\_\_

Prefer to be contacted via:     Home Phone     Work Phone     Cell Phone     Email

Referred by: \_\_\_\_\_



**Children - Full Name and Address**

*\*If any child is adopted, indicate date and place of adoption*

	<b>Child of only</b>		
	<b>Birth</b>	<b>Husband (H)</b>	<b>Married</b>
	<b>Date</b>	<b>Wife (W)</b>	<b>(Y/N)</b>

**Children**

Child 1: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

List child's children (and their birth dates): \_\_\_\_\_  
\_\_\_\_\_

Child 2: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

List child's children (and their birth dates): \_\_\_\_\_  
\_\_\_\_\_

Child 3: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

List child's children (and their birth dates): \_\_\_\_\_  
\_\_\_\_\_

Do you have any children that are deceased?  Yes  No

If yes, complete the following:

Child's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Any living descendants? If yes, please list below:

Name: \_\_\_\_\_ Age: \_\_\_ Address: \_\_\_\_\_

**Your Siblings - Full Name and Address**

	<b>Birth</b>	<b>Married</b>	<b>No. of</b>
	<b>Date</b>	<b>(Y/N)</b>	<b>Children</b>

Sibling 1: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Sibling 2: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Sibling 3: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Do you have any siblings that are deceased?  Yes  No

If yes, complete the following:

Sibling's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Any living descendants? If yes, please list below:

Name: \_\_\_\_\_ Age: \_\_\_ Address: \_\_\_\_\_

**Your Spouse's Siblings - Full Name and Address**

	<u>Birth Date</u>	<u>Married (Y/N)</u>	<u>No. of Children</u>
Sibling 1: _____	_/_/___	_____	_____

Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Sibling 2: _____	_/_/___	_____	_____
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Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Sibling 3: _____	_/_/___	_____	_____
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Address: \_\_\_\_\_  
\_\_\_\_\_

Their spouse's name: \_\_\_\_\_

Do you have any siblings that are deceased?  Yes  No

If yes, complete the following:

Sibling's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Do they have any living descendants? If yes, please list below:

Name: \_\_\_\_\_ Age: \_\_\_ Address: \_\_\_\_\_

<b><u>Your Parents' Name</u></b>	<u>Living/ Deceased</u>	<u>Birth Date</u>	<u>Address</u>
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Mother: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_

Father: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_

**Your Spouses' Parents' Names:**

Mother: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_

Father: \_\_\_\_\_ \_/\_\_\_/\_\_\_ \_\_\_\_\_



**1st Choice**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bond Required?  Yes  No

**2nd Choice**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bond Required?  Yes  No

**TRUSTEE**

A trustee is responsible for managing property that is held in trust for the benefit of designated beneficiaries. You should choose a trustee with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. You may designate the same individual selected as your personal representative.

**1st Choice**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2nd Choice**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOLDBACK:** At what age (or ages) should your children and/or beneficiaries exercise control over their inheritance? When should they receive their inheritance outright?

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

**ALTERNATE DISTRIBUTION:** If your entire family (you, your children and your grandchildren) dies in a common disaster, which individuals and/or charities do you want to receive your property and in what shares?

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

**PETS:** If you now own pet(s), or may own pet(s) in the future, I encourage you to consider including a “pet provision” in your Will and/or Trust. You must designate a Primary Caretaker and, if desired, one or more Successor Caretakers to care for your pet(s). You may also want to designate a monetary distribution to go to the Caretaker to be used for the care, feeding and veterinary services for the lifetime of your pet(s).

Primary Caretaker for Pet(s): You may designate different Caretakers for each type of pet you own if you would like (i.e. cat, dog, bird, etc...)

Name: \_\_\_\_\_ Pet(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Pet(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Successor Caretaker for Pet(s):

Name: \_\_\_\_\_ Pet(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Pet(s): \_\_\_\_\_ City/State: \_\_\_\_\_

Monetary Distribution for Pet(s):

Amount per Pet: \$ \_\_\_\_\_

**ADVISORS**

<b>Accountant</b>	_____	_____	_____
	Name	Firm	Phone

<b>Life Insurance Professional</b>	_____	_____	_____
	Name	Firm	Phone

<b>Investment Advisor/</b>	_____	_____	_____
	Name	Firm	Phone

<b>Stock Broker Private Banker/ Trust Officer</b>	_____	_____	_____
	Name	Firm	Phone

<b>Primary Care Physician</b>	_____	_____	_____
	Name	Firm	Phone

**FINANCIAL INFORMATION**

In addition to the following, please bring all current financial statements to our meeting

**Approximate Value of Estate (with brief description)**

Real Estate: Please be sure to bring all current Deeds for the property listed below.

Location, name(s) on title and use (primary residence, second residence, rental property, vacant)

	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Checking, Savings Accounts, Money Market Funds, CDs:

Institution, name(s) on account, held as joint or separate?

	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Investment and Brokerage Accounts:

Institution, name(s) on account, held as joint or separate?

	Estimated Value:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Individual Retirement Accounts:

Institution, owner, beneficiary, type (traditional or Roth)

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans:

Employer, employee, beneficiary, type (e.g., 401(k), Profit Sharing)

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Life Insurance Policies:

Institution, name of insured, owner and beneficiary, type (e.g., term or whole life), cash value (if any)

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Closely held Stock/LLC Interests/LP Interests:

Business entity owned, name(s) on certificates, # of shares of % owned

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Other/Miscellaneous Assets of Significant Value (over \$20,000):

Automobiles, recreational vehicles, boats, household furnishings, jewelry, art, antiques, collections

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

Debts, loans and other obligations to third parties:

Payee and description. If secured by a lien, describe collateral

Estimated Value:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_

**Approximate net worth (total assets less debts and loans):**

**\$ \_\_\_\_\_**

If any of the above-listed assets meet any one of the following criteria, please list the asset and whom (husband or wife) acquired or has title to property:



Acquired prior to marriage: \_\_\_\_\_

Acquired before moving to Arizona: \_\_\_\_\_

Acquired after moving to Arizona and is located in another state (identify state): \_\_\_\_\_

Titles as "separate property" of one spouse: \_\_\_\_\_

Acquired by gift, devise, bequest or inheritance: \_\_\_\_\_

Please estimate the size of your potential inheritance from your family: \_\_\_\_\_

Husband

Wife

### BACKGROUND INFORMATION

Yes/No

- |   |          |          |
|---|----------|----------|
| 1. Do you have any pets and if so, would you like a provision in your documents addressing their care after your death? | _____    |          |
|   | <u>H</u> | <u>W</u> |
| 2. Are you the beneficiary or trustee of any trust?   | ___      | ___      |
| 3. Have you ever made gifts over the annual exclusion amount (now \$12,000)?  | ___      | ___      |
| 4. Are you subject to any divorce or other court decree or agreement limiting your estate planning decisions?           | ___      | ___      |
| 5. Do you want life support procedures terminated in the event of a terminal condition?                                 | ___      | ___      |
| 6. Are there any religious preferences that we need to incorporate in your living will                                  | ___      | ___      |
| 7. Do you want your organs to be available for transplantation (only) following your death                              | ___      | ___      |
| 8. Do you plan on providing for a beneficiary with special needs?   | ___      | ___      |

### LIVING WILL

A living will (sometimes called "advance healthcare directive") is separate from your Will and may be an important part of your estate plan. In the event you have a terminal, incurable medical condition and your life is only being **prolonged** by means of artificially-provided life support, **and** if you cannot communicate your desires, the living will "speaks for you" so your doctors know and can act upon your desires about medical life support. Once executed, the document is effective until you revoke it. To decide whether a living will is right for you, please answer the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you signed a living will before?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Kept alive by extraordinary means if terminally and incurably ill:                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Kept alive by artificial nutrition or hydration if terminally and incurably ill:                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Kept alive by extraordinary means if diagnosed as being in a persistent vegetative state:               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Kept alive by artificial nutrition or hydration if diagnosed as being in a persistent vegetative state: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Definition of terms:

1. Artificial nutrition or hydration describes the use of feeding tubes or other invasive means to give someone food or water.
2. Extraordinary means includes any medical procedure that artificially postpones the moment of death by supporting or replacing a vital bodily function.
3. You are considered to be in a persistent vegetative state if you have had a complete, sustained loss of self-aware cognition, and you will die soon without the use of extraordinary means or artificial nutrition or hydration.

**DURABLE POWER OF ATTORNEY**

The General Durable Power of Attorney (sometimes called Financial Power of Attorney) will allow you to designate who you want to handle your finances and assets in case you are unable to do so. The General Durable Power of Attorney does *not* deal with gifting issues, tax planning, long term care planning, payment of fees to your agent, etc.

Would you like a general power of attorney?  Yes  No

**Primary Agent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Successor Agent**

If your appointed agent is unable or unwilling to take on this responsibility, you may appoint a back-up agent.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY**

The health care power of attorney gives the person you name as your agent the authority to act on your behalf to make a wide range of medical decisions if you are unable to make your own medical decisions. Obviously, the person you designate as your agent should be someone you trust and someone you believe will follow your instructions.

**Primary Agent**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Successor Agent**

If your appointed agent is unable or unwilling to take on this responsibility, you may appoint a successor agent  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Do Not Resuscitate**

Would you like to add a Do Not Resuscitate (DNR) order? \_\_\_\_\_

**FUNERAL ARRANGEMENTS**

Please indicate whether you would like to be buried, cremated, or any other wishes regarding the disposition of your remains to be included in your will:

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

**DOCUMENTS TO BRING WITH YOU**

- This Questionnaire.
- A copy of any existing Wills, Trusts or Powers of Attorney.
- A copy of any deeds to real property owned by you or your existing Trust, wherever located.
- A copy of all current financial account statements.
- A copy of any Community Property Agreements or Premarital Agreements you have signed.
- A copy of any "Buy-Sell" Agreements you have signed (shareholders agreements, partnership agreements, operating agreements, etc...)
- A copy of your most recent gift tax return (if any).

**Please return this form to me prior to your appointment. If you are unable to do so, please bring this form to our meeting:**

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Scottsdale, AZ 85258

**Email:** [marjorie@azlegacylawyer.com](mailto:marjorie@azlegacylawyer.com)

Should you have any questions, please contact me at 480-848-9550.