



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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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: _____

Prior Marriages (if applicable)

Previously Married: Yes No Date of previous Marriage: _____

City and State: _____

Premarital Agreement: Yes No

How did marriage(s) end? _____

(Please attach a copy of the divorce decree, or, if widowed, a copy of the death certificate)

Name of former spouse(s): _____

If former spouse(s) is living please provide address:

Street Address City State Zip

FAMILY INFORMATION

Children - Full Name and Address

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

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

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: _____

<u>Your Siblings - Full Name and Address</u>	<u>Birth Date</u>	<u>Married (Y/N)</u>	<u>No. of Children</u>
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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: _____

Other Family Information

Is there other important personal information that might affect your estate plan? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future? Please describe.

GUARDIAN

If you have children who are younger than 18 years of age, please designate a guardian(s) for your minor children and a guardian of their estate in the event both parents die. If you want separate guardians for different children please indicate.

1st Choice

Name: _____

Address: _____

Street Address	City	State	Zip
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Phone: _____ Email: _____

2nd Choice

Name: _____

Address: _____

Street Address City State Zip

Phone: _____ Email: _____

Guardian of the child’s estate (upon inheriting), if different:

1st Choice

Name: _____

Address: _____

Street Address City State Zip

Phone: _____ Email: _____

2nd Choice

Name: _____

Address: _____

Street Address City State Zip

Phone: _____ Email: _____

PERSONAL REPRESENTATIVE

Your personal representative (or executor) is responsible for collecting your assets, ensuring that claims, expenses, and estate and inheritance taxes are paid, and distributing your property to trustees and/or beneficiaries.

Please designate a personal representative for your estate. Also indicate whether you will require a bond from that individual. This requirement means that the Personal Representative must file a credit application with a bond agency. If the Personal Representative steals assets from the estate, the bond agency replaces what was stolen up to the amount of the bond. Bonds can be very expensive, so you should discuss this requirement with your attorney.

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

Accountant _____
Name Firm Phone

Life Insurance Professional _____
Name Firm Phone

Investment Advisor/ _____
Name Firm Phone

Stock Broker Private Banker/ Trust Officer _____
Name Firm Phone

Primary Care _____
 Physician 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? _____
H W
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? Yes No
2. Kept alive by extraordinary means if terminally and incurably ill: Yes No
3. Kept alive by artificial nutrition or hydration if terminally and incurably ill: Yes No
4. Kept alive by extraordinary means if diagnosed as being in a persistent vegetative state:
 Yes No
5. Kept alive by artificial nutrition or hydration if diagnosed as being in a persistent vegetative state:
 Yes 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

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