

ESTATE PLANNING QUESTIONNAIRE

JABURG & WILK, P.C.

Attorneys At Law
3200 North Central Avenue
Suite 2000
Phoenix, Arizona 85012
(602) 248-1000

ESTATE PLAN FOR

Date _____

Business Phone _____

Business Fax _____

Home Phone _____

1. Client

Full Name _____

Have you ever gone by another name? Yes _____ No _____

If "yes," indicate name(s): _____

Address _____ Zip Code _____

Business Address _____

Date of Birth _____ Place of Birth _____

U.S. Citizen? _____ Social Security No. _____

Occupation _____ Annual Income _____

Give details of previous marriages _____

Date of Present Marriage _____

Place of Marriage _____

State of Health _____

How long have you lived in Arizona? _____

Previous residence _____

2. Spouse

Full Name _____

Have you ever gone by another name? Yes _____ No _____

If "yes," indicate name(s): _____

Address _____ Zip Code _____

Business Address _____

Date of Birth _____ Place of Birth _____

U.S. Citizen? _____ Social Security No. _____

Occupation _____ Annual Income _____

Give details of previous marriages _____

Date of Present Marriage _____

Place of Marriage _____

State of Health _____

How long have you lived in Arizona? _____

Previous residence _____

3. Children

a) Name _____ Date of Birth _____

Address _____ Zip Code _____

Education Completed _____ Educational Goal _____

Occupation _____ Telephone Number(s) _____

Spouse's Name _____

Child's Children

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

b) Name _____ Date of Birth _____

Address _____ Zip Code _____

Education Completed _____ Educational Goal _____

Occupation _____ Telephone Number(s) _____

Spouse's Name _____

Child's Children

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

c) Name _____ Date of Birth _____

Address _____ Zip Code _____

Education Completed _____ Educational Goal _____

Occupation _____ Telephone Number(s) _____

Spouse's Name _____

Child's Children

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

d) Name _____ Date of Birth _____
Address _____ Zip Code _____
Education Completed _____ Educational Goal _____
Occupation _____ Telephone Number(s) _____
Spouse's Name _____
Child's Children
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

e) Name _____ Date of Birth _____
Address _____ Zip Code _____
Education Completed _____ Educational Goal _____
Occupation _____ Telephone Number(s) _____
Spouse's Name _____
Child's Children
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

4. Are any of these children adopted? _____
If so, which ones? _____

5. Are any of these children of a previous marriage? _____

6. Does spouse have children from a previous marriage? _____
If so, give names and addresses. _____

7. Are any of these children handicapped or in poor health? If so, which ones? _____

8. Will any of these children be excluded from the estate plan? If so, which ones? _____

9. Other persons to be included in the estate plan.

Name Address Relationship

10. Clients Parents

MOTHER

FATHER

Name _____ Age _____

Name _____ Age _____

Address _____

Address _____

Health _____

Health _____

Financially Dependant? _____

Financially Dependant? _____

11. Spouse's Parents

MOTHER

FATHER

Name _____ Age _____

Name _____ Age _____

Address _____

Address _____

Health _____

Health _____

Financially Dependant? _____

Financially Dependant? _____

12. Assets

a) Residences:

<u>Location</u>	<u>In Whose Name</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
-----------------	----------------------	--------------------------	------------------

1.	_____		
2.	_____		
3.	_____		
4.	_____		

b) Other Real Estate:

<u>Location</u>	<u>In Whose Name</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
-----------------	----------------------	--------------------------	------------------

1.	_____		
2.	_____		
3.	_____		
4.	_____		

c) Stocks and Bonds:

<u>Company</u>	<u>No. of Shares</u>	<u>In Whose Name</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

d) Closely Held Businesses:

<u>Company</u>	<u>Ownership</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

e) Limited Partnerships:

<u>Company</u>	<u>Percentage Interest</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

f) Other Business Interests:

<u>Name of Business</u>	<u>Type of Ownership</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

g) Bank Accounts:

<u>Location</u>	<u>Type of Account</u>	<u>In Whose Name</u>	<u>Average Balance</u>
1. _____			
2. _____			
3. _____			
4. _____			

h) Other Valuable Personal Property:

<u>Description</u>	<u>Location</u>	<u>Fair Market Value</u>	<u>Tax Basis</u>
1. _____			
2. _____			
3. _____			
4. _____			

i) Expected Inheritances:

	<u>Description</u>	<u>Value</u>	<u>From Whom</u>
CLIENT	_____		

SPOUSE	_____		

j) Life Insurance Policies:

<u>Company</u>	<u>Policy No.</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Type</u>	<u>Ownership</u>	<u>Beneficiary</u>
1. _____						
2. _____						
3. _____						
4. _____						

k) Retirement Plan _____ Give details _____

l) Safety Deposit Box _____ If so, where? _____
Box Number _____ If not, where are important papers usually kept? _____

13. Liabilities

<u>Name of Creditor</u>	<u>In Whose Name</u>	<u>Amount of Indebtedness</u>	<u>Lien Against What Property</u>
-------------------------	----------------------	-------------------------------	-----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. How do you want your estate to pass? _____

15. If a trust is appropriate, who will it be:
Trustors _____
Trustees _____
Successor Trustee _____
Beneficiaries _____

16. What age or ages do you wish your children to receive their shares? _____

- a) Should the entire trust be held until the youngest living child reached a certain age and divide at that time? _____ If so, what age? _____
- b) Distributed as each child reaches a prescribed age? _____, or distributed in portions at various ages (e.g. 1/3 at 25, 1/3 at 30, 1/3 at 35); specify ages _____

- c) Should Trustee have discretion to advance principal for:
 - 1. Assistance in undergraduate education? _____
 - 2. Postgraduate education? _____
 - 3. Assistance in purchasing a home? _____
 - 4. Marriage? _____
 - 5. Assistance in establishing business or professional office? _____
 - 6. Medical Care? _____
 - 7. Purchase of automobile? _____
 - 8. Special trips? _____
 - 9. Any other? (specify) _____

17. Personal Property Bequests

- a) Cash

<u>Amount</u>	<u>To Whom</u>

- b) Other Items

<u>Description</u>	<u>Value</u>	<u>To Whom</u>

- c) Charitable Bequests

<u>Description</u>	<u>To Whom</u>	<u>Specific Purpose</u>

- 18. a) Should all other property be left to husband upon wife's death? _____
- b) Should all other property be left to wife upon husband's death? _____
- c) If not left to spouse, to whom? _____
- _____
- _____
- _____

- d) Disposition of Property if there is no surviving spouse? _____

- e) Disposition of Property if there are no surviving children? _____

- f) If no other descendants? _____

19. Have you ever filed a gift tax return? _____ If so , how much of your lifetime exemption has been used?

20. Personal Representative of Husband _____
 Alternate _____

21. Personal Representative of Wife _____
 Alternate _____

22. Guardian of Minor Children _____
 Alternate _____

23. Special Burial instructions _____

24. Have you made any prepaid funeral arrangements? _____ If so, with whom? _____

25. Copies of drafts to be sent to: (other than client)

Name

Address

26. Who should be notified in the event of your death? _____

27. Who is your accountant?

Name _____ Phone _____

Address _____

28. Who is your insurance agent?

Name _____ Phone _____

Address _____

29. Do you currently have an Estate Plan? _____

30. Who referred you to us? _____

31. In addition to foregoing, please furnish us with:
- a) Existing Wills and Trust
 - b) Current Financial Statement
 - c) Copies of any Trusts in which you or spouse or children are named as beneficiary
 - d) Copies of prior Gift Tax Returns filed
 - e) Last Federal Income Tax Return
 - f) Copies of Pension or Retirement Plans and beneficiary designations for such plans

EXPLANATORY NOTES