



ATTORNEYS AT LAW  
A Professional Limited Liability Company



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## Estate Planning Questionnaire – Single

*Confidential Client Communication*

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Certified Tax Law Specialist  
Certified Estate and Trust Law Specialist  
Fellow, The American College of Trust and  
Estate Counsel

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Thank you for choosing our firm to assist you with your planning goals. The information you provide in this questionnaire will help you organize your personal and financial information so that we can properly assess your current situation and evaluate what estate planning documents can best serve your needs. The information requested in this form is necessary to provide you with proper advice and recommendations. We request that you complete Sections I through VI of this questionnaire to the best of your ability, and bring the same with the documents requested in Part IX, with you to your initial consultation. We will address the questions detailed in Sections VII and VIII at our meeting. If you haven't already scheduled your initial consultation, please contact my office at your convenience to do so.

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### General Timeline:

Whether you want just a basic Will, or a more complicated estate or asset protection plan is needed, our timeline for the preparation and completion of your personalized plan will most likely follow the format below:

- Initial Consultation: Review and discuss estate planning questionnaire, as well as discuss the appropriate documents to meet your estate plan goals. Please plan on about an hour for this meeting.
- Review Meeting. Immediately following your initial consultation, a review meeting is scheduled approximately two weeks from the date of your initial meeting. This meeting will be spent reviewing drafts of your estate plan documents as well as answering any questions or concerns you might have.
- Execution Meeting. Within a week or two of your review meeting, an execution meeting will be scheduled. Once you sign your estate plan documents they become legally effective.

After you have signed your estate plan documents, our office will prepare document books containing your plan for your records. Document books are usually processed and forwarded to clients within a week or two of the signing meeting.

<b>Fees:</b>	<b>Next Appointment:</b>
Hourly Rate: \$ _____	Date: _____
Flat Fee: \$ _____	Time: _____



## II. CHILDREN AND GRANDCHILDREN

Please continue on back if necessary.

<u>Children – Full Names and Addresses</u>	<u>Birth Date</u>	<u>Married (Y/N)</u>	<u>No. of children</u>
Child 1: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____
Child 2: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____
Child 3: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____
Child 4: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____

Do you have any children that are deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

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

Does such deceased child have living descendants? If yes, please list below:

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

## III. SIBLINGS

<u>Sibling(s) – Full Names and Addresses</u>	<u>Birth Date</u>	<u>Married (Y/N)</u>	<u>No. of children</u>
Sibling 1: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____
Sibling 2: _____ Address: _____ Phone: _____ Spouse's name: _____	____ / ____ / ____	_____	_____

Sibling 3: \_\_\_\_\_ / / \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_

Sibling 4: \_\_\_\_\_ / / \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Spouse's name: \_\_\_\_\_

Do you have any siblings that are deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

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

Does such deceased sibling have living descendants? If yes, please list below:

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

**IV. PARENTS**

<u>Parent's Names</u>	<u>Living/ Deceased</u>	<u>Age</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. ADVISORS**

<b>Accountant:</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Life Insurance Professional</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Investment Advisor/ Stock Broker</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Private Banker/ Trust Officer</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
<b>Primary Physician</b>	_____	_____	_____
	<i>Name</i>	<i>Firm</i>	<i>Phone</i>

## VI. 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 accounts, held as joint or separate?

	Account #:	Estimated Balance:
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

### Investment and Brokerage Accounts:

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

	Account #:	Estimated Balance:
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

### Individual Retirement Accounts:

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

	Account #:	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)

	Account #:	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)

	Account #:	Face Value/Death Benefit:
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

### Closely held Stock/LLC Interests/ LP Interests:

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

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

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

Automobiles, recreational vehicles, boats, household furnishings, 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

Amount Owed:

1. _____	(\$ _____)
2. _____	(\$ _____)
3. _____	(\$ _____)
4. _____	(\$ _____)
5. _____	(\$ _____)
6. _____	(\$ _____)

**Approximate net worth (Total assets less debts and loans):** \$ \_\_\_\_\_

Were any of the above assets acquired by gift, devise, bequest or inheritance? If so, please list assets and approximate value at the time of transfer:

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

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

\_\_\_\_\_

**VII. BACKGROUND QUESTIONS**

*This section may be completed with your attorney.*

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? \_\_\_\_\_
  
- 2. Are you the beneficiary or trustee of any trust? \_\_\_\_\_
- 3. Have you ever made gifts over the annual exclusion amount (now \$16,000)? \_\_\_\_\_
- 4. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices? \_\_\_\_\_
- 5. Do you want life support procedures terminated in the event of a terminal condition? \_\_\_\_\_
- 6. Do you want your organs to be available for transplantation (only) following your death? \_\_\_\_\_
- 7. Do you plan on providing for a beneficiary with special needs? \_\_\_\_\_

**YOUR SPECIAL OBJECTIVES/OR OTHER INFORMATION YOU WISH TO ADD (IF ANY):**

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**VIII. FIDUCIARY AND DISTRIBUTION INFORMATION**

*This section will be completed with your attorney.*

**TRUSTEE:** Who should be the trustee of the trust or trusts (for surviving spouse, children, etc.)?

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**PERSONAL REPRESENTATIVE:** Who should administer your estate?

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**FINANCIAL AGENT:** Who should manage your financial affairs if you become incapacitated?

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**HEALTH CARE AGENT:** Who should make medical decisions for you if you become incapacitated?

1st Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ City/State: \_\_\_\_\_

**GUARDIAN:** If both parents die, with whom should your minor children live (as "Guardian")?

1st Choice:

H Name: \_\_\_\_\_ City/State: \_\_\_\_\_

W Name: \_\_\_\_\_ City/State: \_\_\_\_\_

If H dies or is otherwise unable to act, may W act as sole Guardian? \_\_\_\_\_

If W dies or is otherwise unable to act, may H act as sole Guardian? \_\_\_\_\_

If H & W separate or divorce, who should act as Guardian? \_\_\_\_\_

2nd Choice:

H Name: \_\_\_\_\_ City/State: \_\_\_\_\_

W Name: \_\_\_\_\_ City/State: \_\_\_\_\_

If H dies or is otherwise unable to act, may W act as sole Guardian? \_\_\_\_\_

If W dies or is otherwise unable to act, may H act as sole Guardian? \_\_\_\_\_

If H & W separate or divorce, who should act as Guardian? \_\_\_\_\_

3rd Choice:

H Name: \_\_\_\_\_ City/State: \_\_\_\_\_

W Name: \_\_\_\_\_ City/State: \_\_\_\_\_

If H dies or is otherwise unable to act, may W act as sole Guardian? \_\_\_\_\_

If W dies or is otherwise unable to act, may H act as sole Guardian? \_\_\_\_\_

If H & W separate or divorce, who should act as Guardian? \_\_\_\_\_



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

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**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?

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**PETS:** If you now own pet(s), or may own pets 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...etc.).

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Successor Caretaker for Pet(s):

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Monetary Distribution for Pet(s):

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

## IX. DOCUMENTS TO BRING WITH YOU

*We can make copies at our meeting.*

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

**Please bring to our meeting or return this form prior to your appointment using one of following options:**

**US Mail:** Becker & House, PLLC  
14822 North 73<sup>rd</sup> Street, Suite 101  
Scottsdale, Arizona 85260  
(480) 240-4021

**Fax:** (480) 240-4021

**Email:** [connie@beckerandhouse.com](mailto:connie@beckerandhouse.com)

If you have any questions, please contact us at (480) 240-4020.

