



ATTORNEYS AT LAW  
A Professional Limited Liability Company



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## Estate Planning Questionnaire – Single

*Confidential Client Communication*

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Fellow, The American College of Trust and Estate Counsel

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Thank you for choosing Becker and House, PLLC, 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.

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### Estate Planning Process Overview:

Whether you want a basic estate plan, or a more complicated estate or asset protection plan is needed, your personalized plan will most likely follow the outline below:

- Initial Meeting: Review and discuss your estate planning questionnaire and discuss the documents needed to meet your estate plan goals.
- Review Meeting(s): Following your initial consultation, a review meeting is scheduled to review drafts of your estate plan documents and answer any questions or concerns that you might have.
- Signing Meeting: After you have approved your estate plan documents, we will sign them at this meeting. Your estate plan documents become legally effective when you sign them.

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 two weeks.

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

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## I. PERSONAL INFORMATION

Full Legal Name

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Citizenship

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Birth Date

    /    /

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County of Residence

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Address

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Mailing  
Address

*(if different)*

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Phone

(    )    -

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Email

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Preferred Contact  
Method:

Phone       Email

Referred by:

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Previously Married?     Yes     No

Date of Marriage

    /    /

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City and State

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Premarital  
Agreement?

Yes       No

Postnuptial  
Agreement?

Yes       No

Have you ever lived  
outside your current  
State of residence  
while married?

Yes       No

## II. CHILDREN

Please continue on the back of this page 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: _____	____ / ____ / ____	_____	_____

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

If yes, please complete the following:

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

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

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

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

Distribution plan among children, specific goals, etc.

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**III. SIBLINGS**

*Please continue on the back of this page if necessary.*

**Sibling(s)**

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

City & State: \_\_\_\_\_

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

City & State: \_\_\_\_\_

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

City & State: \_\_\_\_\_

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

*If yes, please complete the following:*

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

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

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

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

**IV. PARENTS**

<u>Parents' Names</u>	<u>Living/ Deceased</u>	<u>Age</u>	<u>City &amp; State</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>

If you do not currently have one of the above professional advisors, would you like a recommendation? If so, please list for which professional advisor(s) you need a recommendation:

## VI. FINANCIAL INFORMATION

*If you are able to, please bring current financial statements with this questionnaire 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.*

List the location, name(s) on title, and use (primary residence, second residence, rental property, vacant).

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

### Checking Accounts, Savings Accounts, Money Market Funds, CDs:

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

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

### Investment and Brokerage Accounts:

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

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

### Individual Retirement Accounts:

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

1.	Account #:	Estimated Value:	\$	
2.	Account #:		\$	
3.	Account #:		\$	
4.	Account #:		\$	

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

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

Estimated Value:

- 1. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_

**Life Insurance Policies:**

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

Face Value/Death Benefit:

- 1. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Account #: \_\_\_\_\_ \$ \_\_\_\_\_

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

Business entity owned, name(s) on certificate(s), # 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, etc.

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):** \$ \_\_\_\_\_

**Approximate annual net income:** \$ \_\_\_\_\_

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

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

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

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

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

**VII. BACKGROUND QUESTIONS**

*You may wait to complete this section with your attorney at your meeting.*

- 1. Do you have any pets and if so, would you like a provision in your documents addressing their care after your death?

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- 2. Are you the beneficiary or trustee of any trust(s)?

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- 3. Are either of you subject to any divorce or other court decree(s) or agreement(s) limiting your estate planning choices?

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- 4. Do you plan on providing for a beneficiary with special needs?

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**SPECIAL OBJECTIVES, REQUESTS, PROVISIONS, GIFTS, OR OTHER INFORMATION THAT YOU WISH TO ADD (IF ANY):**

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## VIII. FIDUCIARY AND DISTRIBUTION INFORMATION

**TRUSTEE:** Who should be the trustee(s) of the trust(s) (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: \_\_\_\_\_

**INCOMPETENCY:** Who should determine whether you have become incapacitated, if necessary?

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

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

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

**ULTIMATE DISTRIBUTION:** If both of you, your children, and your grandchildren die in a common disaster, to which individuals and/or charities do you want your property distributed and in what shares?

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**PETS:** If you now own pets, 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: \_\_\_\_\_ Pet(s): \_\_\_\_\_

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

Successor Caretaker for Pet(s):

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

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

Monetary Distribution for Pet(s):

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

## IX. DOCUMENTS TO BRING WITH YOU

*We can make copies at our meeting.*

- This Questionnaire.
- A hard copy of any existing Wills, Financial Powers of Attorney, Health Care Powers of Attorney, Living Wills, Trusts, or any other estate planning documents that you have.
- A hard copy of any deeds to real property owned by you or your existing Trust(s).
- A hard copy of all current, relevant financial account statements.
- A hard copy of any Community Property Agreements, Premarital Agreements, or Postnuptial Agreements that you have signed.
- A hard copy of any Divorce Decrees or Agreements to which you are or have been a party.
- A hard copy of any "Buy-Sell" Agreements that you have signed (shareholder, partnership, and/or operating agreements, etc.).
- A hard copy of your most recent gift tax return (if any).

**Please bring this form to our meeting or return it 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:** [april@beckerandhouse.com](mailto:april@beckerandhouse.com)

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

