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Estate Planning Questionnaire – Married

Confidential Client Communication

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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.

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.

Fees:	Next Appointment:
Hourly Rate: \$ _____	Date: _____
Flat Fee: \$ _____	Time: _____

Estate Planning Questionnaire

I. PERSONAL INFORMATION

	<u>Spouse 1</u>		<u>Spouse 2</u>	
Full Legal Name				
Citizenship				
Birth Date				
Previously Married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County of Residence				
Address				
Mailing Address <i>(if different)</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone				
Email				
Preferred Contact Method:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email		
Referred by:				
Date of Marriage				
City and State				
Premarital Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Postnuptial Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever lived outside your current State of residence while married?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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>Child of only Spouse 1 or Spouse 2</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.

III. SIBLINGS

Please continue on the back of this page if necessary.

Spouse 1 Sibling(s)

Sibling 1: _____

City & State: _____

Sibling 2: _____

City & State: _____

Sibling 3: _____

City & State: _____

Spouse 2 Sibling(s)

Sibling 1: _____

City & State: _____

Sibling 2: _____

City & State: _____

Sibling 3: _____

City & State: _____

Do you have any siblings that are deceased? Spouse 1 or 2 _____ 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

Parents' Names

Living/
Deceased

Age

City & State

Spouse 1:

_____ _____ _____ _____
_____ _____ _____ _____

Spouse 2:

_____ _____ _____ _____
_____ _____ _____ _____

V. ADVISORS

Accountant	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Life Insurance Professional	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Investment Advisor/ Stock Broker	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Private Banker/ Trust Officer	<i>Name</i>	<i>Firm</i>	<i>Phone</i>
Primary Physician	<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. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

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

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

1. _____	Account #: _____
2. _____	Account #: _____
3. _____	Account #: _____
4. _____	Account #: _____

Investment and Brokerage Accounts:

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

1. _____	Account #: _____
2. _____	Account #: _____
3. _____	Account #: _____
4. _____	Account #: _____

Individual Retirement Accounts:

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

1. _____	Account #: _____
2. _____	Account #: _____
3. _____	Account #: _____
4. _____	Account #: _____

Estimated Value:

\$ _____
\$ _____
\$ _____
\$ _____

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: _____

Titled as "separate property" of one spouse: _____

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

Husband

\$

Wife

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?

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

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

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

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

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?

Spouse 1:

1st Choice: _____ City/State: _____

2nd Choice: _____ City/State: _____

3rd Choice: _____ City/State: _____

Spouse 2:

1st Choice: _____ City/State: _____

2nd Choice: _____ City/State: _____

3rd Choice: _____ City/State: _____

INCOMPETENCY: Who should determine whether you have become incapacitated, if necessary, after your spouse?

Spouse 1:

2nd Choice: _____ City/State: _____

3rd Choice: _____ City/State: _____

Spouse 2:

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? _____

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?

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 73rd Street, Suite 101
Scottsdale, Arizona 85260

Fax: (480) 240-4021
Email: alyssa@beckerandhouse.com

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

