

THE VAUGHN LAW OFFICES

SIMPLE ESTATE PLANNING CLIENT QUESTIONNAIRE

In order to more efficiently meet your estate planning needs, our office has drafted this Estate Planning Questionnaire to assist us before our initial conference. This questionnaire is designed for a single individual or a married couple; in other words, one questionnaire may be filled out for a husband and wife, however, different appointments, beneficiaries, and other designations may be made by both spouses individually.

Please print or type the following information so that I do not misspell any name or reflect any other information inaccurately. The information is being requested so that we can better meet your estate planning needs. Please return this document to us prior to our initial meeting. Also, please do not provide any original documents with this questionnaire.

I. Information

Name(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work Phone No(s):. \_\_\_\_\_

Facsimile No(s): \_\_\_\_\_

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

Name of Spouse: \_\_\_\_\_

II. Names and Birth Dates of Children:

\*Note: Indicate if each child is common to the marriage (C), only husband in the parent (H) or only wife is the parent (W). The C-H-W designation of course is not applicable to a single individual;

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

Birth Date: \_\_\_\_\_

C/H/W: \_\_\_\_\_

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

\_\_\_\_\_

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

Birth Date: \_\_\_\_\_

C/H/W: \_\_\_\_\_

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

\_\_\_\_\_

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

Birth Date: \_\_\_\_\_

C/H/W: \_\_\_\_\_

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

\_\_\_\_\_

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

Birth Date: \_\_\_\_\_

C/H/W: \_\_\_\_\_

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

\_\_\_\_\_

III. Names of any family members to be excluded from any inheritance (including former spouses).

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

IV. Preferences for funeral and burial directions.

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

V. \_\_\_\_\_ I would like specific property to be left to specific individuals, according to a list that I will prepare.

VI. I would like my estate handled as follows:

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

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In the event that there is any remaining property, I would like the residual of my estate to be handled as follows:

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VII: Identify nature and location of all real property.

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For each real property that you own, do you have a beneficiary deed?\_\_\_\_\_ If so, who is the beneficiary or beneficiaries for each parcel of real property?\_\_\_\_\_

<b>Please list out your bank accounts:</b>	<b>Who is identified as your payable on death designation?</b>

<b>Please list out your investment and retirement accounts:</b>	<b>Who is identified as your payable on death/beneficiary designation?</b>

<b>Please list any life insurance policies you have:</b>	<b>Who is identified as a beneficiary designation?</b>

Do you have remaining personal property, not including real property, bank accounts, investment accounts, retirement accounts, and life insurance, with a cumulative value in excess of \$50,000.00?\_\_\_\_ If so, what personal property remains which has a total value in excess of \$50,000.00?

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VIII. In the event your listed beneficiaries predecease you, is there a charity, foundation or any other place you would like to list as a beneficiary of your estate?

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IX. My choices of personal representative to administer my estate and follow my wishes would be as follows:

First Choice: (Name)\_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Second Choice: (Name)\_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Third Choice: (Name)\_\_\_\_\_

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

Phone No.: \_\_\_\_\_

X. \_\_\_\_\_As and for individuals to care for my finances, in the event of my incapacity, I would like the individuals to be the same as those identified above, in the same order.

\_\_\_\_\_ As and for individuals to care for my finances, in the event of my incapacity, I **do not** want the individuals to be the same as those identified above, and would like to appoint the following individuals:

First Choice: (Name)\_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Second Choice: (Name)\_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Third Choice: (Name) \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

\_\_\_\_\_ As and for individuals to make health care decisions for me, in the event of my incapacity, I would like the individuals to be the same as those identified above, in the same order.

\_\_\_\_\_ Rather than utilizing the persons in the order identified above, I would like the persons to make health care decisions during my incapacity to be as follows:

First Choice: (Name) \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Second Choice: (Name) \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Third Choice: (Name) \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

XI. The totality of my estate would fall into the following value range:

\_\_\_\_\_ \$0.00 to \$1,000,000.00

\_\_\_\_\_ \$1,000,000.00 to \$5,000,000.00

\_\_\_\_\_ \$5,000,000.00 and above

XII. I do have concerns about how beneficiaries might use my estate, and the following are my concerns:

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XIII. Guardian Designations:

If both parents die before a child in Arizona reaches the age of majority (which is at the eighteenth (18th) birthday, a guardian must be appointed. The guardian determines where the child or children will live, what school will be attended, what activities will be allowed, etc. Guardian designations oftentimes is a co-guardian regiment, such that the children live in the home with a male and female influence, such as appointment, a parent of the client or a sibling and spouse. Designation of individual guardians is also just as common. Please list the guardians below in order of preference. Parents are encouraged to prepare a letter of intention to guide guardians as to such matters as which schools, what activities, and other parental preferences.

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_