



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Part One: Personal Information

Your Full Name: _____ Date of Birth: _____

Cell Phone: _____ Personal Email: _____

U.S. Citizen? Y N Are you retired? Y N Occupation (prior if retired): _____

Were you previously married? Y N If yes, year divorced: _____ (Please bring your divorce agreement.)

Are you a military veteran? Y N

How Is Your Health? Good Fair Poor Describe any current health problems: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ County: _____

If married, please complete the information below. If unmarried, please continue to the next page.

Spouse and Marriage Information

Spouse's Full Name: _____ Date of Birth: _____

Cell Phone: _____ Personal Email: _____

U.S. Citizen? Y N Are you retired? Y N Occupation (prior if retired): _____

Were you previously married? Y N If yes, year divorced: _____ (Please bring your divorce agreement.)

Are you a military veteran? Y N

How Is Your Health? Good Fair Poor Describe any current health problems: _____

Date of Marriage: _____

Do you and your spouse consider all of your assets community property? Y N

Did you or your spouse receive any valuable gifts or inheritance after marriage? Y N

If yes, have you treated the gifted or inherited funds as community property? Y N

Would you consider future inheritances as community property? Y N

Did you or your spouse come into your marriage with any substantial assets? Y N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Y N



Children & Family (Please add pages as necessary to list all children.)

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

of Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

of Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

of Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child? Y N

Describe:

Full Name

Sex

Date of Birth

Parent
(His, Hers, Ours)

of Children

M / F

Cell Phone:

Email:

Address:

(if not with you)

Marital Status:

Spouse's Name:

Any special concerns for this child? Y N

Describe:



Do all of your children get along? Y N

Do you have any deceased children? Y N

If so, do they have any surviving children and/or grandchildren? Y N

Names _____

Age of grandchildren: Youngest _____ Oldest _____

Do you or your spouse have a trust with a previously deceased spouse? Y N

If so, who? _____

Are there any family members that require special schooling, medical or other attention? Y N

If so, who? _____

Pets

Do you have pets? Y N

If so, have you established who will care for them if something happened to you? Y N

Professional Advisors

Financial Advisor Name and Phone/Email _____

Ok to Contact? Y N *If yes, please initial here:* _____

CPA Name and Phone/Email _____

Ok to Contact? Y N *If yes, please initial here:* _____

How did you find us? _____

Estate Plan Objectives

Check all that apply:

Planning Objective

- _____ Naming guardians for minor children
- _____ Making sure I'll be taken care of if disabled
- _____ Maximizing my loved ones' inheritance
- _____ Making sure my loved ones don't squander it
- _____ Making sure my loved ones get a good education

Planning Objective

- _____ Avoiding probate
- _____ Maintaining privacy
- _____ Sale or succession of the family business
- _____ Stretch IRA distributions to maximize assets
- _____ Making sure my loved ones' inheritance is protected from creditors, divorces, etc.

Additional Objectives:



Part Two: Information about Fiduciaries

You will be picking multiple individuals to represent you and your estate during incapacity and after passing. This includes: Successor Trustees, Guardians for minor children, Personal Representatives (Executors), Agents to manage your affairs during incapacity and Agents to make healthcare decisions if you cannot.

If you know who you plan to list in these positions, please list their names and mobile phone numbers. Don't worry about listing who should serve in which position as we will discuss that during our estate plan design meeting. If you don't know who you plan to list yet, please skip this part and go to the next.

Name	Relationship to You	Cell Phone Number



Part Three: Asset Information

Understanding the nature and value of your assets is critical to designing your plan. Identifying your assets and liabilities helps us better understand your individual planning needs. In addition, being familiar with your assets and liabilities is critical for trust funding and probate avoidance. Account balances will vary, so please list the approximate balance of each account.

BANK ACCOUNTS

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

Owner Name:	Institution:
Account Type:	Approx. Balance:
Address:	
Safety Deposit Box: <input type="checkbox"/> Y <input type="checkbox"/> N	POD/TOD Designation: <input type="checkbox"/> Y <input type="checkbox"/> N

RETIREMENT ACCOUNTS

Custodian:	Account Owner:
Approx. Value:	Account Type (IRA, 401k, etc.):
Primary Beneficiary	Secondary Beneficiary:

Custodian:	Account Owner:
Approx. Value:	Account Type (IRA, 401k, etc.):
Primary Beneficiary	Secondary Beneficiary:

Custodian:	Account Owner:
Approx. Value:	Account Type (IRA, 401k, etc.):
Primary Beneficiary	Secondary Beneficiary:



Custodian:

Account Owner:

Approx. Value:

Account Type (IRA, 401k, etc.):

Primary Beneficiary

Secondary Beneficiary:

LIFE INSURANCE

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

Insurance Company:

Insured Person:

Primary Beneficiary:

Secondary Beneficiary:

Cash Value:

Death Benefit:

INVESTMENT ACCOUNTS

Custodian:

Owner Name:

Approx. Value:

Last 4 of Account No.:

Custodian:

Owner Name:

Approx. Value:

Last 4 of Account No.:

Custodian:

Owner Name:

Approx. Value:

Last 4 of Account No.:

Custodian:

Owner Name:

Approx. Value:

Last 4 of Account No.:

Custodian:

Owner Name:

Approx. Value:

Last 4 of Account No.:



ANNUITIES

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

Annuity Company Name:

Account Owner:

Current Approx. Value:

Death Benefit:

Primary Beneficiary

Secondary Beneficiary:

STOCKS & BONDS

These include certificates you actually hold; please other investments above

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

Name of Stock:

Owner Name:

Number of Shares:

Approx. Value:

BUSINESS INTERESTS

Business Name:

State of Incorporation:

Address:

Owned By:

Buy-Sell Agreement? Y N

Ownership Percentage:

Approximate Value:



Business Name:

State of Incorporation:

Address:

Owned By:

Buy-Sell Agreement? Y N

Ownership Percentage:

Approximate Value:

Business Name:

State of Incorporation:

Address:

Owned By:

Buy-Sell Agreement? Y N

Ownership Percentage:

Approximate Value:

Business Name:

State of Incorporation:

Address:

Owned By:

Buy-Sell Agreement? Y N

Ownership Percentage:

Approximate Value:

REAL ESTATE

Please list all real property and timeshares in which you have an interest. If possible, please bring a copy of the GRANT DEED for each property (not a deed of trust).

Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Property Address:

Owned By:

County and State:

Original Cost:

Current Value:

Debt:

Are you renting any of your properties? Y N

If yes, which property(s): _____

Net annual cash flow on rental real estate \$ _____



Are you planning on selling any of your real estate soon? Y N

If yes, which property(s): _____

Are any properties owned with someone other than your spouse?

If yes, which property(s): _____

Are any properties owned by an entity? (LLC, Corp., etc.) Y N

If yes, which property(s): _____

Do any of your children or relatives live on any of your properties? Y N

If yes, please list the relative and property: _____

OTHER ASSETS

Are you expecting any inheritances soon?

If so, from whom? _____

Approximately how much? _____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

Part Four: Questions?

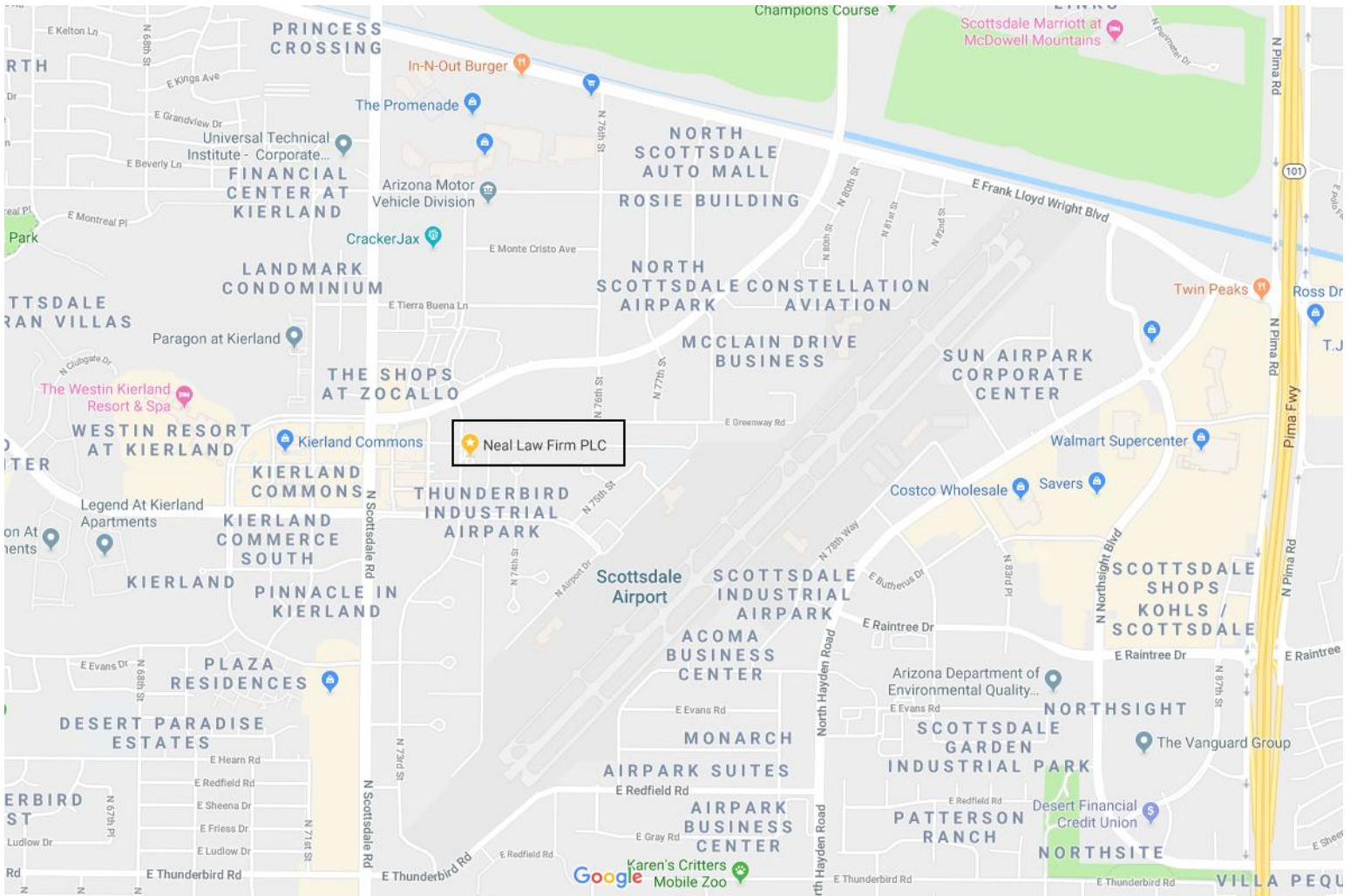
Thank you for completing the Questionnaire!



Once you have completed the Questionnaire,
please email it to jessica@neallawaz.com
or bring it to your appointment.

We look forward to seeing you!

Our office address is:
15035 North 73rd Street, Suite B
Scottsdale, Arizona 85260



Questions? Please call us at
480-699-7992

