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PERSONAL AND CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please provide the following information. If you require more space, please attach your additional sheets. If you are uncertain about an answer, please indicate any questions you have.

1. FULL NAME AND ADDRESS:

Name: _____

Other or former names: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

(Do not include a work email if you do not want personal information sent to your business)

2. SOCIAL SECURITY NUMBER: _____

3. OCCUPATION, BUSINESS ADDRESS & PHONE NUMBERS:

Occupation: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

4. **DATE OF BIRTH:** _____

5. **ARE YOU A CITIZEN OF THE U.S.?** Yes () No ()

6. **ARE YOU A RESIDENT OF THE STATE OF ARIZONA?** Yes () No ()

*If YES, when did you establish residency? _____

*If NO, of which state (or country) are you a resident? _____

7. **HAVE YOU BEEN PREVIOUSLY MARRIED?** Yes () No ()

8. **CHILDREN:**

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **DECEASED CHILDREN:**

<u>Name</u>

10. **GRANDCHILDREN:**

<u>Name of Granchildren</u>	<u>Name of Parents</u>	<u>Date of Birth</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

11. LIVING PARENTS:

Father Name: _____

Mother Name: _____

12. SIBLINGS:

<u>Names</u>	<u>Address</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. DO YOU PRESENTLY HAVE WILLS OR LIVING TRUSTS? Yes () No ()

14. HAVE YOU MADE GIFTS IN EXCESS OF \$11,000 TO YOUR CHILDREN OR OTHERS? Yes () No ()

*If YES, please provide us with a copy of any gift tax returns.

15. HAVE YOU CREATED ANY TRUSTS? Yes () No ()

*If YES, please provide us with a copy of each trust document.

16. DO YOU EXPECT TO RECEIVE ANY GIFTS OR SUBSTANTIAL INHERITANCE FROM YOUR PARENTS OR OTHERS? Yes () No ()

DO YOU HAVE ANY "POWERS OF APPOINTMENT" UNDER A TRUST?

Yes () No ()

DO YOU HAVE ANY BENEFICIAL INTEREST IN ANY TRUSTS?

Yes () No ()

17. WHAT IS THE APPROXIMATE GROSS VALUE OF YOUR ESTATE INCLUDING LIFE INSURANCE AND DEATH BENEFITS UNDER PENSIONS AND IRA'S?

\$ _____

18. NAMES OF PERSONS AUTHORIZED TO RECEIVE COPIES OF YOUR ESTATE PLANNING DOCUMENTS IN THE EVENT OF AN EMERGENCY:

INSTRUCTIONS FOR DRAFTING YOUR WILL OR LIVING TRUST

Please consider the following items regarding your Will or Living Trust:

1. WHO WILL BE THE BENEFICIARIES OF YOUR ESTATE/TRUST?

2. DO YOU DESIRE TO LEAVE ANY GIFTS OF MONEY OR PROPERTY TO TAX EXEMPT ORGANIZATIONS OR TO SPECIAL CAUSES? Yes () No ()

*If YES, please indicate:

3. DO ANY OF YOUR CHILDREN OR OTHER HEIRS HAVE PHYSICAL OR MENTAL DISABILITIES OR FINANCIAL PROBLEMS WHICH YOU WISH TO TAKE INTO ACCOUNT IN MAKING A DISTRIBUTION? Yes () No ()

*If YES, please indicate:

4. PROPOSED PERSONAL REPRESENTATIVE OF YOUR WILL

1st Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2nd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3rd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

5. WHO SHOULD SERVE AS THE TRUSTEE OF YOUR LIVING TRUST OR TRUSTS ESTABLISHED UNDER YOUR WILL OR LIVING TRUST?

1st Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2nd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3rd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

6. PROPOSED GUARDIAN OF MINOR OR DISABLED CHILDREN:

1st Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2nd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3rd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

7. WHO WOULD BE YOUR ATTORNEY-IN-FACT (AGENT) UNDER A POWER OF ATTORNEY FOR HEALTH CARE MATTERS?

1st Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2nd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3rd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

8. WHO WOULD BE YOUR ATTORNEY-IN-FACT (AGENT) UNDER A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS?

1st Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

2nd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

3rd Choice

Name: _____

Address: _____

Phone Number: _____

Relationship: _____