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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:**

**Your Name:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Other or former names:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Billing Address (if different from above):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Your Cell:** \_\_\_\_\_ **Spouse's Cell:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_

**Spouse's Email:** \_\_\_\_\_

**2. SOCIAL SECURITY NUMBER:**

**You:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**3. OCCUPATION, BUSINESS ADDRESS & PHONE NUMBERS:**

**Your Information:**

**Occupation:**

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**Business Name:**

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**Business Address:**

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**Business Phone Number:**

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**Spouse's Information:**

**Occupation:**

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**Business Name:**

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**Business Address:**

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**Business Phone Number:**

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**4. DATE OF BIRTH:**

**You:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

**5. ARE YOU A CITIZEN OF THE U.S.?**

**You:** Yes ( ) No ( )

**Spouse:** Yes ( ) No ( )

**6. ARE YOU A RESIDENT OF THE STATE OF ARIZONA?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

\*If YES, when did you establish residency?

**Your:** \_\_\_\_\_                      **Spouse:** \_\_\_\_\_

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

**Your:** \_\_\_\_\_                      **Spouse:** \_\_\_\_\_

**7. DATE OF MARRIAGE:** \_\_\_\_\_

**8. HAVE YOU ENTERED INTO A PRE-NUPTIAL AGREEMENT?** Yes ( ) No ( )

\*If YES, please attach a copy.

**9. CHILDREN, NATURAL OR ADOPTED, OF THIS MARRIAGE:**

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

**10. HAVE YOU BEEN PREVIOUSLY MARRIED?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

**11. CHILDREN OF PRIOR MARRIAGE(S):**

**Your Information:**

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

**Spouse's Information:**

**Name**

**Address**

**Date of Birth**

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**12. DECEASED CHILDREN:**

**Name**

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**13. GRANDCHILDREN:**

**Name of Granchild**

**Name of Parents**

**Date of Birth**

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**14. LIVING PARENTS:**

**Your Information:**

**Spouse's Information:**

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

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

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

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

**15. SIBLINGS:**

**Your Information:**

**Spouse's Information:**

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**16. DO YOU PRESENTLY HAVE WILLS OR LIVING TRUSTS?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

\*If YES, please provide us with a copy of each Will and/or Trust with this questionnaire.

**17. 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.

**18. HAVE YOU CREATED ANY TRUSTS?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

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

**19. DO YOU EXPECT TO RECEIVE ANY GIFTS OR SUBSTANTIAL INHERITANCE FROM YOUR PARENTS OR OTHERS?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

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

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

**DO YOU HAVE ANY BENEFICIAL INTEREST IN ANY TRUSTS?**

**You:** Yes ( ) No ( )                      **Spouse:** Yes ( ) No ( )

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

\$ \_\_\_\_\_

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

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## **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?**

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**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:

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**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:

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4. **PROPOSED PERSONAL REPRESENTATIVE OF YOUR WILL** (*Your spouse may serve as the Personal Representative*)

**Your Information:**

**1<sup>st</sup> Choice**

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

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

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

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

**2<sup>nd</sup> Choice**

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

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

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

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

**3<sup>rd</sup> Choice**

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

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

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

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

**Spouse's Information:**

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

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

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

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

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

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

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

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

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?***

**Your Information:**

**1<sup>st</sup> Choice**

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

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

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

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

**2<sup>nd</sup> Choice**

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

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

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

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

**3<sup>rd</sup> Choice**

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

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

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

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

**Spouse's Information:**

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

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

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

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

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

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

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

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

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

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

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

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



**6. PROPOSED GUARDIAN OF MINOR OR DISABLED CHILDREN:**

**Your Information**

**1<sup>st</sup> Choice**

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

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

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

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

**2<sup>nd</sup> Choice**

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

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

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

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

**3<sup>rd</sup> Choice**

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

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

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

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

**Spouse's Information:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Your Information:**

**1<sup>st</sup> Choice**

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

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

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

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

**2<sup>nd</sup> Choice**

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

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

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

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

**3<sup>rd</sup> Choice**

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

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

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

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

**Spouse's Information:**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Your Information:**

**1<sup>st</sup> Choice**

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

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

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

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

**2<sup>nd</sup> Choice**

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

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

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

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

**3<sup>rd</sup> Choice**

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

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

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

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

**Spouse's Information:**

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

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

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

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

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

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

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

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

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

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

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

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