

# McNemar Law Offices, P.C.

A Professional Corporation

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## **CLIENT INFORMATION FOR YOUR PERSONAL ESTATE PLAN**

Your decision to put an estate plan in place is one of the wisest things you can do, both for yourselves and for your heirs. This form is merely an information-gathering request. It will be helpful if you complete as much of this information as possible and bring it along to our first meeting. The more information you are able to provide, the smoother the process will be, and we will be able to prepare estate planning documents which correctly reflect your own specific wishes.

The most recommended Estate Plan would include a Revocable Living Trust, a Certificate of Trust (which is an abbreviated version of the Trust for use with financial institutions), Last Wills & Testaments, General Durable Powers of Attorney, Health Care Powers of Attorney and Living Wills. Various instruments of conveyance, such as deeds and Assignments, would also be prepared to convey your assets to your Trust. Contained within these pages are some brief descriptions of some of the documents and reasons why we need specific information we're requesting.

It is not necessary for you to complete this form prior to our appointment. If you have any questions about any section, just leave it blank, and we can discuss it during our meeting.

## PERSONAL INFORMATION

Please show your full legal names (first, middle and last names) and your names exactly as you wish them to appear in your documents. Typically the document will use first name, middle initial and last name.

Client No. 1 Full Legal Name	Client No. 1 Full Name <i>(exactly as you wish it to appear on documents)</i>	Date of Birth
Client No. 2 Full Legal Name	Client No. 2 Full Name <i>(exactly as you wish it to appear on documents)</i>	Date of Birth
Home Address	City, State,	Zip Code
Mailing Address (if different from Home Address) including City, State, Zip Code		County
Home Telephone with Area Code	Is Client No. 1 U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime Telephone for Client No. 1	Is Client No. 2 U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime Telephone for Client No. 2	How Long Have You Lived in Arizona?	
Client No. 1 Email Address	Client No. 2 Email Address	

Client No. 1 Occupation \_\_\_\_\_

Client No. 1 Employer \_\_\_\_\_

Client No. 2 Occupation \_\_\_\_\_

Client No. 2 Employer \_\_\_\_\_

Have either of you been previously divorced? Client No. 1       Yes  No  
 (if so, please bring a copy of the decree to our first meeting) Client No. 2       Yes  No

Have either of you been previously widowed? Client No. 1       Yes  No  
 (if so, please provide deceased spouse's name and date of death) Client No. 2       Yes  No

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

Are either of you receiving ALTCS/Medicaid/SSI benefits? Client No. 1       Yes  No  
Client No. 2       Yes  No

Have either of you suffered from or been diagnosed with any disease or condition that might affect your mental capacity such as Alzheimer's or dementia? Client No. 1       Yes  No  
Client No. 2       Yes  No

Are you both full-time residents of the State of Arizona? Client No. 1       Yes  No  
Client No. 2       Yes  No

**ALL BIOLOGICAL/ADOPTED CHILDREN FOR CLIENT NO. 1**

Please name all of your children, whether or not they are to receive a distribution. This would include step-children, adopted children, estranged children. Please also list the names of any children you may have had who have predeceased you, noting such next to their name. In the second section below, please list the names of all of your grandchildren, indicating their parent’s name in the space provided.

<u>Full Name</u>	<u>Gender</u>	<u>Child’s Date of Birth?</u>
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	

\*If any of your children are under the age of 18, please complete the Guardianship Section on page 5.

<u>Grandchildren Full Name</u>	<u>Gender</u>	<u>Child of Which of Your Children</u>	<u>Grandchild’s Date of Birth?</u>
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		

(If you need additional space for children or grandchildren, please attach information on a separate sheet.)

**CHILDREN OF CLIENT NO. 1**

1. Have any of your children received an advance on their inheritance, or are any of your children financially indebted to you? If so, please explain. \_\_\_\_\_

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2. Do you have any concerns about any of your children receiving their inheritance outright, such as their age or level of financial responsibility? If so, please explain. \_\_\_\_\_

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3. Is there any reason NOT to treat any of your children equally? If so, please explain. \_\_\_\_\_

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4. Are any of your children under a disability? If so, please explain. \_\_\_\_\_

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5. Do you have any special concerns or objectives regarding your children? \_\_\_\_\_

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6. Do you want your Trustee (named on page 13) to be able to withhold distributions to your beneficiaries if your Trustee believes that it would be unwise to distribute property to the beneficiary? (For example, if the beneficiary has addiction problems or if the property would immediately be attached by the beneficiary's creditors.)

Yes No

7. Disinheritances: If any of your children is not to receive a distribution, please state that child's name and briefly explain why. \_\_\_\_\_

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**GUARDIANS FOR MINOR CHILDREN (If applicable) OF CLIENT NO. 1**

A guardian is the person responsible for the physical care and custody of your child. You should name one personal guardian and one alternate, in case your first choice can't serve, for each of your children.

Legally, you may name more than one guardian, but it's generally not a good idea because of the possibility that the co-guardians will later disagree. If you are considering a married couple, you should select the member of that couple to whom you are closest.

Here are some factors to consider when choosing a personal guardian:

- Is the prospective guardian old enough? (You must choose an adult -- 18 years old in most states.)
- Does the prospective guardian have a genuine concern for your children's welfare?
- Is the prospective guardian physically able to handle the job?
- Does he or she have the time?
- Does he or she have kids of an age close to that of your children?
- Can you provide enough assets to raise the children? If not, can your prospective guardian afford to bring them up?
- Does the prospective guardian share your moral beliefs?
- Would your children have to move?

If you're having a hard time choosing someone, take some time to talk with the person you're considering. One or more of your candidates may not be willing or able to accept the responsibility, or their feelings about acting as guardian may help you decide.

1 <sup>st</sup> Guardian Name and Relationship to You:	Name	Relationship
2 <sup>nd</sup> Guardian Name and Relationship to You:	Name	Relationship

If more than one individual is named to serve together, please be specific as to how that group of individuals is to serve if one of such group is unable or unwilling to serve as Guardian.

**CONSERVATORS FOR MINOR CHILDREN (If applicable) OF CLIENT NO. 1**

A conservator is the person responsible for the property of your minor children. This is usually for any property that they own themselves rather than any property that you leave them upon your death.

You should name one personal conservator and one alternate, in case your first choice cannot serve, for your children. Typically, the same person who you nominate as Trustee and Personal Representative should also be the Conservator. This assures that a common management plan can be used for all of their assets.

- I would like the same persons nominated as Trustee and Personal Representative on page 13 to serve as Conservator for my minor children.
- I would prefer the following persons to serve as Conservator for my minor children:

1 <sup>st</sup> Conservator Name and Relationship to You:	Name	Relationship
2 <sup>nd</sup> Conservator Name and Relationship to You:	Name	Relationship

**ALL BIOLOGICAL/ADOPTED CHILDREN FOR CLIENT NO. 2**

Please name all of your children, whether or not they are to receive a distribution. This would include step-children, adopted children, estranged children. Please also list the names of any children you may have had who have predeceased you, noting such next to their name. In the second section below, please list the names of all of your grandchildren, indicating their parent's name in the space provided.

<u>Full Name</u>	<u>Gender</u>	<u>Child's Date of Birth?</u>
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	
	M F	

\*If any of your children are under the age of 18, please complete the Guardianship Section on page 8.

<u>Grandchildren Full Name</u>	<u>Gender</u>	<u>Child of Which of Your Children</u>	<u>Grandchild's Date of Birth?</u>
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		
	M F		

(If you need additional space for children or grandchildren, please attach information on a separate sheet.)

**CHILDREN OF CLIENT NO. 2**

1. Have any of your children received an advance on their inheritance, or are any of your children financially indebted to you? If so, please explain. \_\_\_\_\_

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

2. Do you have any concerns about any of your children receiving their inheritance outright, such as their age or level of financial responsibility? If so, please explain. \_\_\_\_\_

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

3. Is there any reason NOT to treat any of your children equally? If so, please explain. \_\_\_\_\_

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

4. Are any of your children under a disability? If so, please explain. \_\_\_\_\_

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

5. Do you have any special concerns or objectives regarding your children? \_\_\_\_\_

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

6. Do you want your Trustee (named on page 13) to be able to withhold distributions to your beneficiaries if your Trustee believes that it would be unwise to distribute property to the beneficiary? (For example, if the beneficiary has addiction problems or if the property would immediately be attached by the beneficiary's creditors.)

Yes No

7. Disinheritances: If any of your children is not to receive a distribution, please state that child's name and briefly explain why. \_\_\_\_\_

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

**GUARDIANS FOR MINOR CHILDREN (If applicable) OF CLIENT NO. 2**

A guardian is the person responsible for the physical care and custody of your child. You should name one personal guardian and one alternate, in case your first choice can't serve, for each of your children.

Legally, you may name more than one guardian, but it's generally not a good idea because of the possibility that the co-guardians will later disagree. If you are considering a married couple, you should select the member of that couple to whom you are closest.

Here are some factors to consider when choosing a personal guardian:

- Is the prospective guardian old enough? (You must choose an adult -- 18 years old in most states.)
- Does the prospective guardian have a genuine concern for your children's welfare?
- Is the prospective guardian physically able to handle the job?
- Does he or she have the time?
- Does he or she have kids of an age close to that of your children?
- Can you provide enough assets to raise the children? If not, can your prospective guardian afford to bring them up?
- Does the prospective guardian share your moral beliefs?
- Would your children have to move?

If you're having a hard time choosing someone, take some time to talk with the person you're considering. One or more of your candidates may not be willing or able to accept the responsibility, or their feelings about acting as guardian may help you decide.

1 <sup>st</sup> Guardian Name and Relationship to You:	Name	Relationship
2 <sup>nd</sup> Guardian Name and Relationship to You:	Name	Relationship

If more than one individual is named to serve together, please be specific as to how that group of individuals is to serve if one of such group is unable or unwilling to serve as Guardian.

**CONSERVATORS FOR MINOR CHILDREN (If applicable) OF CLIENT NO. 2**

A conservator is the person responsible for the property of your minor children. This is usually for any property that they own themselves rather than any property that you leave them upon your death.

You should name one personal conservator and one alternate, in case your first choice cannot serve, for your children. Typically, the same person who you nominate as Trustee and Personal Representative should also be the Conservator. This assures that a common management plan can be used for all of their assets.

- I would like the same persons nominated as Trustee and Personal Representative on page 13 to serve as Conservator for my minor children.
- I would prefer the following persons to serve as Conservator for my minor children:

1 <sup>st</sup> Conservator Name and Relationship to You:	Name	Relationship
2 <sup>nd</sup> Conservator Name and Relationship to You:	Name	Relationship



## CURRENT ESTATE PLAN

Please check which best describes your current estate plan.

Client No. 1:

Nothing     Will Only     Living Trust     Other: \_\_\_\_\_

Client No. 2:

Nothing     Will Only     Living Trust     Other: \_\_\_\_\_

If either of your current estate plans includes a living trust, please bring a complete copy of that entire current trust document, including signature pages, to our first meeting, so we may review it and copy it for your client file.

Client No. 1:    Name and date of your existing Trust:

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

Client No. 2:    Name and date of your existing Trust:

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

How many times have either of your existing trusts been amended?

Client No. 1: \_\_\_\_\_    Client No. 2: \_\_\_\_\_

If either of your existing Trusts have been amended, please bring complete copies of each of the signed amendments to our first meeting.

If either of your current estate plans include a trust, please tell us why you would like to replace that existing trust agreement.

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

Client No. 1:

Are all your assets currently owned by your trust?                       Yes     No     Not Sure

Client No. 2:

Are all your assets currently owned by your trust?                       Yes     No     Not Sure

## INTENT IN CREATING A TRUST

Please answer the following questions to the best of your ability, in order for us to better understand your estate planning objectives.

- True False We intend to create a revocable living trust that is governed by Arizona law.
- True False We intend to provide fully for ourselves during our lifetimes without regard to preserving any portion of the Trust Estate for the remainder beneficiaries.
- True False We intend that all trusts be administered in a manner that eliminates or minimizes estate, income or other taxes.
- True False When any trust is created for the benefit of a beneficiary other than the Trustors, we intend that such trust not be subject to the beneficiary's creditors and not be subject to voluntary or involuntary transfer.
- True False If there are any disputes regarding this trust after our deaths, we prefer that those disputes be resolved through less expensive mediation or arbitration rather than being litigated in Court.
- True False If any beneficiary causes a mediation or arbitration to be brought, we want that person to have to pay all expenses of the mediation or arbitration—including the other party's attorney fees—unless the complaining party's claim is ultimately found to be 100% legitimate.

Please use the space below to provide information on any other intentions concerning a Trust either of you may have, and to explain any questions above that you responded "false".

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**SPECIFIC GIFTS PRIOR TO DISTRIBUTION OF ESTATE BALANCE**

This section is only for gifts to be made “off the top”. Most of your estate should be distributed as part of the residue on the next page. Examples of specific gifts that might be included on this page are a sum of money to a favorite charity or a specific parcel of land to one of your children.

These items will typically only include real property or specific monetary gifts. Real property needs to be specifically defined with a street address, city, county and state. It also must be specified how the specific distribution is to be distributed if named beneficiary of said distribution predeceases the both of you.

Automobiles and personal property such as jewelry, furniture, tools, etc. are not included in this section; these items will be itemized on a Schedule which is attached to and made a part of your Trust or Will.

Note: If you have no specific gifts, please leave this page blank.

**SPECIFIC GIFTS SHALL BE DISTRIBUTED AS FOLLOWS:**

Are All Assets To Be Distributed Community Property?     Yes     No (If no, specify who owns each asset)

<u>Asset or Cash Amount</u>	<u>Beneficiary/Devisee</u>	<u>Sex</u> <b>M or F</b>

Are any of the specific gifts listed above to be made immediately after the death of the first of you to die? If so, which ones?

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If any of the above-named beneficiaries predecease the Trustors, their shares of the distributions are to be:

\_\_\_\_\_ **Distributed to That Beneficiary’s Living Issue** (If a beneficiary named above predeceases the two of you, then his/her gift would go to his/her children or other descendants.)

\_\_\_\_\_ **Distributed Equally to Remaining Living Beneficiaries** (If a beneficiary named above predeceases the two of you, then his/her gift would go equally to the other beneficiaries listed above.)

\_\_\_\_\_ **Lapse** (If a beneficiary named above predeceases the two of you, then his/her gift will not be made. Asset will instead be distributed as part of residue of your estate as described on the following page.)

**RESIDUARY BENEFICIARY/DEVISEE DISTRIBUTION INFORMATION**

After any specific distributions described on page 11 have been made, the remaining balance of your estate will be distributed according to your instructions listed below. Please list the names of your beneficiaries below, their gender, and what fraction or percentage of your estate you wish them to receive. If you are giving a percentage to a charitable organization, please list the charity's name and the fraction or percentage of your estate you wish them to receive.

<u>Name(s) of Beneficiaries</u>	<u>Gender</u>		Fraction/Percentage of Estate
	M	F	

(If you need additional space for beneficiaries, please attach additional beneficiary information on a separate sheet.)

If any of the above-named beneficiaries predecease the two of you, their share of the distributions are to be:

**Distributed to That Beneficiary's Living Issue**  
 (If a beneficiary above dies, then his/her share would go to their bloodline, i.e., children - grandchildren - etc. If no bloodline, then equally to others listed.)

**Distributed Equally to Remaining Living Beneficiaries**  
 (If a beneficiary above dies, then his/her share would go to the other beneficiaries listed on a pro rata basis.)

If the above contingent distribution plan does not apply to a beneficiary, please state the beneficiary's name and alternate distribution plan. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is any beneficiary receiving, or likely to receive, state or federal assistance? Yes  No   
 If yes, describe type of assistance receiving or applied for. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SUCCESSOR TRUSTEE AND PERSONAL REPRESENTATIVE

A Trustee is the person, or entity, who will be responsible for managing the assets you place in your Trust. While you are both living, you will serve as the Trustees. The Successor Trustees are the individuals or entities you select to administer your Trust after your deaths. A Personal Representative is the person or entity responsible for probating your Wills for any assets that were not in your Trust upon your deaths. Because a Personal Representative must work closely with a Trustee, we recommend the same individuals or entities be named as both your Trustee and your Personal Representative.

1 <sup>st</sup> Successor Trustee & Personal Representative and Relationship to You:	Name	Relationship
2 <sup>nd</sup> Successor Trustee & Personal Representative and Relationship to You:	Name	Relationship
3 <sup>rd</sup> Successor Trustee & Personal Representative and Relationship to You:	Name	Relationship

Please indicate how the individuals you have named are to serve as Trustees/Personal Representatives:

In the Order Listed (Recommended)                      or                       Together as Co-Trustee/Personal Representative

We would like for you to provide referrals for corporate fiduciaries that we could interview to discuss serving as our Trustee.                      Yes                       No

## TRUST PROTECTOR

The Arizona Trust Code allows you to appoint a Trust Protector to make sure that the trust continues to meet your estate planning objectives.

The Trust Protector will have the power to amend your trust should circumstances change in a way that we could not foresee. For example, the Trust Protector might be able to modify your trust if changes in the tax laws would allow your estate to pay less in taxes.

The Trust Protector will not need to act while both of you are alive and able to amend the trust yourselves. Instead, the Trust Protector will have the power to act after your deaths or if you become incapacitated.

True     False                      We want to appoint a Trust Protector and give the Trust Protector full power to modify our trust for any reason. We understand that the Trust Protector will only modify our trust if the Trust Protector believes that the modification is one that we would make ourselves if able.

True     False                      We want to appoint a Trust Protector but limit the Trust Protector’s authority to changes to minimize or eliminate taxes.

## PERSONAL DECISIONS

We can provide specific information in your Last Wills & Testaments regarding cremation or burial instructions. We will also provide a Declaration of Anatomical Gift document if you wish you become an organ donor. Please indicate your wishes below.

**Do either of you wish to become an Organ Donor?**

Client No. 1 Yes  No       Client No. 2 Yes  No

**Do either of you wish to be cremated?**

Client No. 1 Yes  No       Client No. 2 Yes  No

We have specific burial/cremation instructions, and those instructions are: \_\_\_\_\_

\_\_\_\_\_

We have made prepaid arrangements for our burial or cremation with (name & address of company providing these arrangements): \_\_\_\_\_

\_\_\_\_\_

## GENERAL DURABLE POWER OF ATTORNEY

A General Durable Power of Attorney allows you to grant another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name. Spouses will generally serve as each other's Primary Agent. You each should name alternates to act as your General Power of Attorney Agent in the event your spouse is unable to serve in that capacity. Please indicate your choices below.

CLIENT NO. 1		CLIENT NO. 2	
Primary		Primary	
Alternate 1 Name & Address	_____ _____	Alternate 1 Name & Address	_____ _____
Alternate 2 Name & Address	_____ _____	Alternate 2 Name & Address	_____ _____
Alternate 3 Name & Address	_____ _____	Alternate 3 Name & Address	_____ _____

Please indicate how the individuals you have named are to serve as General Power of Attorney Agents:

In the Order Listed (Recommended)      or       Together as Co-Agents

We are not comfortable giving our agent broad authority over our finances. We prefer that my General Durable Power of Attorney only become effective should we become disabled (i.e., a "springing power of attorney"). We understand that such a power of attorney will be more difficult for our agent to use.      Yes  No

## HEALTH CARE DURABLE POWER OF ATTORNEY

A Health Care Durable Power of Attorney allows you to appoint an individual to make health care decisions for you and/or state your preferences for your health care, when you are unable to do so for yourself. Spouses will generally serve as each other's Primary Agent. You each should name alternates to act as your Health Care Power of Attorney Agent in the event your spouse is unable to serve in that capacity. Please indicate your choices below.

CLIENT NO. 1		CLIENT NO. 2	
Primary		Primary	
Alternate 1 Name & Address	_____ _____	Alternate 1 Name & Address	_____ _____
Alternate 2 Name & Address	_____ _____	Alternate 2 Name & Address	_____ _____
Alternate 3 Name & Address	_____ _____	Alternate 3 Name & Address	_____ _____

Please indicate how the individuals you have named are to serve as General Power of Attorney Agents:

In the Order Listed (Recommended)                      or                       Together as Co-Agents

Would you like us to provide the names of agents who help provide clients long-term care insurance? Yes  No

### LIFE SUPPORT DECISIONS

If either of you are in a terminal condition or vegetative state, please indicate below how you want your life support system to be handled. These decisions will be reflected in a Living Will we will prepare for you.

CLIENT NO. 1:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Used to Maintain Life
CLIENT NO. 2:	<input type="checkbox"/> Terminated	<input type="checkbox"/> Used to Maintain Life

Would you like us to assist you with registering your Health Care Powers of Attorney and your Living Wills in the Advance Directive Registry offered by the Arizona Secretary of State?                      Yes       No

## ASSET INFORMATION

Jointly Owned Property consists of assets that you own together and equally. All other Property is likely owned by only one of you.

Assets shown below should include bank accounts, investment or brokerage accounts with financial institutions, stocks and bonds, 401ks, IRAs and annuities, and life insurance policies. It would be helpful if you could provide recent account statements for all of the accounts that you list below.

Are any of your assets currently Jointly Owned Property? Yes  No

Would you like to convert all property to Jointly Owned Property? Yes  No

Please specify who owns each of the assets below.

Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of: Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of: Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of: Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of: Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of: Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	

Please use page 17 if more space is needed for your assets.



Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property?   Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of:   Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property?   Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of:   Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property?   Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of:   Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property?   Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of:   Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	
Institution's Name:	
Address:	
Account No.:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> Stock <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other <input type="checkbox"/> _____ Current Balance \$ _____
* Jointly Owned Property?   Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> If no, Separate Property of:   Client No. 1 <input type="checkbox"/> Client No. 2 <input type="checkbox"/>	

## REAL PROPERTY

Please list below all real property owned by the two of you jointly, and all real property owned solely and separately by either of you. If any real property you own is not owner-occupied and such property is secured by a mortgage, we will need to obtain permission from the lender to convey such interest to your Trust. Please bring copies of your deeds, and lender's name, address and account number for any mortgaged property, to our first meeting.

1. Property Address \_\_\_\_\_  
\_\_\_\_\_  
Owner Names (as appears on deed) \_\_\_\_\_  
Date Acquired \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Current Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_
  
2. Property Address \_\_\_\_\_  
\_\_\_\_\_  
Owner Names (as appears on deed) \_\_\_\_\_  
Date Acquired \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Current Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_
  
3. Property Address \_\_\_\_\_  
\_\_\_\_\_  
Owner Names (as appears on deed) \_\_\_\_\_  
Date Acquired \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Current Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Please attach a separate sheet if more space needed for additional real properties.

If you own any properties on which you hold a mortgage or deed of trust, along with a promissory note, that is considered an asset and your interest in such property should be conveyed to your Trust. Please bring copies of the Deed of Trust or Mortgage and the Promissory Note to our first meeting, so we can determine how best to assign your interest to your Trust.

If you own properties in any states other than Arizona, please bring a copy of the recorded vesting deed for that property to our first meeting. We are not licensed to practice law in others states, therefore, we are unable to prepare out of state deeds ourselves, but we have a deed service company with whom we work, and we will assist you in contracting with them to have the necessary deed prepared and recorded, in order to convey that property interest to your Trust.

## **CORPORATIONS, PARTNERSHIPS AND BUSINESSES**

If you own any corporations, partnerships (LLCs) or sole proprietorship businesses, either jointly or either of you solely and separately, we need to consider conveying such interests to your Trust. Please list these interests below, being as complete as possible with your answers. Please bring documentation relating to these interests (stock certificates, partnership membership agreement, etc.) to our first meeting so we can determine how to best convey your interest to your Trust.

1. Name of Company \_\_\_\_\_  
Is this Company a Corporation  Partnership  Limited Liability Co.  Sole Proprietorship   
What percent of Company do you own? \_\_\_\_\_  
If corporate stock, how many shares do you own? \_\_\_\_\_  
What is the estimated value of your ownership? \_\_\_\_\_  
Is your interest Jointly Owned  Sole & Separate Property of \_\_\_\_\_
  
2. Name of Company \_\_\_\_\_  
Is this Company a Corporation  Partnership  Limited Liability Co.  Sole Proprietorship   
What percent of Company do you own? \_\_\_\_\_  
If corporate stock, how many shares do you own? \_\_\_\_\_  
What is the estimated value of your ownership? \_\_\_\_\_  
Is your interest Jointly Owned  Sole & Separate Property of \_\_\_\_\_
  
3. Name of Company \_\_\_\_\_  
Is this Company a Corporation  Partnership  Limited Liability Co.  Sole Proprietorship   
What percent of Company do you own? \_\_\_\_\_  
If corporate stock, how many shares do you own? \_\_\_\_\_  
What is the estimated value of your ownership? \_\_\_\_\_  
Is your interest Jointly Owned  Sole & Separate Property of \_\_\_\_\_
  
4. Name of Company \_\_\_\_\_  
Is this Company a Corporation  Partnership  Limited Liability Co.  Sole Proprietorship   
What percent of Company do you own? \_\_\_\_\_  
If corporate stock, how many shares do you own? \_\_\_\_\_  
What is the estimated value of your ownership? \_\_\_\_\_  
Is your interest Jointly Owned  Sole & Separate Property of \_\_\_\_\_