

**DAVIS MILES, PLLC**  
**ESTATE PLANNING QUESTIONNAIRE – INDIVIDUAL**

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

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
State of Residence: \_\_\_\_\_ County: \_\_\_\_\_  
Phone No.:(\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ (provide only if we are authorized to contact you by e-mail)

Social Security Number: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Employer : \_\_\_\_\_ Position: \_\_\_\_\_  
Business address \_\_\_\_\_

How long have you lived in Arizona? \_\_\_\_\_ Other states where you have resided \_\_\_\_\_  
Do you maintain residence in any other state? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Marital Status:**

- Married once, and my spouse is alive
- Presently married, and had a prior marriage (previous spouse is deceased or divorced)
- Widow/widower
- Divorced, presently single
- Single, never married

If there are prior marriages:

Are there any children from that marriage? \_\_\_\_\_ If yes, give names and addresses: \_\_\_\_\_  
\_\_\_\_\_

Are there any continuing obligations, such as property settlement agreement, child support, etc.: \_\_\_\_\_  
\_\_\_\_\_

<b>Children:</b>	<b>Name</b>	<b>Age</b>	<b>Birthdate</b>	<b>Marital Status</b>	<b>Biological, step-child, adopted?</b>

Is list continued on another page? \_\_\_\_\_  
Are there any children already deceased? \_\_\_\_\_ If yes, name \_\_\_\_\_  
Was deceased child married? \_\_\_\_\_ If yes, name \_\_\_\_\_  
Does deceased child have children? \_\_\_\_\_ If yes, name \_\_\_\_\_



## ESTATE PLANNING CHOICES

### TRUST:

**TRUST NAME:** Do you have a preference for the name of your Trust? \_\_\_\_\_

**TRUSTEE:** Manages estate for the benefit of your beneficiaries. Successor Trustee(s): May be individuals or a trust company. If your trust is ongoing, the Trustee is responsible for keeping track of all outgoing expenses and income on Trust assets. Tax filings will also be necessary. A Trustee needs to have a good deal of financial acumen or knowledgeable enough to seek counsel from attorneys, accountants, and/or financial advisors. A corporate Trustee is also an option. A corporate Trustee is a bank that manages the trust for you. If you are concerned about a corporate Trustee not being personable, a distribution panel or trustee may be considered. A distribution trustee only approves of distributions, but is not responsible for the administrative duties of Trust administration. Your decision does not need to be final as your attorney will discuss your options with you. Please list at least two successors and give relationship and state of residency:

1<sup>st</sup>: \_\_\_\_\_  
2<sup>nd</sup>: \_\_\_\_\_  
3<sup>rd</sup>: \_\_\_\_\_

**Are They to Serve:**  In Order or  Co-Trustees/? If Co-Trustees, decision making:  Majority or  Unanimous

**SPECIFIC BEQUESTS:** Do you want to make specific bequests in your Trust? If so, *what* and to *whom* and *when*:

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

**BENEFICIARIES:** To *whom* are Trust Assets to be distributed if not your children and descendants? Describe in detail:

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

Are assets to be divided equally? \_\_\_\_\_ If not, what are the exceptions? \_\_\_\_\_

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

Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?

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

**Distributions options to consider are:** (Your decision does not need to be final. Your options will be discussed with you by your attorney.)

Do you want the assets passing to your children or grandchildren given outright? \_\_\_\_\_

Do you want the assets passing to your children or grandchildren kept in trust for their lifetimes? \_\_\_\_\_

Do you want assets passing to your children or grandchildren to be held in trust until a specific age? \_\_\_\_\_

If so, at what age can a beneficiary receive a distribution? \_\_\_\_\_ Is it lump sum or installments? \_\_\_\_\_

Age for First installment: \_\_\_\_\_ Second installment: \_\_\_\_\_ Third installment: \_\_\_\_\_

Should any special needs be considered or special allowances be made as to any person, i.e., for physical or mental disabilities?:

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

If applicable, should adopted children be treated the same as a natural child? \_\_\_\_\_ Describe: \_\_\_\_\_

If applicable, should step-children be treated the same as a natural child? \_\_\_\_\_ Describe: \_\_\_\_\_

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

If a beneficiary predeceases Trustors, their distribution goes to:  That Beneficiary's Issue or  To the Remaining Living Beneficiaries

If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse, before going to his or her children (your grandchildren)? \_\_\_\_\_

If none of your lineal descendants or beneficiaries are alive on the date of your death, to whom should the assets pass? (i.e. you're your remaining family of in equal shares, to specific individual(s), to charitable beneficiary)

**CHARITABLE GIFTS:** If a charitable beneficiary is named in response to any question herein, state the following:

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Fed Tax ID # (if available) \_\_\_\_\_

Desired use of gift by Organization \_\_\_\_\_

Specific Amount of gift \$ \_\_\_\_\_ or % of Estate \_\_\_\_\_ %

## **LAST WILL & TESTAMENT:**

**PERSONAL REPRESENTATIVES (EXECUTOR):** Person in charge of paying final debts and taxes and distributing your estate as directed in your Will. Give relationship and state of residency. (Someone in living near you is preferred as there may be court filings required.):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**GUARDIANS FOR CHILDREN** (if applicable): Has physical control and custody of children who are not yet 18 if you die. Name at least two and give relationship and state of residency:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

Do you wish to disinherit anyone? If so, whom? \_\_\_\_\_

**DURABLE POWER OF ATTORNEY HOLDERS:** Entrusted with financial decision-making if you become incapacitated.

List at least two successors and give relationship and state of residency:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Are they to Serve:  In Order or  Co-Agents?

**HEALTH CARE POWER OF ATTORNEY HOLDERS:** Entrusted with medical decision-making if you become incapacitated. List at least two successors and give relationship and state of residency:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Are they to Serve:  In Order or  Co-Agents?



Please fill this out to the best of your ability. However, it may remain incomplete. Your attorney will discuss this with you.

ASSETS	VALUE
<p><b>Personal Residence:</b>            Home: Fair Market Value: _____ Mortgage: _____            How titled _____            Address _____            County and State _____ Zip Code _____ Net Value → \$ _____            Home: Fair Market Value: _____ Mortgage: _____            How titled _____            Address _____            County and State _____ Zip Code _____ Net Value → \$ _____</p>	
<p><b>Stocks, bonds, brokerage accounts, savings accounts, money market accounts, CD's etc.</b>            Describe and give value.            _____            Is list continued on another page? _____ Total Value → \$ _____</p>	
<p><b>Other Real Property:</b>            Description: _____            How titled _____            Address _____            County and State _____ Zip Code _____            Value: _____ Mortgage: _____ Net Value \$ _____            Description: _____            How titled _____            Address _____            County and State _____ Zip Code _____            Value: _____ Mortgage: _____ Net Value \$ _____            Description: _____            How titled _____            Address _____            County and State _____ Zip Code _____            Value: _____ Mortgage: _____ Net Value \$ _____            Description: _____            How titled _____            Address _____            County and State _____ Zip Code _____            Value: _____ Mortgage: _____ Net Value \$ _____            Is list continued on another page? _____ Total Value → \$ _____</p>	
<p><b>Personal Property</b> (i.e. automobiles, motorcycles, boats, motor homes, etc.) :            _____            Total Value → \$ _____</p>	

Please fill this out to the best of your ability. However, it may remain incomplete. Your attorney will discuss this with you.

ASSETS	VALUE
<p><b>Jewelry:</b> List aggregate amount and itemize exceptional pieces</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Total Value →</p>	<p>\$ _____</p>
<p><b>Valuable collections:</b> (i.e. coins, guns, plates, stamps, rare items). List:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Total Value →</p>	<p>\$ _____</p>
<p><b>Business Interests:</b> List name, business, type of entity, how interest titled, other owners, % of ownership</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p style="text-align: right;">Total Value →</p> <p>Is client an officer or director in any company including non-profit corporations? _____</p> <p>If so, list: _____</p> <p>Is liability insurance in place to cover acts of officers and directors? _____</p> <p>Is list continued on another page? _____</p>	<p>\$ _____</p>
<p><b>Partnership or LLC interests.</b> List name, assets, how interest titled, other owners, % of ownership, is client a partner, member and/or manager</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p>_____</p> <p style="text-align: right;">Value of Interest \$ _____</p> <p style="text-align: right;">Total Value →</p> <p>Is client an officer or director in any above company? _____</p> <p>If so, is liability insurance in place to cover acts? _____</p> <p>Is list continued on another page? _____</p>	<p>\$ _____</p>

Please fill this out to the best of your ability. However, it may remain incomplete. Your attorney will discuss this with you.

ASSETS	VALUE
<p><b>Business assets:</b></p> <p>Business Asset #1:            _____            _____            _____ Value of Asset \$ _____</p> <p>Business Asset #2:            _____            _____            _____ Value of Assets \$ _____</p> <p>Business Asset #3:            _____            _____            _____ Value of Assets \$ _____</p> <p>Is list continued on another page? _____</p>	<p>Total Value → \$ _____</p>
<p><b>Insurance:</b> List Carrier, Policy Type and #, Insured, Owner, Beneficiary and Death Benefit Value:</p> <p>Carrier: _____ Policy # and Type: _____            Insured: _____ Owner: _____            Beneficiary: _____ Value \$ _____</p> <p>Carrier: _____ Policy # and Type: _____            Insured: _____ Owner: _____            Beneficiary: _____ Value \$ _____</p> <p>Carrier: _____ Policy # and Type: _____            Insured: _____ Owner: _____            Beneficiary: _____ Value \$ _____</p> <p>Is list continued on another page? _____</p>	<p>Total Value → \$ _____</p>
<p><b>Qualified Retirement Plans.</b> Describe, list owner, beneficiaries and value of each account.            Are any subject to QDRO? _____</p> <p>_____ Value \$ _____</p> <p>_____ Value \$ _____</p> <p>_____ Value \$ _____</p> <p>Is list continued on another page? _____</p>	<p>Total Value → \$ _____</p>

Please fill this out to the best of your ability. However, it may remain incomplete. Your attorney will discuss this with you.

ASSETS	VALUE
<p><b>Gifts or inheritance from others:</b> Will either spouse (or children) inherit significant assets? If so, list name of donor, nature of bequest, and value:</p> <p>_____ Value \$ _____</p> <p>_____ Value \$ _____</p> <p style="text-align: right;">Total Value → \$ _____</p>	
<p><b>Safe deposit box:</b> yes or no? _____ Where? _____</p> <p>In what name or names is it maintained? _____</p> <p>Describe the contents:</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Total Value → \$ _____</p>	
<p><b>Other:</b></p> <p>_____ Value \$ _____</p> <p>_____ Value \$ _____</p> <p>_____ Value \$ _____</p> <p style="text-align: right;">Total Value → \$ _____</p>	

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete and return to:  
W. John Skabelund, Esq.  
Davis Miles, PLLC  
80 E. Rio Salado Pkwy, Ste. 401  
Tempe, AZ 85281  
[jskabelund@davismiles.com](mailto:jskabelund@davismiles.com)  
(480) 733-6800 Fax: (480) 733-3748



**PLEASE READ CAREFULLY & SIGN BELOW:**

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Engagement Agreement or an Agreement for Representation. The Engagement Agreement or the Agreement for Representation will set forth the terms and conditions of representation.

***NOTICE: The State Bar of Arizona requires that there be a clear understanding by both the attorney and the client as to scope of engagement and fees, prior to commencing formal representation. Therefore, please note that this office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation unless and until both you and the Attorney execute a written Agreement for Representation.***

Your signature acknowledges *only* that you received a copy of this completed information sheet and does not mean you have hired the attorney.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_