

# ARIZONA REALTY AND LAW

## Client Consultation Questionnaire

Attorney _____
Seminar Date _____ Payment Method _____
Type of Trust: (Revocable/Irrevocable) (Married/Single)    A    A/A    A/B    A/B/C    Special Needs
The Above is For Office Use Only- DO NOT WRITE IN THE ABOVE SPACE

### CLIENT #1

(First, Middle, Last)	Social Security Number	Date Of Birth	
Street Address			
City	State	Zip	County
Home Phone (Include Area Code)	Work Phone (Include Area Code)		
E-Mail address			
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Of Marriage To Current Spouse: _____			
Previous Marriage(s), Indicate Date & If Death Or Divorce: _____			

### CLIENT #2

(First, Middle, Last)	Social Security Number	Date Of Birth	
Street Address <input type="checkbox"/> Same As Client's			
City	State	Zip	County
Work Phone (Include Area Code)	E-Mail address		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Marriage(s), Indicate Date & If Death Or Divorce: _____			

#### Children:

Child's Name	Date Of Birth	Date Of Death (If Applicable)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Any Children Of A Pre-Deceased Child (*Your child has passed and grandchild(ren) survives*)?  Yes     No  
If Yes. Do You Want The Child(ren) Of The Pre-Deceased Child To Receive His/Her Share?  Yes     No

#### Children Of Previous Marriage(s):

Child's Name	Client's Child	Spouse's Child	Date Of Birth	Date Of Death (If Applicable)
1) _____	<input type="checkbox"/> π	<input type="checkbox"/> π	_____	_____
2) _____	<input type="checkbox"/> π	<input type="checkbox"/> π	_____	_____
3) _____	<input type="checkbox"/> π	<input type="checkbox"/> π	_____	_____
4) _____	<input type="checkbox"/> π	<input type="checkbox"/> π	_____	_____
5) _____	<input type="checkbox"/> π	<input type="checkbox"/> π	_____	_____

Any Children Of A Pre-Deceased Child (*Your child has passed and grandchild(ren) survives*)?  Yes     No  
If Yes. Do You Want The Child(ren) Of The Pre-Deceased Child To Receive His/Her Share?  Yes     No

**Initial Trustee(s)** - Manages Your Trust Now: *Usually You (And Your Spouse if applicable).*

Name(s) \_\_\_\_\_

**Successor Trustees** - Steps In At Your Disability Or Death. *(I.E. Adult Children, Trusted Friend(s), An Institutional Designee and/or a Law Firm)*

#1 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#3 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#4 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individually In Order Set Forth                       Co-Successor Trustees

**Client #1 Durable Powers Of Attorney - Asset Management**

(Client For Spouse; Spouse For Client, If Applicable)

***Same As The Previously Listed Successor Trustees***

First Power Of Attorney (Other Than Spouse) and Guardian

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

Second Power Of Attorney (Other Than Spouse)

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

Individually In Order Set Forth                       Joint Attorney-In-Fact

**Client #2 Durable Powers Of Attorney - Asset Management**

(Client For Spouse; Spouse For Client, If Applicable)

***Same As The Previously Listed Successor Trustees***

First Power Of Attorney (Other Than Spouse) and Guardian

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

Second Power Of Attorney (Other Than Spouse)

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

Individually In Order Set Forth                       Joint Attorney-In-Fact

**Client #1 Pour-Over Will** - Governs Assets Outside Of The Trust. An Executor Will Administer The Terms Of The Pour-Over-Will.

***Same As The Previously Listed Successor Trustees***    *(Client For Spouse; Spouse For Client, If Applicable)*

Executor \_\_\_\_\_

Alternate Executor \_\_\_\_\_

Individually In Order Set Forth                       Co-Executors

**Client #2 Pour-Over Will** - Governs Assets Outside Of The Trust. An Executor Will Administer The Terms Of The Pour-Over-Will.

***Same As The Previously Listed Successor Trustees***    *(Client For Spouse; Spouse For Client, If Applicable)*

Executor \_\_\_\_\_

Alternate Executor \_\_\_\_\_

Individually In Order Set Forth                       Co-Executors

**Client #1 Durable Powers Of Attorney - Health Care** *(Client For Spouse; Spouse For Client, If Applicable)*

***Same As The Previously Listed Successor Trustees***

First Power Of Attorney (Other Than Spouse)

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

Second Power Of Attorney (Other Than Spouse)

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

**(Health Care Agents Cannot Serve Jointly)**

**Client #2 Durable Powers Of Attorney - Health Care** (Client For Spouse; Spouse For Client, If Applicable)

**Same As The Previously Listed Successor Trustees**

First Power Of Attorney (Other Than Spouse)

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

Second Power Of Attorney (Other Than Spouse)

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

**(Health Care Agents Cannot Serve Jointly)**

**“Guardian Of Person” Of Minor Children** – If You Have Children, The Adult Who Will Raise Your Children If Something Happens To You And You Are Legally Unable To Make Decisions.

#1 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**“Guardian Of Estate” Of Minor Children** – If You Have Children, Manages Your Children’s Inheritance From Outside The Trust. Can Be The Same Person As The Guardian Or Another Adult.

#1 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2 Choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiaries** – If Children,  **All Children Divided Equally**. Unless Otherwise Advised, No Distribution Will Take Place Until 25 Years Of Age, Except For Health, Education And Well-Being At Trustee’s Discretion.

<u>Name Of Beneficiary - One Beneficiary Per Line</u>	<u>Relationship</u>	<u>Amount / Percentage</u>
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		
8) _____		

**Total Percentage (Must Equal 100%):** \_\_\_\_\_

**Alternate Beneficiaries** – In The Event One Or More Beneficiaries Pre-Deceases You, Who Is To Receive Their Share?

Surviving Beneficiaries       Issue (Children) Of Deceased Beneficiary  
 Other (Please list) \_\_\_\_\_

**Separate Property Information** –

Separate Property Is Property You Or Your Spouse Owned Before Marriage Or Property Either Of You Have Acquired After Marriage By Gift Or Inheritance.

**Client #1**     Yes     No

If Yes, How Do You Want The Property Distributed In The Event Of Your Death?

Sole Ownership To Spouse       Use, Control & Income To Spouse For Lifetime       Immediate Distribution To Children  
 Other: Explain To Whom, Amount Of Distribution, And When:

Explain \_\_\_\_\_

**Client #2**     Yes     No

If Yes, How Do You Want The Property Distributed In The Event Of Your Death?

Sole Ownership To Spouse       Use, Control & Income To Spouse For Lifetime       Immediate Distribution To Children  
 Other: Explain To Whom, Amount Of Distribution, And When:

Explain \_\_\_\_\_



# List Of Assets

**In-State Real Estate:** (Include Residence, Time Shares, Investment Properties)

**(Please include copy of Deed(s)- Either the most recent or the Deed when you purchased your property)**

Do You Have A Deceased Spouse Or Relative Who Needs To Be Removed From Title?  Yes  No

If Yes, Name: \_\_\_\_\_ **(Please include an original Death Certificate with paperwork)**

1)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____
2)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____
3)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____
4)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____

**Real Estate In Other States:**

1)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____
2)	Name(s) Currently On Title _____	Value \$
	Street _____ City _____	County _____
	State _____ Zip _____	Assessor's Parcel No. _____

**Deeds Of Trust Payable To You and Secured by a Note and Recorded Deed:**

1)	Name Of Payor _____	Assessor's Parcel No. _____
	Address Of Real Estate _____	County _____
2)	Name Of Payor _____	Assessor's Parcel No. _____
	Address Of Real Estate _____	County _____

**Total Real Estate: \$** \_\_\_\_\_

**Unsecured Promissory Note(s) Payable To You:** (Provide Photocopy Of Note with paperwork)

1) Name Of Payor: \_\_\_\_\_ Owner:  Client  Spouse  Both  
 Date Of Execution: \_\_\_\_\_ Secured / Unsecured \_\_\_\_\_ **Total Promissory Notes: \$** \_\_\_\_\_

**Partnership Interest, Sole Proprietorships and/or Business Interests:**

1) Business Name: \_\_\_\_\_ Owner:  Client  Spouse  Both  
 Sole Proprietor  Partnership  Corp.  Other  \_\_\_\_\_ **Total Business Interests: \$** \_\_\_\_\_

**Client #1 Retirement Benefits:** (Pension, Profit Sharing, Deferred Compensation)

1)	Owner _____	Monthly Income \$
2)	Owner _____	Monthly Income \$

**Total Monthly Income: \$** \_\_\_\_\_

**Client #2 Retirement Benefits:** (Pension, Profit Sharing, Deferred Compensation)

1)	Owner _____	Monthly Income \$
2)	Owner _____	Monthly Income \$

**Total Monthly Income: \$** \_\_\_\_\_

# List Of Assets

An Institution Name should only be listed once within an "Asset Type" category. If an applicant has two or more "Asset Types" at one Institution, the Institution Name must be listed again in each separate Asset Type category.  
List any Separate Property on its own line.

Asset Type	Name of Institution <i>(Please do not list account numbers)</i>	Total Cash Value Of Account(s)	Separate Property (Check Box, If Applicable)	
			Client	Spouse
<b>Checking:</b>				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Checking:</b>	<b>\$ _____</b>		
<b>Savings:</b> (Regular Savings, CD, & Money Market Accounts)				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Savings:</b>	<b>\$ _____</b>		
<b>Mutual Funds:</b>				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Mutual Funds:</b>	<b>\$ _____</b>		
<b>Annuities:</b>				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Annuities:</b>	<b>\$ _____</b>		
<b>Qualified Accounts:</b> (I.R.A. / T.S.A. / 401K / 403B / 457 / 529 ETC.)				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Qualified:</b>	<b>\$ _____</b>		
<b>Marketable Securities -- <u>With Broker</u>:</b> (Stocks, Bonds & Bills)				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Marketable Securities:</b>	<b>\$ _____</b>		
<b>Marketable Securities -- <u>In Your Possession</u>:</b>				
	1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Marketable Securities:</b>	<b>\$ _____</b>		
<b>Life Insurance:</b> (Whole Life or Universal Life with "cash value" only- <u>do not</u> list Term Insurance)				
	1) _____ Face Amount \$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	2) _____ Face Amount \$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Total Life Insurance:</b>	<b>\$ _____</b>		

**Total Assets:** \$ \_\_\_\_\_

**Total Real Estate:** \$ \_\_\_\_\_

**Total Estate Value:** \$ \_\_\_\_\_

**Client(s) Names and Signatures** *(If a power of Attorney is being used for signature(s), we must have a copy)*

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

Name (Please print)	Signature	Date
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2) \_\_\_\_\_

Name (Please print)	Signature	Date
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**(IF ADDITIONAL SPACE IS NEEDED IN ANY CATEGORY, PLEASE ATTACH A SEPARATE SHEET OF PAPER.)**