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## Confidential Estate Planning Questionnaire

Congratulations. You have made a wise choice to create a Living Trust. We are here to make the transition easy. There are 3 simple steps:

1. Fill out this Confidential Estate Planning Questionnaire with this fillable PDF form. You may fill it in online and print it out OR you may print the form and fill it out with a typewriter or legible printing.
2. FAX the completed form and signed fee agreement to Steven W. Allen, at (480) 644-0072.
3. Call our office to make a telephone appointment with Steven W. Allen. (480) 644-0070 or toll free (800) 733-5297.

Steven W. Allen, P.C. • 1550 E. McKellips Road., Suite 111 • Mesa, Arizona 85203  
phone (480) 644-0070 • fax (480) 644-0072 • toll-free (800) 733-5297  
[www.StevenAllen.com](http://www.StevenAllen.com)

YOUR WEALTH TEAM

Name

Telephone

Attorney: \_\_\_\_\_

\_\_\_\_\_

Accountant: \_\_\_\_\_

\_\_\_\_\_

Financial Advisor: \_\_\_\_\_

\_\_\_\_\_

Primary personal bank: \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

\_\_\_\_\_

Stock Broker: \_\_\_\_\_

\_\_\_\_\_

Who referred you to Mr. Allen? \_\_\_\_\_



*Definition of Estate Planning*

I want to control my property while alive, take care of my loved ones and myself if I become disabled, and, upon my death, give what I have to whom I want, the way I want, and when I want. And, if I can, I want to save every last tax dollar, professional fee, and court cost possible.

**STEP 1:****ABOUT YOU**

Please complete Steps 1 through 7. Write all names **EXACTLY** as you want them to appear in legal documents. **Please type - or print -** all information. If you need more space, add pages. **Do not leave any spaces blank. If it does not apply to you, write "none"**. Remember: If we cannot read what you write, mistakes are possible. Please be clear. Thank you.

FULL LEGAL NAME: \_\_\_\_\_

NICK NAME, if any: \_\_\_\_\_

*(NOTE: full legal name will be used on all legal documents, unless otherwise specified)*

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

 Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

SPOUSE'S FULL LEGAL NAME: \_\_\_\_\_

NICK NAME, if any: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF YOUR TRUST: \_\_\_\_\_

For privacy purposes, we suggest you use a name other than your family name for your trust. Here are a few examples: "The Excalibur Trust," "The Prosperity Revocable Trust" or "The Good Luck Trust."

**STEP 2:****CHILDREN and BENEFICIARIES**

**ALL CHILDREN:** Please list living children [minors or adults] and their addresses. If you need more space, attach additional pages. Legally adopted children are considered the same as your natural born children. Even if you wish to exclude a child, the child must be listed. We will exclude any child you request later in this form. If you have no children, write "NONE."

**Names of Living Children of THIS Marriage (or of Single Person):**

Full Names of Children and Address, City, & State	Gender M/F	Birthdate & Age	Marital Status (M/S/D)	# of Children	Bene- ficiary?
1					Y N
2.					Y N
3.					Y N
4.					Y N
5.					Y N
6.					Y N
7.					Y N
8.					Y N

**Names of Children of a PREVIOUS Marriage:**

Full Names of Children and Address, City, & State	Gender M/F	Child of H or W	Birthdate & Age	Marital Status (M/S/D)	# of Children	Bene-ficiary?
1.						Y N
2.						Y N
3.						Y N
4.						Y N
5.						Y N
6.						Y N

**GUARDIAN FOR MINOR CHILDREN:** If any of your children are now under age 18, please name a guardian for them. The natural parent has the "first right" to the children. But, if both natural parents have died, a guardian must be appointed for the minor children. Name one or more persons to be the guardian of your minor children. This may be the same person you choose as your successor trustee. If you have no minor children, write "NONE."

PRIMARY GUARDIAN OF MINOR CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

SUCCESSOR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

## Names of Deceased Children

If any of your children are deceased, please list them here. If you have no deceased children, write "NONE".

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## Other Beneficiaries:

Full Names of Beneficiary and Address, City, & State	Gender	Birthdate & Age	Marital Status (M/S/D)	# of Children	Percentage (see Step 5C)
1.					
2.					
3.					
4.					
5.					
6.					

Can all your beneficiaries be notified that your Estate Planning has been done?

yes     no

If you want to specifically **EXCLUDE** anyone, list them here:

NAME

ADDRESS

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**STEP 3:****YOUR SUCCESSOR TRUSTEE**

After you (if husband and wife, after both of you) have passed away, someone must be appointed to pay your debts and deliver your assets to the people you direct to receive those assets. With a Will, this person is called the Personal Representative or the Executor. In a Living Trust, this person is called the Successor Trustee. A husband and wife are generally co-trustees of their Living Trust. When one spouse dies, the surviving spouse continues on as the sole trustee. When the surviving spouse dies, the Successor Trustee takes over. As soon as the job is done, the Living Trust ends. Who do you want to be the Successor Trustee of your Trust? This person will also be the Personal Representative of your Pour-Over Will and the agent in your Financial Durable Power of Attorney. This is to give unified management to your estate plan so that it will be handled quickly and efficiently. You may name co-successor trustees, although this is not usually recommended. The successor trustee is a job -- not an honor. Keep their workload as light as possible.

NAME OF PRIMARY SUCCESSOR TRUSTEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

In case the person you just selected is not available, please name an ALTERNATE SUCCESSOR TRUSTEE:

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**STEP 4:****HEALTH CARE AGENT**

If you cannot make medical decisions for yourself, someone must make them for you. Please name the people you want to make medical decisions for you if you are unable to do so. (Your attending physician or medical plan cannot be your health care agent.) Physicians will not deal with a committee. **Do NOT name "co-agents."** **Select only one person in each blank.**

**MARRIED COUPLES:** The documents we provide will name your **spouse** as the primary health care agent. If your spouse is not able to act (same accident, for example) we need to know the name of someone who can make medical decisions for you.

ALTERNATE HEALTH CARE AGENT:

For the Husband: \_\_\_\_\_ For the Wife: \_\_\_\_\_

**SINGLE PERSON:** Please list the person you want to make health care decisions for you.

PRIMARY HEALTH CARE AGENT: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

## STEP 5:

# DISTRIBUTION OF ASSETS

THE QUESTION BELOW IS AT THE HEART OF YOUR ESTATE PLAN. Please read this page and take some time before you answer the question. We cannot answer this question for you, because it is so personal to you. Our job is to help you pass your assets to the people you want to receive them after your death. The primary purpose of the Estate Plan using a Living Trust is to AVOID PROBATE and (if married) secondarily to preserve the federal estate tax exemption for each spouse.

**This Living Trust Package includes everything you need to avoid probate (plus more).** Like a Will, your Living Trust will pay your debts and deliver the remaining assets to the people you name in your Living Trust. Your Successor Trustee executes this after your death. Your Living Trust will then end. Unlike a Will, there is no probate.

**SPECIFIC GIFTS.** If you want to give specific items to specific people, you can do that. You can specify who will receive which assets after you receive your Living Trust Documents. This is done on a tangible personal property list referred to in your Living Trust. This way you may also change or delete items or people on your list at any time. How this is done will be clearly explained when you receive your Living Trust.

**HERE IS THE QUESTION:** After YOU (if husband and wife, after both of you) have passed away AND after excluding anyone you want excluded AND after the specific items listed on your Personal Property list (if any) are distributed to those people in your Plan, WHO SHOULD RECEIVE YOUR REMAINING ASSETS?

Check Option A, Option B, or Option C to designate who you want to receive your assets. If you need more space, attach additional pages.

**OPTION A:** Divide the assets into equal shares. One share to each of your children. If any child of yours has already died or dies in the future before your estate is distributed, that child's share will go to that child's children (your grandchildren). If your children or grandchildren are minors -- at what age are they to receive their share? (example: age 25) age: \_\_\_\_\_

**OPTION B:** Divide the assets into equal shares. One share to each of your children who are living at the time of your death. Nothing going to your grandchildren. If you should desire unequal shares, list the desired percentage next to such persons name above. If your children are minors -- at what age are they to receive their share? age: \_\_\_\_\_

**OPTION C:** Divide the assets into unequal shares. (List the percentage next to the persons name where they are listed as beneficiaries). If any are minors-- at what age are they to receive their share? age: \_\_\_\_\_

The major purpose of a revocable living trust is to avoid probate and protect your privacy. To do this your trust should own your real and personal property including your interests in your businesses such as corporations, limited liability companies, partnerships, or other entities. In order to help you retitle these assets, we need to have certain information.

### **STEP 6:**

## **FAX OR MAIL COPIES OF DEEDS TO ALL PERSONAL REAL ESTATE**

(Make sure the legal description is attached) You do not need to send deeds to any investment properties you own in your LLCs or other entities. We will only need to transfer real estate such as your personal residence to your Living Trust.

### **STEP 7:**

## **FAX OR MAIL COPIES OF YOUR LATEST STATEMENTS FOR ALL YOUR:**

(Note: Be sure statements include the institution's name, address, and account number)

1. Bank Accounts (personal savings, money market, cds)
2. IRA's and Keogh Plans
3. Stocks, bonds, mutual funds, and other investments
4. Profit Sharing, Pension and Retirement Plans
5. Life Insurance
6. Personal Notes and Contracts Receivable (Please send a copy of the note receivable, Title Company collection account statement, and a copy of the Deed of Trust securing the note.)
7. Corporations: Please send the Name of the Corporation, tell us whether it is an "S" or "C" corporation, the state in which the corporation was formed, the # of shares you own, date issued, par value of each share, and the name on the current stock certificate. Do you have a corporate minute book with pre-printed stock certificates and a stock transfer ledger?
8. Limited Liability Companies: Please send the Name of the LLC, the date formed and the state in which it was formed, your % of membership interest. Is this interest represented by a certificate?
9. Limited Partnerships: The Name of the Limited Partnership, the date formed and the state in which it was formed, the # of General Partnership units owned by you, and the # of Limited Partnership units owned by you.

## ESTATE VALUE

An approximation or ballpark figure is sufficient. Include life insurance at its death benefit and all other assets at their current market values minus any amount you have borrowed against them.

	<u>Approx. Value</u>
1 Bank Accounts and Cash	_____
2 IRA's and Keogh Plans	_____
3 Securities: Stocks, Bonds, Mutual Funds	_____
4 Corporations, LLCs, Limited Partnerships	_____
5 Profit Sharing, Pension and Retirement Plans	_____
6 Notes and Contracts Receivable	_____
7 Life Insurance (death benefit)	_____
8 Automobiles, Vehicles, Boats, Airplanes	_____
9 Household Goods (approx.)	_____
10 Jewelry, Art, other (approx.)	_____
11 Business Interests	_____
12 Personal Real Estate	_____
	=====
<b>TOTAL</b> estimated value of your estate:	_____

# LIVING TRUST PACKAGE FEE AGREEMENT

The Law Office of Steven W. Allen, P.C., is employed to provide an Estate Plan Package which consists of the following:

1. Living Trust Document
2. Schedule of Trust Assets
3. Preparation of Deed to Transfer Real Estate (residence)
4. Assignment of Personal Property
5. Preparation of Letters to Transfer Bank Accounts, Investments, etc.
6. Affidavit of Trust
7. Instructions on How to Keep Your Trust Current
8. Back up "Pour-Over" Wills
9. Financial Durable Power of Attorney
10. Living Will and Medical Power of Attorney
11. Key Information for Successor Trustees
12. Advisor Lists
13. How to Settle an Estate
14. Glossary
15. How to Amend your Trust
16. Use and Care Booklet: How to transfer future entities (corporations, LLCs, etc.) into your Trust and maintain your complete estate portfolio
17. Notification of any changes in the law that would affect your estate plan

The Client agrees that the fee for these services is ..... one payment of \$2,750.00

Select One:  Full payment \$2,750 (save \$90 over the 2 payment plan)  \$1,420 now / \$1,420 in 30 days  
100% Satisfaction Guarantee. If you are for any reason not satisfied with the product or service provided, we will gladly give you a full refund.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_

### There are 3 ways to pay:

#### 1. Send a check or money order payable to:

Steven W. Allen, P.C. (mail to 1550 E. McKellips Rd, Ste. 111, Mesa, AZ 85203)

#### 2. Credit card payment (fax this completed form to 480-644-0072)

Card number \_\_\_\_\_ exp. date \_\_\_\_\_

Name of credit card holder \_\_\_\_\_ CSV code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

#### 3. Online payment at [www.EstatePlanningDr.com/livingtrust](http://www.EstatePlanningDr.com/livingtrust)

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_