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PERSONAL AND FINANCIAL QUESTIONNAIRE FOR COUPLES

Please complete the following questionnaire to the best of your abilities. Don't worry if you don't know certain answers or you have questions, the attorney's role is to review these issues with you and assist in making decisions. If you have some of this information on an existing form, document, or balance sheet, you can attach that rather than repeating the information on this form. Ultimately, the more information we have, the more effectively we can advise you, and that's why this form is so important.

Mailing Address: _____

Physical Address (If different): _____

Home Phone: _____ Date of Marriage : _____

SPOUSE #1

SPOUSE #2

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Please check box if you would like to be added to our Newsletter Mailing list.

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Occupation: _____

Occupation: _____

Children of both spouses:

Child's Name Date of Birth

Address

Marital status _____

Spouse's name _____

Phone(s): _____

Child's Name Date of Birth

Address

Marital status _____

Spouse's name _____

Phone(s): _____

Child's Name _____ Date of Birth _____

Address _____

Marital status _____

Spouse's name _____

Phone(s): _____

Child's Name _____ Date of Birth _____

Address _____

Marital status _____

Spouse's name _____

Phone(s): _____

Children of only one spouse (If any.)

SPOUSE #1

SPOUSE #2

Child's Name: _____

Child's Name: _____

Date of Birth: _____

Date of Birth: _____

Address/Phone: _____

Address/Phone: _____

Mar. status _____ Spouse's name _____

Mar. status _____ Spouse's name _____

Phone(s): _____

Phone(s): _____

Child's Name: _____

Child's Name: _____

Date of Birth: _____

Date of Birth: _____

Address/Phone: _____

Address/Phone: _____

Mar. status _____ Spouse's name _____

Mar. status _____ Spouse's name _____

Phone(s): _____

Phone(s): _____

Child's Name: _____

Child's Name: _____

Date of Birth: _____

Date of Birth: _____

Address/Phone: _____

Address/Phone: _____

Mar. status _____ Spouse's name _____

Mar. status _____ Spouse's name _____

Phone(s): _____

Phone(s): _____

Any other persons or organizations to whom you may wish to leave assets in your estate plan?

Name

Relationship

Is there anyone important to your estate plan (including you or your spouse) who is not a citizen of the United States? _____

SELECTION OF FIDUCIARIES

The following questions are about your choices for various "fiduciary" roles, the people you name to make financial or personal decisions if you cannot. If you have questions about these roles before our meeting, you can review the frequently asked questions on our website, or request from our office a copy of our fiduciary brochure which gives more details about each position.

PERSONAL REPRESENTATIVE/EXECUTOR

Who would you want to manage your **ESTATE** in the event of your death? This person(s) will be nominated in your Will to handle your estate affairs, and is called a Personal Representative or Executor.

SPOUSE #1

SPOUSE #2

Is spouse # 2 your first choice? _____

Is spouse #1 your first choice? _____

Next choice: _____

Next choice: _____

Next choice: _____

Next choice: _____

Next choice: _____

Next choice: _____

TRUSTEES FOR CONTINUING TRUST

If your children or other beneficiaries are too young, or are not able to manage finances themselves, who would you name as **Trustee** to manage assets and decide on distributions, until they are old enough?

First Choice for Trustee: _____

Second Choice for Trustee: _____

Third Choice for Trustee: _____

At what age would you typically let your beneficiaries receive their inheritance outright? The choice is solely up to you, but the most common ages are 25, 30, or 35, or some fraction at each age.

GUARDIAN FOR MINOR CHILDREN:

Whom would you name to care for your minor children if both parents died?

First Choice for Guardian: _____

Second Choice for Guardian: _____

FINANCIAL AGENT UNDER GENERAL POWER OF ATTORNEY

Who would you want to handle **FINANCIAL** decisions for you in the event of a disability?

(We list the Agent’s contact information on these documents, so if you have the Agent’s address and phone number, please make sure it’s listed at least once on this questionnaire.)

SPOUSE #1

SPOUSE #2

Is spouse #2 your first choice? _____

Is spouse #1 your first choice? _____

Next choice: _____

Next choice: _____

Address/Phone: _____

Address/Phone: _____

Next choice: _____

Next choice: _____

Address/Phone: _____

Address/Phone: _____

MEDICAL AGENT UNDER HEALTH CARE POWER OF ATTORNEY

Who would you want to make **MEDICAL** decisions for you if you cannot?

SPOUSE #1

SPOUSE #2

Is spouse #2 your first choice? _____

Is spouse #1 your first choice? _____

Next choice: _____

Next choice: _____

Address/Phone: _____

Address/Phone: _____

Next choice: _____

Next choice: _____

Address/Phone: _____

Address/Phone: _____

General Information

SPOUSE #1

SPOUSE #2

(please bring copies of all important documents)

Do you have a Will? (Y,N) _____

Have you ever made a Trust? (Y,N) _____
(e.g. a Revocable Living Trust)

Has anyone ever made a Trust for you? (Y,N) _____

Are you a Veteran of the U.S. military? (Y,N) _____

Have you signed a Power of Attorney? (Y,N) _____

Do you have a Prenuptial/Premarital Agreement? (Y,N) _____

HEALTH CARE

Name and address of regular physician: _____

Do you have: Medicare? _____ Supplemental Insurance? _____

Long Term Health Care Insurance? _____

Special Needs

Do you or any member of your family have any illness, disability, or special needs which should be considered in planning your estate? _____ If so, please briefly describe the situation:

INCOME

Please list your estimated **MONTHLY** income from the following sources:

Source

Spouse #1

Spouse #2

Social Security

Pension Benefits

All other income, including wages and employment

Do you have any unusual expenses which should be considered in planning your estate?

Do you have financial advisors that we should be aware of? (Name / Phone Number)

Accountant/Tax Preparer: _____

Securities Broker: _____

Insurance Agent: _____

Financial/Retirement Planner: _____

ASSET INFORMATION

Please complete the appropriate sections or attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc.

REAL ESTATE

State	Address	Names on Title / Current Deed	Total Value	Mortgage Balance?

BANK ACCOUNTS

Name of Bank	Last four numbers of account	Type of Account	Account Balance

SECURITIES (Brokerage accounts, stocks, bonds, etc., but NOT including IRA's or Retirement Plans)

Type of Security or Financial Institution	Last four numbers of account	Owner(s)	Account Balance or Value

RETIREMENT ASSETS (IRA, 401k, 403b, SIMPLE, SEP, or other tax deferred account)

Financial Institution	Last four numbers of account	Owner (H or W)	Primary Beneficiary	Alternate/Contingent Beneficiary	Account Balance

LIFE INSURANCE

Insurance Company	Last four numbers of account	Whose life is insured?	Primary Beneficiary	Alternate/Contingent Beneficiary	Cash Value (If any)	Amount paid at death?

OTHER ASSETS

(Includes business interest, Notes payable, and any tangible assets with significant value, including automobiles, jewelry, artwork or collections)

Description	Owner(s)	Value

DO YOU HAVE ANY ASSETS WITH A BASIS SIGNIFICANTLY LOWER THAN PRESENT VALUE? For Example, did you purchase your house, stocks, or other assets many years ago for a price significantly less than they are worth now? If so, please describe the assets:

<u>Asset</u>	<u>Date Purchased</u>	<u>Basis(Cost)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE HOUSEHOLD PETS for which you would like to make special arrangements, such as a “Pet Trust”, or other payment _____

Do you maintain a safe deposit box?

<u>Bank</u>	<u>Branch</u>	<u>Number</u>
_____	_____	_____

Do you have any Prepaid Burial Plans or Cemetery Plots? Have you expressed your desires?

<u>Company</u>	<u>Type of Plan</u>	<u>Amount</u>
_____	_____	_____

Cremation? _____ Full Burial (where)? _____ Special Requests? _____

Do you expect to receive an inheritance or gift from any source that should be considered in planning your estate? _____