



SAN XAVIER ALLOTTEES ASSOCIATION, INC.

325 East Vamori Street, Tucson, Arizona 85756

Toll free 1.855.807.2121 Office 520.807.2121 Fax 520.807.2626

Website www.sanxavierallottee.org

Checklist for Estate Planning

Please bring the following items and information

Personal Information

- Tribal enrollment number/ Tribe
- Allotment number(s)

Real Property (Land, Houses)

- Homestead
 - HUD Home Agreement (if paid in full)
 - Self-made
 - District
- Recent Real Property Asset Statement (Individual Indian Trust)
- Deeds to property you own off the reservation. This does not apply to allotment percentages.

Money

- Individual Indian Money (IIM) Account Numbers, or recent IIM Statement of Account (This information will be provided for you, if you have signed and returned the *Authorization for Release of Information Form*)
- Any other bank account(s) or investment account information
- Life insurance information

Assets (Personal Property: cars, baskets, jewelry)

- Title to vehicle(s) you own
- Safety deposit box: Please bring a list of what is included in the box.

Prior Wills

- Please bring a copy of prior Wills



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Personal Information

1. Allottee's Full Name: _____

2. Nickname, Maiden Name, or other names used

3. Martial Status (circle one): Single Married Divorced Separated Widowed

4. Date of Birth: _____

5. Tribal Enrollment Number: _____

6. Current Address: _____

7. Mailing Address (if different from above):

8. Email Address: _____

May we contact you via email? Yes _____ No _____

9. Home Phone: _____ Can we leave a message at home? _____

10. Cell Phone: _____ Can we leave a voicemail? _____

11. Prior Will(s): If you ever had a will prepared before, please give the date you signed the will and its present location. If you have access to a copy of your prior will, please bring it with you to the appointment.

Date: _____

Location: _____



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Spouse Information

12. Spouse's Full Name: _____

13. Spouse's Tribal Enrollment Number/ Tribe: _____

14. If your spouse is not an enrolled member of a Federally Recognized Indian Tribe, is your spouse eligible to be a member of a tribe? _____

If so, which tribe? _____

15. If your spouse is not an enrolled member of a Federal Recognized Indian Tribe, is your spouse a descendent of a person that was enrolled as a member of any Indian tribe?

16. Previous Marriages: Name(s) of former spouse(s) and how and when the marriages ended:

Name(s) of former spouse(s): _____

Date when marriage ended: _____

Child(ren) and Grandchild(ren) Information

17. Living Child(ren)

Please bring a list with the following information of all:

1. Natural child(ren)
2. Legally adopted child(ren)
3. Child(ren) you have guardianship of or
4. Child(ren) you consider "your own" that are not your natural or legally adopted child(ren)



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- Full name
- Parent
- Birthdate
- Member of any Indian Tribe or eligible to become a member of any Indian Tribe? If yes, which Tribe?
- Enrollment number

18. Grandchild(ren)

Please bring a list, with the following information, of the names of any other grandchild(ren). Please include natural grandchild(ren), legally adopted grandchild(ren), or anyone else you consider your grandchild.

- Full name
- Parent
- Birthdate
- Member of any Indian Tribe or eligible to become a member of any Indian Tribe? If yes, which Tribe?
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19. Please list any child(ren) that are deceased. Include the deceased child's birthdate and date of expiration.



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Personal Representative

20. Who would you nominate as your executor (personal representative)? This person would take care of your affairs and carry out your wishes for your non-Trust Property.

Full name: _____

Mailing address: _____

Phone number: _____

21. If the person you named in item 20 is unable or unwilling to act as your executor, please give an alternate executor.

Full name: _____

Mailing address: _____

Phone number: _____

Financial Information

22. Bank Accounts:

a. Name of bank: _____

Address: _____

Phone number: _____

Account number: _____

Other name on the account? If so, who? _____



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b. Name of bank: _____

Address: _____

Phone number: _____

Account number: _____

Other name on the account? If so, who? _____

23. Safe Deposit Box

a. Name of location: _____

Address: _____

Phone number: _____

Number: _____

Employment Information

24. Employer name: _____

Address: _____

Work phone: _____



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25. Policies and Investments

A. Life insurance company: _____

Address: _____

Phone number: _____

Policy number: _____

B. 401K Investment Company: _____

Address: _____

Phone number: _____

26. Individual Indian Money (IIM). Who you wish to name as your beneficiary of your IIM?

Name: _____

Mailing address: _____

Phone number: _____

Alternate(s)

Name: _____

Mailing address: _____

Phone number: _____



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Beneficiary Information

27. Alternate Beneficiaries: If the person(s) to whom you are leaving the rest of your real property estate, (i.e. house, brand, livestock, jewelry, etc.) does not survive you; name the person(s) you would like to have their share. Please include name(s) and relationship(s) to you.

Name: _____

Relationship: _____

Mailing Address: _____

Phone Number: _____

28. If you pass away before your children reach the age of 18, who would you nominate as guardian of your child(ren)?

Full Name: _____

Relationship to you: _____

Mailing Address: _____

Phone Number: _____

29. If that person is unable or unwilling to serve as guardian of your child(ren), who would you nominate as an alternate guardian?

Full Name: _____

Relationship to you: _____



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Mailing Address: _____

Phone Number: _____

Other Last Wishes

30. Funeral, Burial, and Cremation Arrangements:
