

# INFORMATION SHEET

Please Bring This Form to Your Initial Consultation or Email to: [info@azwt.com](mailto:info@azwt.com)

**INSTRUCTIONS:** *Please complete this form before your appointment.* This form includes the basic information necessary to have a Will or Living Trust prepared. If you own real estate or you are considering a Living Trust, please bring the deed(s) to any real estate you own along with this form. If you have any questions about how to fill out the form, please call our office at (520) 327-9455.

How did you hear about us? \_\_\_\_\_

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## 1. PERSONAL INFORMATION

Your Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

County (e.g., Pima, etc.) \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital status (circle one):      Single      Married      Separated      Divorced      Widowed

Full legal names and ages of all children, living and deceased, (if applicable). If you have children from a prior relationship, please indicate which spouse is the parent of each child.

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

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## 2. DETERMINING THE VALUE OF YOUR ESTATE

Please provide approximate values for the following assets:

|                            |   |
|----------------------------|---|
| Home: _____                | If you own a business, what is its approximate fair market value: _____ |
| Other Real Estate: _____   | Stocks, Bonds, etc.: _____  |
| Life Insurance: _____      | Other Assets: _____   |
| Retirement Accounts: _____ | TOTAL: _____  |

What type of documents do you want us to prepare? (circle one)      Will      Revocable Living Trust

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## 3. MANAGEMENT OF YOUR ESTATE

List in order of preference the names of the people you want to manage your estate or Trust for you. If you would like two people to act together as co-trustees or co-personal representatives, name the two people on the same line. If you prefer, you may select a corporate trustee to manage your estate or Trust for you.

\_\_\_\_\_  
First Choice (enter spouse, if applicable)

\_\_\_\_\_  
Second Choice

\_\_\_\_\_  
Third Choice

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

#### 4. DISTRIBUTION OF YOUR ESTATE

**General Distributions** (how you want your estate divided among your beneficiaries). Feel free to use a separate sheet of paper if needed and include it with this Information Sheet:

\_\_\_\_\_ First to your spouse if married and he or she survives you, then second distributed:

\_\_\_\_\_ equally to your children, but if any of your children predecease you, then your deceased child's share will be divided among your deceased child's children (your grandchildren). If your deceased child has no children, then equally to your other surviving children.

\_\_\_\_\_ in equal shares to your children who survive you.

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

At what age or ages do you want your beneficiaries to receive their inheritance? (mark one):

All at age \_\_\_\_\_ Half at age \_\_\_\_\_ and the remainder at age \_\_\_\_\_

**Contingent Beneficiary:** If all the above beneficiaries passed away before you, who would you want to receive your estate?

#### 5. GUARDIANSHIP FOR MINOR CHILDREN

Please name a guardian for your minor children (if applicable):

\_\_\_\_\_

First Choice

\_\_\_\_\_

Second Choice

#### 6. POWERS OF ATTORNEY: If you were mentally or physically incapacitated:

Who do you want to make business and financial decisions for you?

***Your Representative***

***Your Spouse's Representative (if applicable)***

\_\_\_\_\_

First Choice (usually your spouse)

\_\_\_\_\_

First Choice (usually you)

\_\_\_\_\_

Second Choice

\_\_\_\_\_

Second Choice

\_\_\_\_\_

Third Choice

\_\_\_\_\_

Third Choice

Who do you want to make health care and mental health care decisions for you?

***Your Representative***

***Your Spouse's Representative (if applicable)***

\_\_\_\_\_

First Choice (usually your spouse)

\_\_\_\_\_

First Choice (usually you)

\_\_\_\_\_

Second Choice

\_\_\_\_\_

Second Choice

\_\_\_\_\_

Third Choice

\_\_\_\_\_

Third Choice

Do you prefer **cremation** or **standard burial**?  
(Circle one)

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(Circle one)

At Arizona Wills and Trusts of Tucson, we always want to make sure that you and your family are taken care of. Please let us know if you need any of the following and we would be happy to provide a referral:

Financial Advisor \_\_\_\_\_ Accountant \_\_\_\_\_ Insurance Agent \_\_\_\_\_ Real Estate Agent \_\_\_\_\_