

**Kile Law Firm, P.C.**  
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**Scottsdale, AZ 85258**  
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We look forward to working with you on your estate plan. Please be sure to bring this document with you or email it to us before your meeting. We anticipate you will have questions and will not fill in all of the blanks—that is fine! We will review it together at your initial consultation.

**GOALS**

Avoid Probate	YES	Not Important
Ease of Administration during lifetime	YES	Not Important
Ease of Administration after death	YES	Not Important
Creditor Protection for Beneficiaries	YES	Not Important
Planning for a Child/Beneficiary with Special Needs	YES	Not Important

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

Legal Name of Husband: \_\_\_\_\_  
Also Known as: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Legal Name of Wife: \_\_\_\_\_

Also Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

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

**Children in common:**

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**Children of Husband:**

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**Children of Wife:**

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

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

**IMPORTANT FAMILY INFORMATION**

<b>Question</b>	<b>Yes</b>	<b>No</b>
Are you or your spouse receiving Social Security Disability Benefits (answer No if you are only receiving Social security Retirement benefits) or AHCCCS?		
Are you or your spouse making payments pursuant to a divorce decree, child support order, or property settlement agreement or order?		
Are you or your spouse the beneficiary of anyone else's estate plan (Will or Trust)?		
Do any of your children or named beneficiaries have special education, medical or physical needs?		
Do any of your children or named beneficiaries receive government benefits, like AHCCCS, SSI or Medicaid?		
Do you or your spouse have any deceased children?		

What is the best way for us to provide drafts to you?

\_\_\_\_\_ EMAIL

\_\_\_\_\_ MAIL

\_\_\_\_\_ CALL when they are ready, and I will pick them up

**QUESTIONS RELATED TO POWER OF ATTORNEY DOCUMENTS**

**POWER OF ATTORNEY FOR *FINANCIAL DECISIONS* FOR *HUSBAND***

(Person who makes financial decisions for you if you are unable.)

**Husband's** Designation Of Agent. Spouse:            YES            NO

If No:

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

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

Telephone Number: \_\_\_\_\_

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

**Alternate Agent** (in the event the spouse or other named person is unable or unwilling to act):

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

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

Telephone Number: \_\_\_\_\_

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

**Effective Date (check one):**

Should this Power of Attorney become effective:            Immediately            Upon Disability

**Compensation (check one):**

Should your agent be compensated for acting as your agent:            Yes            No

**Gifts (check one):**

Is it ok for your agent to give gifts of your money, during your lifetime?            Yes            No

**POWER OF ATTORNEY FOR FINANCIAL DECISIONS FOR WIFE**

(Person who makes financial decisions for you if you are unable.)

Wife's Designation Of Agent. Spouse:      YES                  NO

If No:

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

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

Telephone Number: \_\_\_\_\_

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

**Alternate Agent** (in the event the spouse or other named person is unable or unwilling to act):

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

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

Telephone Number: \_\_\_\_\_

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

**Effective Date (check one):**

Should this Power of Attorney become effective:                  Immediately                  Upon Disability

**Compensation (check one):**

Should your agent be compensated for acting as your agent:                  Yes                  No

**Gifts (check one):**

Is it ok for your agent to give gifts of your money, during your lifetime?                  Yes                  No

**POWER OF ATTORNEY FOR HEALTH CARE FOR HUSBAND**

(Person who makes health care decisions for you, in the event you are unable to do so.)

**Husband's** Designation Of Healthcare Agent. Spouse: YES NO

If No:

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

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

Telephone Number: \_\_\_\_\_

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

**Alternate Agent** (in the event the spouse or other named person is unable or unwilling to act):

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

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

Telephone Number: \_\_\_\_\_

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

Do you want your Agent to be able to consent to donate your organs after your death (check all that apply)?

Yes: Any Medical Purpose; only Transplantation **OR** No

Do you have a preference for (check one): Cremation **OR** Burial

Any specific instructions: \_\_\_\_\_

My Health Care Power of Attorney may make Mental Health decisions for me, including placing me in a locked behavioral health care center (check one): YES NO

**END OF LIFE DECISIONS FOR HUSBAND**

In the event you are in a persistent vegetative state, coma or some other condition from which it is unlikely you will recover, do you want:

Food and fluid by tube or intravenous to be continued (check one)?      YES      NO

Ventilator (check one)?      YES      NO

Dialysis Treatment (check one)?      YES      NO

Only Comfort Care (check one)?      YES      NO

Are there any specific instructions you want conveyed in your document? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

We strongly recommend providing the Health Care Power of Attorney document and the Living Will to your physician(s). If you would like us to mail a copy to your physician(s), please provide the name and contact information for each such physician.

Name of Doctor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_





**END OF LIFE DECISIONS FOR WIFE**

In the event you are in a persistent vegetative state, coma or some other condition from which it is unlikely you will recover, do you want:

Food and fluid by tube or intravenous to be continued (check one)?      YES      NO

Ventilator (check one)?      YES      NO

Dialysis Treatment (check one)?      YES      NO

Only Comfort Care (check one)?      YES      NO

Are there any specific instructions you want conveyed in your document? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

We strongly recommend providing the Health Care Power of Attorney document and the Living Will to your physician(s). If you would like us to mail a copy to your physician(s), please provide the name and contact information for each such physician.

Name of Doctor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**TRUST/WILL**

Many people choose to have a Trust, if they have property outside the State of Arizona, have minor children, have beneficiaries (children or others) who have special needs and may rely on some government benefits for health care, want to protect the inheritance from the divorce of a child, want distributions made over time, rather than outright upon death of the second of you or for other reasons. We will discuss these issues when you come in to determine if a Trust or a Will is the best option. *If a Trust is created, what would you like the Trust name to be?*

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**DISTRIBUTIONS**

To whom do you want your estate distributed after you pass away and in what percentages?

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If we are drafting a Trust, do you want the beneficiaries to receive their allocation in a lifetime protection trust?                      YES                      NO

If not, at certain ages? For example, ½ at age 25 and the rest at age 30.

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Which beneficiary will require a Special Needs Trust?

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What if those person(s) were no longer living, who should receive your assets? (ex. Charity, siblings, parents, friends): Please include the person's name and their relationship to you or spouse.

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How should your personal property (artwork, furniture, jewelry) be distributed?

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Do you have any minor or special needs children that require a guardian or conservator (check one)?        YES        NO

If Yes, who do you want appointed as guardian of the children?

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Do you have any beneficiaries with special needs that may require government assistance to cover health care (such as AHCCCS) (check one)?        YES        NO

Do you have any pets for which we need to make arrangements (i.e. someone to care for the pet and funds to be left to an individual or institution for the care of the animal(s)) (check one)?

YES        NO

If Yes, what arrangements shall be made: \_\_\_\_\_

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Who will settle your estate or act as the Trustee of your Trust (is it the same person who you

designated as your Financial Power of Attorney)? \_\_\_\_\_

Are you both citizens of the United States (check one)?      YES      **OR**      NO

If no, who is not a citizen (this may have tax implications)? \_\_\_\_\_

Do you own any real property other than the primary residence, including time shares?

YES      **OR**      NO

If Yes, please provide addresses of all property below and bring a copy of any deeds you can locate, including those for any timeshares.

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**Advisors**

Name of Financial Advisor: \_\_\_\_\_

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

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Phone Number: \_\_\_\_\_

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

Is it acceptable to communicate with your Financial Advisor and provide a copy of your estate planning documents to him/her?      YES      NO

**Name of CPA/Accountant:** \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Is it acceptable to communicate with your CPA/Accountant and provide a copy of your estate planning documents to him/her?                      YES                      NO

**Please let us know how you heard about us:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS WORKSHEET.