

W. Gibney Law, PLLC
William Gibney, Attorney At Law
3420 E. Shea Boulevard, Suite 200
Phoenix, AZ 85028
Phone: (602) 953-0006 Fax: (602) 996-1887
Email: gibneylaw@cox.net

ESTATE FACT FINDER

	HUSBAND	WIFE
Legal Name (as you sign documents)		
First Name/Nickname		
Social Security Number		
Date of Birth		
US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, what country?		
Home address		
Mailing address, if different		
Occupation/Employer		
Email address		
Home Telephone		
Business Telephone		
Cell Telephone		
Previous Marriages	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial obligation to former spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILDREN COMMON TO THIS MARRIAGE

NAME	AGE	ADDRESS

CHILDREN FROM PRIOR MARRIAGES

NAME	AGE	PARENT	ADDRESS

Treat all children as if they were the children of current marriage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of grandchildren: _____ Range of ages: _____		
Any deceased children? If yes, names: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any adopted children? If yes, names: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of your beneficiaries have a learning disability or special educational, medical or physical needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want special provisions to protect your estate if a beneficiary has problems with a spouse, drugs, alcohol or money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives (other than children) who depend on you for all or part of their support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want your estate to be equally divided among your children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish to disinherit any of your children, grandchildren or any other close relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want any assets to pass to your children before the second spouse's death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a beneficiary dies prior to the second spouse's death, do you want assets to go to that beneficiary's children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want assets passing to beneficiaries to be held in trust until a specific age? What age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where do you keep important papers? Safety deposit box <input type="checkbox"/> Safe <input type="checkbox"/> File cabinet <input type="checkbox"/> Location of bank or room in house: _____		
Do you have an existing marital property agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do either of you expect to inherit substantial assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have existing Wills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any existing Trusts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any limited liability companies, partnerships or corporations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Should the surviving spouse have the power to control the distribution of the entire estate after the first death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have life insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, amount of total benefits: \$ _____		
Approximate net worth: \$ _____		

CO-TRUSTEE

Do you want someone to serve as Co-Trustee with the surviving spouse after the first spouse dies? If yes, please designate below.

Co-Trustee with Husband		Co-Trustee with Wife	
Name		Name	
Address		Address	
Alternate Co-Trustee		Alternate Co-Trustee	
Name		Name	
Address		Address	

SUCCESSOR TRUSTEE

Please designate someone to administer your Trust and distribute assets after you die. You may select one individual or two or more Co-Successor Trustees. Please designate an alternate for each Successor Trustee you designate.

Successor Trustee	Co-Successor Trustee
Name	Name
Address	Address
1 st Alternate	1 st Alternate
Address	Address
2 nd Alternate	2 nd Alternate
Address	Address

PERSONAL REPRESENTATIVE

Who would you designate, other than your spouse, to take care of funeral, distribution of personal effects, etc? Please designate one person and one alternate.

Husband's Personal Representative	Wife's Personal Representative
Name	Name
Address	Address
Husband's Alternate Personal Representative	Wife's Alternate Personal Representative
Name	Name
Address	Address

HEALTH CARE AGENT

Who would you designate, after your spouse, to make medical decisions for you if you are unable to do so yourself? Please designate at least one alternate.

Husband's Alternate Agent	Wife's Alternate Agent
Name	Name
Address	Address
Tel. (H) (W) (C)	Tel. (H) (W) (C)
2 nd Alternate	2 nd Alternate
Address	Address
Tel. (H) (W) (C)	Tel. (H) (W) (C)

FINANCIAL POWER OF ATTORNEY

Other than your spouse, who would you designate to take care of your financial matters if you are disabled or out of town? Do you want your financial agent to have immediate power to act on your behalf or only in the event you are disabled or incapacitated?

Husband's Agent	Wife's Agent
Name	Name
Address	Address
Effective immediately <input type="checkbox"/> Only on incapacity <input type="checkbox"/>	Effective immediately <input type="checkbox"/> Only on incapacity <input type="checkbox"/>

GUARDIAN

Who would you designate to serve as guardian to your children under 18?

Name	Alternate
Address	Address

TRUSTEE OF CHILDREN'S TRUSTS

Who would you designate as Trustee of children's trusts until they are of age to receive their inheritance? You may name a single Trustee or Co-Trustee.

Name	Co-Trustee
Address	Address
Alternate Trustee	Alternate Co-Trustee
Name	Name
Address	Address

In general, how would you like your estate to be distributed? (i.e., equally to children, specific dollar amounts, etc.). Please list any additional concerns.
