

**PAUL B. BARTLETT, P.C.**  
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ESTATE PLANNING QUESTIONNAIRE

Please complete the following questionnaire to the best of your abilities. This information is most helpful to us so that we may properly plan for you. Do not be upset if you cannot complete all of the questions. We will review this information at our meeting.

Name	Date of Birth	Social Security Number
Client: _____	_____	_____
Spouse: _____	_____	_____
Date of Marriage: _____		
Address: _____		
_____		
Telephone: Home _____	Cell. _____	

Children common to the marriage:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Husband's children (prior marriage) :

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wife's children (prior marriage) :

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons who are important to your estate plan (grandchildren, siblings, nieces and nephews, etc.)

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>General Information</u>	Husband	Wife
Are you covered by Social Security? ( Y, N )	_____	_____
Are you self-employed? ( Y, N )	_____	_____
Do you have a will? ( Y, N )	_____	_____
Date of Will:	_____	_____
Are you the beneficiary of any Trust? ( Y, N )	_____	_____
Do you have a Power of Attorney? ( Y, N )	_____	_____
Are you a veteran?	_____	_____

Comments:

Health Care

Do you have: Medicare Part "A" \_\_\_\_\_ Medicare Part "B" \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_

Long Term Health Care Insurance \_\_\_\_\_

Do you or any member of your family have any illness or disability which should be considered in planning your estate?

Comments:

Income

Please list your estimated income this year from the following sources:

Source:	<u>Annual or Monthly Amounts</u>	
	Client	Spouse
Social Security	_____	_____
Interest	_____	_____
Dividends	_____	_____
Pension Benefits	_____	_____
IRA Benefits	_____	_____
Rental Income	_____	_____
Other Income	_____	_____
Subtotal	_____	_____

Total Income \_\_\_\_\_

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

Comments:  
\_\_\_\_\_

Assets (Summary)

	Client's Name	In Joint Names	Spouse's Name
1. Real Estate	_____	_____	_____
2. Stocks and Bonds	_____	_____	_____
3. Bank Accounts	_____	_____	_____
4. Mortgages & Notes	_____	_____	_____
5. Personal Property	_____	_____	_____
6. Life Insurance	_____	_____	_____
7. Retirement Benefits	_____	_____	_____
8. Business Assets	_____	_____	_____
9. Miscellaneous	_____	_____	_____
Subtotal	_____	_____	_____
Total Assets	_____		
	_____		

ASSETS AND LIABILITIES (Detail)

**ASSETS:** Complete the appropriate sections or attach separate statements such as bank account or brokerage statements, balance sheet, your own list, etc. If assets are not owned jointly by husband and wife, please indicate.

1. Real Estate

Location	Estimated Value	Mortgage Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

2. Stocks and Bonds

Number	Security	Value
(a) Individually Held		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(b) Brokerage Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

3. Bank Accounts

Bank and Account Number	Type of Account (checking, CD, money mkt, etc.)	Joint Account (if any)	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you maintain a safe deposit box?

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Number \_\_\_\_\_

4. Promissory Notes, Mortgages

Description	Value
_____	_____
_____	_____
_____	_____

5. Tangible Personal Property

Estimate the total value of your household furnishings, automobiles, and other personal belongings: \_\_\_\_\_

Do you have any items of special value which should be considered in planning your estate?

Comments:

(You will have the opportunity to prepare a separate list to designate certain items of tangible personal property for specific persons, but you need not do this now.)

6. Life Insurance

Insured (H or W?)	Company	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Retirement Benefits

Description	Amount	Beneficiary
(a) Pension / Profit Sharing		
_____	_____	_____
_____	_____	_____
_____	_____	_____
(b) IRA Accounts / 401(k)		
_____	_____	_____
_____	_____	_____
(c) Annuities		
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Business Assets

Description	Value
_____	_____
_____	_____

Comments:

9. Miscellaneous

Description	Value
_____	_____
_____	_____

Liabilities

Please list any outstanding liabilities (you need not include ordinary monthly expenses) if not shown elsewhere:

Description	Amount	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: Documents to bring to our meeting, if available and applicable:**

- (a) Will(s), Trusts
- (b) Deed to residence
- (c) Powers of Attorney
- (d) Insurance policies
- (e) Bank or brokerage account statements
- (f) Any other documents that you deem relevant