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**HYMSON GOLDSTEIN PANTILIAT & LOHR, PLLC**

ATTORNEYS, MEDIATORS & COUNSELORS

*Our Business is Your Peace of Mind<sup>®</sup>*

**CONFIDENTIAL ESTATE PLANNING INFORMATION**

**\*\* PLEASE FILL OUT THE FOLLOWING PACKET COMPLETELY. \*\***

NAME(S): \_\_\_\_\_

BIRTH DATE(S): \_\_\_\_\_

SOC. SEC. NO(S).: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

OTHER FAMILY MEMBERS WHO WILL BE ATTENDING CONFERENCE: \_\_\_\_\_

This information is accurate and complete to the best of my/our knowledge and the attorney may rely upon it.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

*All information provided shall be held in the strictest confidence by the attorney.  
However, as to each other, a couple completing this form waives any right to confidence as to the other.  
Each spouse/partner/family member further waives any conflict as to the attorney preparing both of their estate plans.*

DO YOU HAVE ANY DISABILITY THAT REQUIRES OUR ATTENTION?  NO  YES  
PLEASE EXPLAIN: \_\_\_\_\_

MARITAL STATUS (PLEASE  $\checkmark$  ONE)

SINGLE,  MARRIED,  DIVORCED,  SEPARATED,  WIDOWED,  LIVING TOGETHER

NAME(S) OF FORMER SPOUSE(S) AND DATE OF DEATH OR DIVORCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME(S) BY WHICH YOU HAVE BEEN KNOWN IN THE PAST: \_\_\_\_\_  
\_\_\_\_\_

CHILDREN (PLEASE  $\checkmark$  BOX TO LEFT OF NAME IF DECEASED)

NAME	DOB	PARENT(S)	ADDRESS
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

OTHER FAMILY MEMBERS WHO WILL BE NAMED IN THE DOCUMENTS:

NAME	RELATIONSHIP
1. _____	_____
2. _____	_____

ARE ANY OF THE LISTED FAMILY MEMBERS OR FRIENDS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT AT THE PRESENT TIME? IF SO, PLEASE LIST THEIR NAMES, AMOUNT AND TYPE OF SUPPORT YOU PROVIDE:

NAME	AMOUNT	TYPE OF SUPPORT
1. _____	_____	_____
2. _____	_____	_____

UPON YOUR DEATH, WHOM DO YOU WISH TO RECEIVE ESTATE ASSETS?

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

IF YOU ARE MAKING A BEQUEST TO MINOR CHILDREN, AT WHAT AGE WOULD YOU WANT THEM TO RECEIVE THEIR DISTRIBUTIONS? (PLEASE  $\checkmark$  ONE)

AT YOUR DEATH,  AGE 21,  AGE 25,  AGE 30,  AGE 35,  AGE 40,  OTHER: \_\_\_\_\_

IF YOU HAVE CHILDREN UNDER AGE 18 AND YOU SHOULD PASS AWAY PRIOR TO THEIR BECOMING ADULTS, WITH WHOM WOULD YOU DESIRE THE CHILDREN TO LIVE AND SERVE AS THEIR GUARDIAN?

1. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WHOM WOULD YOU DESIRE TO MANAGE THE FUNDS AS CONSERVATOR FOR ANY MINOR CHILD/BENEFICIARY?

NAME	RELATIONSHIP	ADDRESS
1. _____	_____	_____
2. _____	_____	_____

WHO DO YOU WANT TO ADMINISTER YOUR ESTATE (PERSONAL REPRESENTATIVE OF YOUR WILL AND/OR TRUSTEE OF YOUR TRUST)?

NAME	RELATIONSHIP	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HAVE YOU ENTERED INTO ANY AGREEMENTS WITH REPRODUCTIVE MEDICAL SPECIALISTS REGARDING DELAYED REPRODUCTION?  NO  YES IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE LIST MEMBERS OF YOUR FINANCIAL TEAM:

ACCOUNTANT:	FIRM NAME:	TELEPHONE NUMBER:
_____	_____	_____

LIFE INSURANCE AGENT:	FIRM NAME:	TELEPHONE NUMBER:
_____	_____	_____

TRUST OR BANK OFFICER:	FIRM NAME:	TELEPHONE NUMBER:
_____	_____	_____

INVESTMENT ADVISOR:      BROKERAGE OR FIRM NAME:      TELEPHONE NUMBER:  
\_\_\_\_\_

**SAFETY DEPOSIT BOX INFORMATION:**

FINANCIAL INSTITUTION WHERE YOUR SAFETY DEPOSIT BOX IS LOCATED: \_\_\_\_\_

BOX NUMBER: \_\_\_\_\_ LOCATION OF KEYS: \_\_\_\_\_

PERSON(S) WITH ACCESS: NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DO YOU HAVE A HOME SAFE:  NO;  YES

PERSON(S) WITH ACCESS: \_\_\_\_\_

**ESTATE PLANNING DOCUMENTS:**

DO YOU HAVE A CURRENT WILL?  NO;  YES – DATED: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

DO YOU HAVE A CURRENT TRUST?  NO;  YES – DATED: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

DO YOU HAVE A CURRENT LIVING WILL/MEDICAL DIRECTIVE:  
 NO;       YES – DATED: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

DO YOU HAVE A CURRENT DURABLE/FINANCIAL POWER OF ATTORNEY:  
 NO;       YES – DATED: \_\_\_\_\_ LOCATED AT: \_\_\_\_\_

**WHO ARE YOUR FIRST AND SECOND CHOICES TO HOLD YOUR DURABLE (FINANCIAL DECISIONS) POWER OF ATTORNEY?**

1. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**WHO ARE YOUR FIRST AND SECOND CHOICES TO MAKE MEDICAL DECISIONS IN THE EVEN OF YOUR DISABILITY:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DO YOU WANT TO LIST A THIRD OR CO-AGENT?  NO;  YES

1. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SOURCES OF INCOME:**

SOURCE	YOURS	SPOUSE	JOINT
SALARY			
INTEREST/DIVIDENDS			
SOCIAL SECURITY			
RETIREMENT BENEFITS			
OTHER			
TOTAL			

**ASSETS/PROPERTY/INVESTMENTS:**

BANK ACCOUNTS, MONEY MARKET & CERTIFICATES OF DEPOSIT:					
NAME OF INSTITUTION	ACCOUNT No.	CURRENT BALANCE	SEPARATE	JOINT	OTHER
MONIES OWED TO YOU:					
NAME OF DEBTOR	TYPE OF DEBT	CURRENT AMOUNT	SEPARATE	JOINT	OTHER
SECURITIES (MUTUAL FUNDS, STOCKS, BONDS – PLEASE PROVIDE COPY OF LAST STATEMENT):					
BROKERAGE ACCOUNT WITH:					
NO. OF SHARES	FUND, STOCK, BOND	CURRENT VALUE	NAME ON TITLE		

REAL PROPERTY				
ADDRESS	CURRENT VALUE	SEPARATE	SPOUSE	COMMUNITY PROP.
VALUABLE PERSONAL PROPERTY (BOATS, AIRPLANES, JEWELRY, ART, ANTIQUES, ETC.):				
ASSET	LOCATION	CURRENT VALUE	OWNER'S NAME:	
LIFE INSURANCE POLICIES:				
COMPANY	TERM/WHOLE LIFE	CURRENT VALUE	PERSON INSURED	BENEFICIARY
ANNUITY/RETIREMENT BENEFITS/IRA/PENSION/401(K)				
COMPANY	TYPE OF PLAN	CURRENT VALUE	BENEFICIARY	
TOTAL ASSETS:				
DEBTS/MORTGAGES DUE TO OTHERS:				
TYPE OF LOAN		AMOUNT	DUE TO:	
TOTAL DEBT TO OTHERS:				
NET WORTH: (ASSETS-DEBTS)				

**PLEASE PLAN TO BRING THE FOLLOWING DOCUMENTS<sup>1</sup> WITH YOU TO OUR  
CONFERENCE:**

- 1. EXISTING WILL OR WILLS, AND TRUSTS, IF ANY;**
- 2. ANY GIFT TAX RETURNS THAT YOU HAVE FILED;**
- 3. BUY-SELL OR STOCK REDEMPTION AGREEMENTS;**
- 4. STOCK AND BANK ACCOUNT STATEMENTS;**
- 5. INCOME TAX RETURNS FOR THE PAST TWO YEARS;**
- 6. “PRE” OR “POST” NUPTIAL AGREEMENTS;**
- 7. DEEDS TO REAL ESTATE;**
- 8. INFORMATION CONCERNING RETIREMENT BENEFITS, PENSION, PROFIT-SHARING, OR  
STOCK BONUS PLANS;**
- 9. PRIOR DIVORCE DECREE OR SEPARATION AGREEMENTS;**
- 10. EXISTING POWERS OF ATTORNEY WHICH YOU HAVE GRANTED;**
- 11. OUTSTANDING CONTRACTS OR PROMISSORY NOTES OWED TO YOU;**
- 12. DOCUMENTS RELATED TO ANY SOLE PROPRIETORSHIP, PARTNERSHIP OR  
CORPORATION IN WHICH YOU HAVE AN INTEREST;**
- 13. ANY OTHER DOCUMENTS, PAPERS, OR INFORMATION WHICH YOU WOULD LIKE THE  
ATTORNEY TO REVIEW WITH YOU.**

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<sup>1</sup> *Copies of the preceding documents will be sufficient.*

## STATEMENT OF LAST WISHES

for Individual  Husband  Wife  Other  \_\_\_\_\_

**INFORMATION NEEDED FOR DEATH CERTIFICATE:**

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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Name and Telephone Number of legal next of kin [your closest relative(s)] who will have the responsibility to make your final arrangements:

1. \_\_\_\_\_

2. \_\_\_\_\_

---

**MY WISHES ARE:**

I do not wish any service  Whatever my family wishes

Services are to be held at – Check One:

Mortuary  Church/Synagogue  Other  \_\_\_\_\_

Obituary: Yes  Newspaper(s): \_\_\_\_\_ No

Music: \_\_\_\_\_

Clothing & Jewelry: \_\_\_\_\_

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

I would prefer: Burial  Cremation  Family Wishes

For burial, do you have a deed to Cemetery Property? Yes  No  If yes:

Name of Cemetery/Mausoleum: \_\_\_\_\_

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

Property in Name(s) of: \_\_\_\_\_



Prepaid burial insurance? Yes  with \_\_\_\_\_ No

For Cremation: Interred  Scattered  Where: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

STATE OF ARIZONA        )  
                                      : ss.  
County of Maricopa        )

**SUBSCRIBED AND SWORN** to before me the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## STATEMENT OF LAST WISHES

for Individual  Husband  Wife  Other  \_\_\_\_\_

**INFORMATION NEEDED FOR DEATH CERTIFICATE:**

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

---

**Name and Telephone Number of legal next of kin [your closest relative(s)] who will have the responsibility to make your final arrangements:**

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---

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Prepaid burial insurance? Yes  with \_\_\_\_\_ No

For Cremation: Interred  Scattered  Where: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

STATE OF ARIZONA )

: ss.

County of Maricopa )

**SUBSCRIBED AND SWORN** to before me the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



**LOCATIONS OF VALUABLE PAPERS AND ASSETS**

1. **Residence (room/location):** \_\_\_\_\_
2. **Bank (name & address):** \_\_\_\_\_
3. **Attorney's Office:** *Hymson Goldstein Pantiliat & Lohr, PLLC  
16427 North Scottsdale Road, Suite 300  
Scottsdale, Arizona 85254*

Please associate the following papers & assets to their above listed respective locations.

<u>Papers &amp; Assets</u>	<u>Location</u>		
	<i>1</i>	<i>2</i>	<i>3</i>
<i>Estate Plan Documents (Originals)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Safe Combination (Business)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Safe Combination (Home)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Life Insurance</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other Death Benefits</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Property &amp; Casualty Insurance</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Health Insurance Policy</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Automobile Insurance Policy</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Employment Contracts</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Partnership Agreements</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>List of Checking/Savings Accounts</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>List of Credit Cards</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Certificates of Deposits</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Checkbooks</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Savings Passbooks</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Brokerage Account Records</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Automobile Lease</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Birth Certificates</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Citizenship Papers</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Adoption Papers</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Military Discharge Papers</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Marriage Certificates</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Children's Birth Certificates</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Children's Adoption Papers</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Divorce/Separation Records</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Names/Addresses of Relatives/Friends</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>