

EUGENE E. KELLER II
Attorney at Law

CONFIDENTIAL
INTRODUCTORY ESTATE PLANNING QUESTIONNAIRE

Date: _____

Name: _____

Residence Address: _____

Home Tel : _____

Cell # : _____

Date of birth: _____ Email: _____

Employer: _____

Work Telephone Number: _____

Spouse: _____ Cell # : _____

Date of birth: _____ Email: _____

Employer: _____

Work Telephone Number: _____

Date of your Marriage: _____ Either spouse have prior marriages? Yes ___ No ___

If yes, please provide for each: Dates of marriage: _____

How Terminated: _____

Children of Prior Marriage

Names: _____

Ages: _____

Any Agreement affect your assets: _____

Any current health concerns of either spouse: Yes ___ No ___

If yes, please describe: _____

Family Data

Children

Names

1. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

2. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

3. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

4. _____ DOB _____ Of the Marriage y/n _____

Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

If born from a previous marriage, have the children been adopted by current spouse? _____

Are any of the children handicapped, or have other circumstances which cause you concern? If yes, explain briefly _____

Do you have a current Estate Plan (Wills, Trust, Powers of Attorney)? If so, what and when drafted? _____

Please bring copies to the meeting

DISPOSITION OF YOUR ESTATE

Do you have any thoughts as to how you want your Estate distributed upon your death?

Who would you like to be in charge of administering your Estate and handling your financial affairs?

Name: _____

Address: _____

Relationship: _____

Back up

Name: _____

Address: _____

Relationship: _____

If you have minor children, who would you like to serve as Guardian?

Name: _____

Address: _____

Relationship: _____

Back up

Name: _____

Address: _____

Relationship: _____

If incapacitation were to occur, who would you like to have handle your medical affairs and end of life decisions (other than spouse)?

Client

Spouse

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Back up

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Who referred you to our office? _____

Advisors (if any)

Financial Planner/Insurance _____

Accountant _____

Broker _____

In order to more fully evaluate and discuss your estate planning needs and options, a brief description of your financial profile is needed. Attached is an Asset Information Sheet which should be completed as completely as possible and returned with this questionnaire prior to your initial conference.

YOUR CONCERNS

Please rate the following as to how important they are to you:
(**H** *high concern*, **S** *some concern*, **L** *low concern*, **N/A** *no concern or not applicable*)

Description

Level of Concern

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting a spouse.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a conservatorship (“living probate”) in case of a disability.

Avoiding will contests or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at a time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children’s inheritance from the possibility of failed marriages.

Protect children’s inheritance in the event of a surviving spouse’s remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Husband	Wife

Other Concerns (Please list below): _____

IMPORTANT FAMILY QUESTIONS

Please check "Yes" or "No" for your answers	Yes	No
Are you (or your spouse) receiving Social security, disability, or other governmental benefits? <i>Describe</i> _____		
If married have you or your spouse signed a pre- or post-marriage contract? <i>(Please provide a copy)</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

SUMMARY OF VALUES

ASSETS	Approximate Amount*		
	Husband	Wife	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

** Joint Property values enter ½ in husband's column and ½ in wife's column.*

Please fax, e-mail or mail your completed questionnaire to our office so that we receive it at least two (2) days prior to your scheduled conference.

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