



EASTON LAW
PLLC

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CLIENT INFORMATION [Strictly Confidential]

Spouse 1's Legal Name: _____

Other Names used: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Last 4 SSN: _____

US citizen? Yes No. If no, what nationality: _____

Employment: _____ Work #: _____

Address: _____

County: _____ Contact preference: call / text / email

Spouse 2's Legal Name: _____

Other Names used: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Last 4 SSN: _____

US citizen? Yes No. If no, what nationality: _____

Employment: _____ Work #: _____

Prior Marriages?

Spouse 1: Yes No. If yes, name: _____

How Terminated? Death Divorce Date: _____

Spouse 2: Yes No. If yes, name: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None **AGE or DOB**

_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGES: **Spouse 1** **Spouse 2** **DOB**

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? Yes No

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Any deceased children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • Do any of your beneficiaries have a learning disability, special educational, medical, or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol, or money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control control the distribution of the entire estate after the first death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children before the second spouse's death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages? | <input type="checkbox"/> | <input type="checkbox"/> |

- The name, address, and phone number of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death (your Personal Representative, or Executor):

Spouse 1: _____

Spouse 2: _____

- The name, address, and phone number of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

Spouse 1: _____

Spouse 2: _____

- The name, address, and phone number of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:

Spouse 1: _____

Spouse 2: _____

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

- Is there any beneficiary, including charities or other groups, you would like to leave a specific dollar amount, or a percentage to?

<u>Name</u>	<u>Relationship</u>	<u>Amount/%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

SPOUSE 1:

At my death, I wish to be: cremated buried.

I would like my ashes disposed of, or remains interred, as follows:

I have already made arrangements at:

Additional wishes in regard to my funeral or celebration of life ceremony:

SPOUSE 2:

At my death, I wish to be: cremated buried.

I would like my ashes disposed of, or remains interred, as follows:

I have already made arrangements at:

Additional wishes in regard to my funeral or celebration of life ceremony:

ESTIMATED* VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: \$ _____ (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: \$ _____ (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: \$ _____ (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: \$ _____ (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: \$ _____ (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: \$ _____ (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: \$ _____ (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
 TOTAL:	 \$ _____	 \$ _____	 \$ _____

* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

Value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "1" Spouse 1; "2" Spouse 2; "C" child, "O" other

INSURED (1/2/S)	OWNER (1/2/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (1/2/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

WAIVER OF POTENTIAL CONFLICT OF INTEREST

We have each read the foregoing material and understand that there are potential conflicts of interest between myself and my spouse in the matters about which we are consulting you. If either of us desire to have separate counsel or desire you not to be involved at all, that spouse shall notify you. We each hereby consent to having you represent both of us in the drafting of our estate planning documents and we each hereby waive any potential or actual conflicts of interest. We understand that since you will be representing both of us on the same matter, as between ourselves and you, there are no confidential communications.

Dated: _____

Spouse 1's Signature

Spouse 2's Signature