

Easton Law, PLLC

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**CLIENT INFORMATION**  
**[Strictly Confidential]**

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

Other Names used: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Telephone: (cell) \_\_\_\_\_  
(work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US citizen?  Yes  No, nationality: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

**CHILDREN:**  None

**AGE or DOB**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**YES**      **NO**

• Any deceased children?

If yes, name: \_\_\_\_\_

Did they have children/descendants?

If yes, name(s): \_\_\_\_\_

\_\_\_\_\_

**YES**      **NO**

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?
- Do you have any relatives (other than children) who depend on you for all or part of their support?
- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or money?
- Do you wish to disinherit any of your children, grandchildren or any other close relative?
- If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?
- Do you expect to inherit substantial assets (\$100,000 +)?
- Do you have an existing Will?
- Have you ever executed a trust (either revocable or irrevocable)?
- Have you ever filed a Federal Gift Tax Return?
- Do you have an existing General Power of Attorney?
- Do you currently hold any assets in Joint Tenancy with another person?

- The name of the person that you want to be the decision maker concerning your estate upon your death (Personal Representative):

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Successor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

- The name of the person that you want to raise a child under 18 (Guardian):

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Successor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

- The name of the person that you want to make major medical decisions on your behalf (Medical/Mental Health Care Agent or Power of Attorney):

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Successor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

- In general, how do you want your estate distributed among your beneficiaries?

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

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# BURIAL INSTRUCTIONS

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

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

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I have already made arrangements at:

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

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## ESTIMATED\* VALUE OF ESTATE

<b><u>TYPE OF ASSET:</u></b>	<b><u>ESTIMATED VALUE</u></b>
• 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)	\$ _____
<b>TOTAL:</b>	\$ _____

# LIFE INSURANCE

(do not include accidental death policies)

- "Cash Value" use best estimate  
(term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____