

Below is the Estate plan Questionnaire which will be used to produce your Last Will & Testament w/ Powers of attorney.

Please note that witnesses must be “disinterested” persons (i.e., not beneficiaries or relatives); they need to know the nature of each document being signed, but they do not need to read it or know the contents.

WILLS:

Your Wills direct how your estate will be distributed at your respective deaths

The Will also designates the Guardian of any minor child. . Please note, the Will only pertains to the distribution of assets titled in your name at your death; any assets held in joint tenancy will pass to the surviving joint tenant, any assets held in a “Pay on Death” account will be distributed to the named party on the account, any real property subject to a “Transfer on Death” deed will be distributed pursuant to that deed and any assets payable by agreement (such as, life insurance, IRA's, employee benefits, etc.) will be paid directly to the named beneficiary.

INSTRUCTIONS FOR THE DISTRIBUTION OF MY PERSONAL PROPERTY:

This is where you can designate specific items of your tangible personal property (i.e., "things") to go to certain people at your death. For example, “I give my diamond engagement ring to my daughter MARY”; “I give my stamp collection to my grandson MICHAEL SMITH”; etc. You should NOT, however, use this form to designate gifts of other than tangible personal property (e.g., do not use this form for making cash gifts or designating specific assets like stock or real property). You can add to or change this form as often as you wish without having to execute a codicil to your Will; if you do add or delete a distribution, you should date and initial the addition or deletion (or complete a new form and destroy the old one).

DURABLE POWER OF ATTORNEY FOR FINANCIAL, HEALTH CARE, MENTAL HEALTH CARE:

This is your “general power of attorney” which is primarily intended to give your named agent (initially the other of you is the primary agent) the power to deal with any trust or non-trust assets in the event of your incapacity. Please be aware that this document does give your agent broad powers to dispose of, sell, convey and encumber your real and personal property; if you have any concern about granting such broad powers

The Health Care Powers give your named Agent (initially the other of you is the primary Agent) the power to make medical decisions, sign consents and/or releases with hospitals and/or doctors. It also includes your “living will” for end-of-life decisions.

Arizona's Children Coalition, Married Will Questionnaire

Husband's Name: _____ Age: _____

Address: _____

Phone: _____ Date of birth: _____

Email: _____

Child(ren)'s Names (of this marriage):

Child(ren)'s Names (not of this marriage):

Name of the person you would like to nominate as your Personal Representative:

_____ .

Name of the person you would like to nominate as your successor Personal Representative:

_____ .

Would you like to nominate any Guardian and/or Conservator over any minor child?

Primary: _____ .

Successor: _____ .

Distribution instructions (if spouse predeceases you):

Is there anyone you would like to specifically disinherit from your will?

Please provide the names and address of two adult witnesses, who are not named in this will:

Witness 1 name: _____ Witness 2 name: _____

Street Address: _____ Street Address: _____

City, State: _____ City, State: _____

Wife's Name: _____ Age: _____

Address: _____

Phone: _____ Date of birth: _____

Email: _____

Child(ren)'s Names (not of this marriage):

Name of the person you would like to nominate as your Personal Representative:

_____ .

Name of the person you would like to nominate as your successor Personal Representative:

_____ .

Would you like to nominate any Guardian and/or Conservator over any minor child?

Primary: _____ .

Successor: _____ .

Distribution instructions (if spouse predeceases you):

Is there anyone you would like to specifically disinherit from your will?

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Witness 1 name: _____

Witness 2 name: _____

Street Address: _____

Street Address: _____

City, State: _____

City, State: _____

**Powers of Attorney
(Financial, Health Care, Mental Health Care)**

Husband's

Primary Agent: _____

Address: _____
(City, State)

Telephone: _____

Alternate Agent: _____

Address: _____
(City, State)

Telephone: _____

Wife's

Primary Agent: _____

Address: _____
(City, State)

Telephone: _____

Alternate Agent: _____

Address: _____
(City, State)

Telephone: _____