

INFORMATION DATA FORM

Family Information

CREMATION
YES NO
Circle One

Mark J. Valentine, Esq.
Valentine & Valentine, P.C.
6831 N. Oracle Road, Suite 145
Tucson, AZ 85704
Telephone: 520.498.0088/Fax: 520.498.0092

CLIENT #1 NAME: _____

CLIENT #2 NAME: _____

**(PLEASE FAX OR MAIL FORM TO OUR OFFICE
PRIOR TO OUR NEXT MEETING)**

PERSONAL INFORMATION

Please Print All Information

CLIENT #1

Full Legal Name: _____

Name Used to Sign: _____

Prefer to be Called: _____

Home Address: _____

Social Security No. _____ U.S. Citizen: Yes No

Date of Birth: _____ Age: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

E-Mail: _____

Are you married: Yes No Date of Marriage: _____

Name of Spouse: _____

Name of Life Partner or Significant Other: _____

Have you entered into any agreement with your spouse/life partner or significant other (such as a prenuptial or community property agreement)? Yes No

CLIENT #2

Full Legal Name: _____

Name Used to Sign: _____

Prefer to be Called: _____

Home Address: _____

Social Security No. _____ U.S. Citizen: Yes No

Date of Birth: _____ Age: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Fax: _____

E-Mail: _____

Are you married: Yes No Date of Marriage: _____

Name of Spouse: _____

Name of Life Partner or Significant Other: _____

Have you entered into any agreement with your spouse/life partner or significant other (such as a prenuptial or community property agreement)? Yes No

CHILDREN

Children should be listed in descending order by date of birth. Please also include children you do not intend to benefit from the Trust. Use additional paper if necessary. List full legal names including entire middle names.

1. Name: _____ Date of Birth: _____
Address: _____ Relationship: _____

Telephone: _____
Child of: _____

2. Name: _____ Date of Birth: _____
Address: _____ Relationship: _____

Telephone: _____
Child of: _____

3. Name: _____ Date of Birth: _____
Address: _____ Relationship: _____

Telephone: _____
Child of: _____

4. Name: _____ Date of Birth: _____
Address: _____ Relationship: _____

Telephone: _____
Child of: _____

5. Name: _____ Date of Birth: _____
Address: _____ Relationship: _____

Telephone: _____
Child of: _____

Any deceased children? Yes No

If Yes, Name(s) and Date(s) of Birth and Date(s) of Death: _____

Any children of deceased children? Yes No

If Yes, Name(s) and Date(s) of Birth: _____

QUESTIONS ABOUT YOUR CHILDREN/BENEFICIARIES

Please check Yes or No

1. Do any of your children/beneficiaries receive governmental support or benefits because of a disability or handicap? Yes No

2. Do any of your children/beneficiaries have special educational, medical, or physical needs? Yes No

3. Do any of your children/beneficiaries have a learning disability? Yes No

4. Are any of your children/beneficiaries institutionalized? Yes No

5. If you answered Yes to any of the above questions, please describe the type of disability that your child/beneficiary has: _____

6. Do you have any adopted children? Yes No
If Yes: Name: _____
Name: _____
Name: _____

7. Do any of your children/beneficiaries have any other special needs or circumstances that are concerns for you? Yes No
If Yes, please describe: _____

8. Are any of your children under the age of 18? Yes No
If Yes, please complete the next section regarding the guardian of your children.

9. Do you want to disinherit any of your children? Yes No
If Yes: Name: _____
Name: _____
Name: _____

10. At what age should any funds remaining in your Trust be distributed free and clear to your children? (Circle One) 18 21 25 30 35

GUARDIAN

The Guardian you appoint will have legal custody of your children in the unlikely event that both spouses die before your children reach the age of majority. The Guardian does not have to be the same person as the Executor/Successor Trustee. The Guardian should be the person you feel will provide the best nurturing environment for your children.

Primary guardian for children:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Alternate guardian for children:

_____ Name: _____ Relationship: _____
Address: _____ Phone: _____

OTHER DEPENDENTS

Do you or your spouse have anyone, other than your children listed above, who depends on either of you for all or part of their support? Yes No

_____ If Yes: Name: _____ Relationship: _____

ULTIMATE DISTRIBUTION OF ESTATE

In the case of a catastrophic loss in which both spouses and all children perish, you have the option of appointing an ultimate beneficiary, which may be a charitable beneficiary. Under Arizona Law if you do not designate an ultimate beneficiary, your estate will be divided among your surviving relatives.

Ultimate Beneficiary: _____

Distributed Among Family: Yes No

	Client #1	Client #2
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have Memorial Instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to be an organ donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to have additional children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish that your children share equally in your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children financially irresponsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children have taxable estates (over \$750,000)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL MANAGEMENT-AGENT, TRUSTEE AND/OR EXECUTOR

In the event that you were mentally disabled or deceased, who would you want to manage your affairs? This should be someone you trust to make decisions for you. List choices in order of priority (include address and phone numbers):

Spouse, Life Partner or Significant Other is first choice? Yes No

Name: _____ Relationship: _____
 Address: _____ Telephone: _____

Name: _____ Relationship: _____
 Address: _____ Telephone: _____

HEALTH CARE AGENT

In the event of incapacity, who would make health care decisions for you?

Spouse, Life Partner or Significant Other is first choice? Yes No

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Name: _____ Relationship: _____
Address: _____ Telephone: _____

REAL ESTATE

List any real estate owned and the approximate value, include any out of state property.

Address: _____

Approximate Value: \$ _____

Address: _____

Approximate Value: \$ _____

Address: _____

Approximate Value: \$ _____

Address: _____

Approximate Value: \$ _____

THANK YOU
