



Estate planning questionnaire that can assist you in preparing for your last day!

Complete Worksheet and bring with you when you meet with us to help review your wishes.

Schedule a no obligation appointment today!

Call: 623-594-8987

Text: 602-904-3019

Email: [Intake@dovanassociates.com](mailto:Intake@dovanassociates.com) or  
[Donna@dovanassociates.com](mailto:Donna@dovanassociates.com)

Office Locations:

14780 W. Mountain View Blvd., Suite 210,  
Surprise, AZ

(Reems and Mountian View Blvd)

1490 S. Price Rd., Ste 104, Chandler, AZ  
(Price and the 202)

We are not attorneys and cannot provide legal advice.

We discuss the available options, so you understand the ways one can have the last say and avoid probate.

# CLIENT INFORMATION

[Strictly Confidential]

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

County: \_\_\_\_\_ Home Phone : \_\_\_\_\_

Husband's Legal Name: \_\_\_\_\_

Other Names used by Husband: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen? ☐ Yes ☐ No. If no, what nationality: \_\_\_\_\_

Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_

Other Names used by Wife: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

US citizen? ☐ Yes ☐ No. If no, what nationality: \_\_\_\_\_

Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Prior Marriages?

Husband: ☐ Yes ☐ No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated? ☐ Death ☐ Divorce Date: \_\_\_\_\_

Wife: ☐ Yes ☐ No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated? ☐ Death ☐ Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:** ☐ None

**AGE or DOB**

_____
_____
_____
_____

_____
_____
_____
_____

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

**CHILDREN FROM PRIOR MARRIAGE:**

	WIFE	HUSBAND	AGE
_____	<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? ☐ No ☐ Yes

	<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 handling 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"/>
• 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"/>

	<u><b>YES</b></u>	<u><b>NO</b></u>
• Should the surviving spouse have the power to 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 of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:		
• The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):		
• The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:		
• In general, state how you want your estate distributed among your beneficiaries after the death of both of you?		
• State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:		

# BURIAL WISHES

## **HUSBAND:**

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

If cremation, I would like my ashes disposed as follows:

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If buried, I would like my remains interred as follows:

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I have already made arrangements at:

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## **WIFE:**

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

If cremation, I would like my ashes disposed as follows:

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---

If buried, I would like my remains interred as follows:

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---

---

I have already made arrangements at:

---

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## ESTIMATED<sup>\*</sup> VALUE OF ESTATE

<b><u>TYPE OF ASSET:</u></b>	<b><u>HUSBAND'S SEP. PROP.</u></b>	<b><u>WIFE'S SEP. PROP.</u></b>	<b><u>COMMUNITY PROPERTY</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>	\$ _____	\$ _____	\$ _____

\* 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 "H" husband; "W" wife; "C" child, "O" other

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