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Wills, Living Wills, and Powers of Attorney General Information & Instructions

As an added benefit to your association membership, Napier, Baillie, Wilson, Bacon, & Tallone P.C. provides free Wills, Living Wills, and Health Care Powers of Attorney to you. Our firm may also provide these documents to members of your immediate family- spouse, partner, child(ren), and parents; however, due to the potential for a conflict of interest, we are not able to provide Wills to family members unless the parties waive any potential conflict of interest in writing. If both you AND a family member are interested in taking advantage of this benefit, please contact our office for more information.

To enable us to offer this benefit to all association members efficiently and at no additional cost, the Wills do not cover many issues for persons with large or complicated estates, beneficiaries with special needs, and beneficiaries that cannot handle finances. This benefit also is not appropriate for persons who want to set up or require sophisticated trusts. If you have a large or complicated estate or desire complex trust arrangements, please contact our office and we can refer you to an attorney who specializes in estate planning.

This questionnaire will answer some common questions and prepare you to discuss your needs with an attorney. This questionnaire will also help you organize information that the attorney needs to advise you and prepare your Will. All discussions with the attorneys at our firm will be kept confidential. Our firm will retain a copy of your Will and other estate planning documents unless you direct otherwise, and the originals will be provided to you. It will be your responsibility to keep your original documents in a safe and fireproof place.

Each person must fill out a separate estate planning questionnaire, even though the answers may be similar. Once we receive your completed questionnaire, we will be in contact to schedule an appointment. Please return completed questionnaires to Kelly Trainor at ktrainor@napierlawfirm.com.

Will Questionnaire

I. PERSONAL INFORMATION

Full Name: _____

Cell Phone: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Occupation: _____

Association: _____

Have you every served in the military? Yes [] No []

Branch: _____

II. EXISTING DOCUMENTS

Have you executed a Will? Yes [] No []

Have you executed a Power of Attorney? Yes [] No []

Have you executed a Health Care Power of Attorney? Yes [] No []

Have you executed a Living Will? Yes [] No []

If you have answered “Yes” to any of the above questions, please provide our office with a copy of the document.

III. FAMILY INFORMATION

Are you married? Yes [] No []

Are you or have you ever been divorced? Yes [] No []

Are you a widow(er)? Yes [] No []

Have you had a civil partnership dissolved? Yes [] No []

Do you have a prenuptial agreement with your spouse? Yes [] No []

YOUR SPOUSE’S INFORMATION

Full Name: _____

Address: _____

YOUR CHILDREN'S INFORMATION

Please list your children (biological and adopted):

<u>Name</u>	<u>Age</u>	<u>Married</u>	<u>No. of Children</u>
Child 1: _____	_____	Yes _____	_____
Child 2: _____	_____	Yes _____	_____
Child 3: _____	_____	Yes _____	_____
Child 4: _____	_____	Yes _____	_____

- Are any of your children deceased? Yes [] No []
- Are any of your children disabled or special needs? Yes [] No []
- Are you or your spouse/partner pregnant with your child? Yes [] No []
- Do you wish to include any children you may have in the future? Yes [] No []
- Are any of your children from a prior marriage/relationship? Yes [] No []

If yes, please list: _____

Do you have any stepchildren that you intend to provide for in your will? Yes [] No []

If yes, please provide their names and ages:

<u>Name</u>	<u>Age</u>
Stepchild 1: _____	_____
Stepchild 2: _____	_____
Stepchild 3: _____	_____
Stepchild 4: _____	_____

YOUR GRANDCHILDREN'S INFORMATION

Please list all your grandchildren:

<u>Name</u>	<u>Age</u>
Grandchild 1: _____	_____
Grandchild 2: _____	_____
Grandchild 3: _____	_____
Grandchild 4: _____	_____

- Are any of your grandchildren deceased? Yes [] No []
- Are any of your grandchildren disabled or special needs? Yes [] No []
- Do you wish to include any grandchild born or adopted in the future? Yes [] No []

GUARDIANS

A guardian is someone who will be responsible for raising your minor child(ren) (under the age of 18) in the event that the other natural/adopted parent is not alive or for any reason cannot act as guardian. Do you need to appoint a guardian(s)? Yes [] No []

Primary Guardian:

Full Name: _____

Address: _____

Relationship: _____

Alternative Guardian:

Full Name: _____

Address: _____

Relationship: _____

QUESTIONS, COMMENTS, NOTES

IV. PERSONAL REPRESENTATIVE

Your personal representative will be responsible for collecting and securing your assets, distributing your estate, paying your debts, funeral expenses, bills, and any tax obligations your estate may face. Please specify the person who you would like to be your personal representative and an alternative if your first choice is not alive or for any reason cannot act as executor. Spouses typically act as each other's primary. We do not recommend naming co-representatives.

Primary Personal Representative:

Full Name: _____

Address: _____

Relationship: _____

Alternative Personal Representative:

Full Name: _____

Address: _____

Relationship: _____

V. SPECIFIC ISSUES

TAXES

Please note that it is possible for your estate to be subject to federal Inheritance tax on your death and the amount of such tax will depend on the nature of the provisions contained in your Will.

DISINHERIT

Is there anyone you wish to disinherit? Yes [] No []

Please note that former spouses after finalizing a divorce decree and stepchildren are not required to be disinherited.

If yes: state their name, their relationship to you, and your reason for disinheritance:

VI. SPECIFIC BEQUESTS

Do you plan to leave something specific (ex. cash bequest or real property) to someone in your Will? Yes [] No []

If you plan to leave personal property i.e. jewelry, antiques, family heirlooms to a specific person that will be listed on your Tangible Personal Property List which is a separate document provided with and attached to your Will.

Leave _____ to _____

Leave _____ to _____

Leave _____ to _____

Leave _____ to _____

Please note: if you make a specific bequest of real property, please provide documentation such as real estate deeds, etc.

VII. RESIDUARY

The remainder of your estate not included in a specific bequest or on the Tangible Personal Property List will pass according to the terms of the residuary clause. You have discretion in the manner in which you want to leave your estate. We recommend naming a primary beneficiary(ies) and an alternative beneficiary(ies) if the primary fails to survive you.

SPOUSE

Please note that Arizona is a community property state. Your estate will automatically be left to your spouse unless you have specified otherwise in either a prenuptial agreement or your Will.

Do you plan to leave all of your estate to your Spouse? Yes [] No []
If your Spouse is deceased at the time of your death, do you
want to leave everything to your child(ren)? Yes [] No []

CHILDREN

Do you plan to leave any part of your estate to your child(ren) (or stepchildren)? Yes [] No []
In equal shares? [] In some other manner? [] At a specific age? Yes [] No []

Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____

If a child is predeceased at the time of your death, do you want to leave their share to
their child(ren) (i.e. your grandchildren)? Yes [] No []
In equal shares? [] In some other manner? [] At a specific age? Yes [] No []

Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____
Leave ____% or \$_____ to _____

Minors under the age of 18 require a testamentary trust to safeguard their property. You must appoint a trustee in your Will to manage the minor's funds until the minor reaches a certain age.

Primary Trustee:

Alternative Trustee:

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Please provide the age at which you want to dissolve the trust i.e. provide the minor with complete access to the entirety of their inheritance: _____ (We recommend ages 23-25)

FRIENDS/OTHER FAMILY MEMBER

Do you plan to leave all or part of your estate to a friend or other family member? Yes [] No []

<u>Distribution</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
Leave ____% or \$_____ to _____		_____	_____
Leave ____% or \$_____ to _____		_____	_____
Leave ____% or \$_____ to _____		_____	_____
Leave ____% or \$_____ to _____		_____	_____

CHARITABLE ORGANIZATIONS

Do you plan to leave all or part of your estate to a charitable organization? Yes [] No []

Leave ____% or \$_____ to _____

Leave ____% or \$_____ to _____

QUESTIONS, COMMENTS, NOTES

VIII. ASSET INVENTORY

*Please note that life insurance policy, retirement accounts, property held with rights of survivorship, beneficiary deeds, trusts, and payable on death accounts are **not** subject to probate and **do not** pass according to your Will. This is not a comprehensive list but an example of commonly held assets that are not subject to probate estate. For married couples, your probate estate includes all of your separate property and half of the community property.*

REAL ESTATE

Do you own real estate? Yes [] No []

Do you own real estate on your own? Yes [] No []

Do you own real estate titled with your spouse? Yes [] No []

Do you wish to give your real estate to someone other than your spouse if it does not automatically pass to them? Yes [] No []

Premises #1:

Title in the name of: _____

Address: _____

Lien(s)/Mortgage(s): _____

Ownership Interest: _____

Premises #2:

Title in the name of: _____

Address: _____

Lien(s)/Mortgage(s): _____

Ownership Interest: _____

VIII. POWER OF ATTORNEY AND HEALTH CARE DOCUMENTS

We can also provide a Financial Power of Attorney, Health Care Power of Attorney, or a Living Will during your appointment.

Are you interested in a Financial Power of Attorney? Yes [] No []

Attorney in Fact:

Full Name: _____

Address: _____

Relationship: _____

Are you interested in a Health Care Power of Attorney? Yes [] No []

Are you interested in a Living Will? Yes [] No []

If you selected yes to a Health Care Power of Attorney or Living will, those documents will be completed during your appointment.

IX. OTHER

QUESTIONS, COMMENTS, NOTES

