

Kile Law Firm, P.C.
5010 East Shea Blvd.
Suite D200
Scottsdale, AZ 85254

We look forward to working with you on your estate plan.

QUESTIONNAIRE:

Name of Partner 1: _____

Social Security Number: _____

Date of Birth: _____

Name of Partner 2: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Children in common:

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Children of Partner 1:

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Children of Partner 2:

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

1. POWER OF ATTORNEY FOR HEALTH CARE

(Person who makes health care decisions for you, in the event you are unable to do so.)

Partner 1's Designation Of Health Care Agent: Partner 2: YES NO

If other than Partner 2:

Name: _____

Relationship: _____

Telephone Number: _____

Address: _____

Alternate Agent (in the event the named person is unable or unwilling to act)

Name: _____

Relationship: _____

Telephone Number: _____

Address: _____

Partner 1: ORGAN DONATION. Any Medical Purpose; only Transplantation;

Yes No

Do you have a preference for: Cremation or Burial

My Health Care Power of Attorney may make Mental Health decisions for me, including placing

me in a locked behavioral health care center: YES NO

Partner 2's Designation Of Health Care Agent: Partner 1: YES NO

If other than partner 1:

Name: _____

Relationship: _____

Telephone Number: _____

Address: _____

Alternate Agent: _____

Relationship: _____

Telephone Number: _____

Address:: _____

ORGAN DONATION. Any Medical Purpose; only Transplantation;

Yes No

Do you have a preference for: Cremation or Burial

My Health Care Power of Attorney may make Mental Health decisions for me, including placing

me in a locked behavioral health care center: YES NO

2. POWER OF ATTORNEY FOR FINANCIAL DECISIONS

(Person who makes financial decisions for you if you are unable.)

Partner 1's Designation Of Agent. Partner 2: YES NO

If other than partner 1: _____

Relationship: _____

Telephone Number: _____

Address: _____

1st Alternate Agent: _____

Relationship: _____

Telephone Number: _____

Address: _____

Effective Date:

Should this Power of Attorney become effective: Immediately or Upon Disability

Compensation:

Should your agent be compensated for acting as your agent: Yes No

If yes to compensation should it be: a reasonable rate or at the rate of a professional

Gifts:

Is it ok for your agent to give gifts of your money, during your lifetime, for tax planning and

long term care planning purposes: Yes No

Are the gifts limited by the gift tax exclusion (\$13,000 in 2009)? Yes No

Partner 2's Designation Of Agent. Partner 1: YES NO

If other than partner 1: _____

Relationship: _____

Telephone Number: _____

Address: _____

1st Alternate Agent: _____

Relationship: _____

Telephone Number: _____

Address: _____

Effective Date:

Should this Power of Attorney become effective: Immediately or Upon Disability

Compensation:

Should your agent be compensated for acting as your agent: Yes No

If yes to compensation should it be: a reasonable rate or at the rate of a professional

Gifts:

Is it ok for your agent to give gifts of your money, during your lifetime, for tax planning and long term care planning purposes: Yes No

Are the gifts limited by the gift tax exclusion (\$13,000 in 2009)? Yes No

3. Trust/Will

Do you have assets that exceed \$3.5 million? Please remember that this includes your house, car, retirement benefits, life insurance and other investments and savings. (YES NO)

Distributions:

To whom do you want your estate distributed after you pass away?

If any of the beneficiaries are under the age of 18, at what ages do you want them to receive a distribution? Please remember that the Trustee can provide money to pay for education, health, housing and other expenses. The issue is when the beneficiary receives a cash distribution to invest or spend as they choose. A common plan is to give ½ at age 25 and ½ at age 30, but any distribution schedule can be drafted.

What if those person(s) were no longer living, who should receive your assets? (ex. Charity, siblings, parents, friends): Please include the person's name and their relationship to you or your partner.

Do you have any minor children that require a guardian or conservator? YES NO

If Yes, who do we appoint to take care of the child's health and housing needs:

Will that same person act as Trustee of the Trust after both of you are deceased or incapacitated?

We look forward to meeting with you.

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