

# Law Firm of James A. Robles, PLLC

145 East University Drive, Suite 5  
Mesa, Arizona 85201

Phone: (602) 612-9959  
Fax: (602) 612-9961  
jarobles@jarfirm.com

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

The purpose of this Confidential Estate Questionnaire is to assist your heirs and significant others in the orderly and expedient administration and disposition of your estate.

THIS IS NOT A LAST WILL AND TESTAMENT.

THIS IS NOT A LEGAL DOCUMENT.

The information supplied by you in this questionnaire remains confidential and will be utilized only by your Personal Representative or Trustee named under your Last Will and Testament or Trust Agreement.

Hold this document in safe-keeping together with your Estate Planning Package.

*Please complete all of the information as requested below. If additional space is needed, please attach additional pages.*

### PERSONAL INFORMATION

1. NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ OTHER
2. SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

3. **PERSONAL PHYSICIAN:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

<b>PROFESSIONAL SERVICES</b>
------------------------------

4. **ACCOUNTANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

5. **INSURANCE AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

6. **ATTORNEY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

7. **STOCKBROKER/FINANCIAL PLANNER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**BANKING INFORMATION**

8. Please include checking/savings/CD accounts. Stock and mutual fund information will be listed in no. 11 below.

(a) **BANKING INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Bank Representative:** \_\_\_\_\_

**Checking Account No.:** \_\_\_\_\_

**Savings Account No.:** \_\_\_\_\_

(b) **BANKING INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Bank Representative:** \_\_\_\_\_

**Checking Account No.:** \_\_\_\_\_

**Savings Account No.:** \_\_\_\_\_

(c) **BANKING INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Bank Representative:** \_\_\_\_\_

**Checking Account No.:** \_\_\_\_\_

**Savings Account No.:** \_\_\_\_\_

9.

**(a) SAFE DEPOSIT BOX:**

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Identification No.:** \_\_\_\_\_

**Location of Key:** \_\_\_\_\_

**(b) SAFE DEPOSIT BOX:**

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**Identification No.:** \_\_\_\_\_

**Location of Key:** \_\_\_\_\_

**LOCATIONS OF OTHER SIGNIFICANT DOCUMENTS**

10. Please include in this section any locations, other than safe deposit boxes, where significant documents (e.g. titles to property, automobiles, business agreements, etc.) are kept.

(a) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

(b) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

(c) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

(d) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**INVESTMENTS**

**11. Please include brokerages for stocks, mutual funds, bonds, treasury bills, oil, gas, mineral interests, etc.**

**(a) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**(b) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**(c) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**IRA's, PENSION PLANS, INTERESTS, ETC.**

**12.**

**(a) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**(b) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**(c) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**LIFE INSURANCE POLICIES (ONLY)**

**13.**

**(a) NAME OF COMPANY:** \_\_\_\_\_

**CONTACT/AGENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**Type of Policy:** \_\_\_\_\_

**Location of Policy:** \_\_\_\_\_

\_\_\_\_\_

**(b) NAME OF COMPANY:** \_\_\_\_\_

**CONTACT/AGENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**Type of Policy:** \_\_\_\_\_

**Location of Policy:** \_\_\_\_\_

\_\_\_\_\_



**13. (cont'd)**

**(c) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_  
**Policy No.:** \_\_\_\_\_  
**Type of Policy:** \_\_\_\_\_  
**Location of Policy:** \_\_\_\_\_  
\_\_\_\_\_

**(d) NAME OF COMPANY:** \_\_\_\_\_  
**CONTACT/AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_  
**Policy No.:** \_\_\_\_\_  
**Type of Policy:** \_\_\_\_\_  
**Location of Policy:** \_\_\_\_\_  
\_\_\_\_\_

**ANNUITIES**

**14.**

**(a) NAME OF COMPANY:** \_\_\_\_\_

**CONTACT/AGENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Type of Annuity:** \_\_\_\_\_

**(b) NAME OF COMPANY:** \_\_\_\_\_

**CONTACT/AGENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Type of Annuity:** \_\_\_\_\_

**PERSONAL PROPERTY – SPECIFIC GIFTS**

15. **PERSONAL PROPERTY** (e.g. automobiles, motor homes, boats, collections, jewelry, personal possessions to be specifically bequeathed)  
**NOT PART OF REMAINDER ESTATE:**

**PERSONAL PROPERTY – OTHER**

16. **PERSONAL PROPERTY:** Please list other significant personal property not listed in no. 15 above. This may include collections, antiques, artworks, jewelry, business machinery and equipment, ranch machinery and equipment, tools, livestock, etc.

**REAL PROPERTY (LAND)**

17.

(a) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**INTEREST HELD:** \_\_\_\_\_

(b) **DESCRIPTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**INTEREST HELD:** \_\_\_\_\_

(c) **DESCRIPTION:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
**INTEREST HELD:** \_\_\_\_\_

(d) **DESCRIPTION:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
**INTEREST HELD:** \_\_\_\_\_

(e) **DESCRIPTION:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
**INTEREST HELD:** \_\_\_\_\_

**BUSINESS INTERESTS**

18.

(a) **NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TYPE OF ENTITY: (e.g., CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY)**

\_\_\_\_\_

**OWNERSHIP**

**MANAGEMENT**

**OTHER INTERESTED PARTIES:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Are there outstanding controlling agreements?**                       **YES**                       **NO**

**Please describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. (cont'd)**

**(b) NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TYPE OF ENTITY (e.g., CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY)**

\_\_\_\_\_

**OWNERSHIP**

**MANAGEMENT**

**OTHER INTERESTED PARTIES:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Are there outstanding controlling agreements?**                       **YES**                       **NO**

**Please describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNIFICANT PERSONS (Children are in the next section)**

19.

(a) NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(b) NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(c) NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(d) NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**CLOSEST RELATIVES OR OTHER SIGNIFICANT PERSONS**

**20. Children, natural or adopted. Please include children from prior relationships, if any. PLEASE ADVISE IF ANY CHILD IS RECEIVING DISABILITY OR MEDICAL CARE BENEFITS FROM SOCIAL SECURITY OR AHCCCS (ARIZONA MEDICAID.)**

(a) **NAME:** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

(b) **NAME:** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

(c) **NAME:** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

(d) **NAME:** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_



**ESTATE ADMINISTRATION**

**21. PERSONAL REPRESENTATIVE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/ SUCCESSOR PERSONAL REPRESENTATIVE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**22. MEDICAL POWER OF ATTORNEY (POA):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/ SUCCESSOR MEDICAL POA:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**23. FINANCIAL POWER OF ATTORNEY (POA):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE /SUCCESSOR FINANCIAL POA:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**24. TRUSTEE(S):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TRUSTEE(S):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TO ACT:** \_\_\_\_\_ **INDIVIDUALLY** \_\_\_\_\_ **JOINTLY**

**ALTERNATE/SUCCESSOR TRUSTEE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**25. GUARDIAN OF MINOR CHILDREN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/SUCCESSOR GUARDIAN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/SUCCESSOR GUARDIAN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TO ACT:** \_\_\_\_\_ **INDIVIDUALLY** \_\_\_\_\_ **JOINTLY**

**26. CONSERVATOR OF MINOR CHILDREN:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/SUCCESSOR CONSERVATOR:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE/SUCCESSOR CONSERVATOR**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TO ACT:** \_\_\_\_\_ **INDIVIDUALLY** \_\_\_\_\_ **JOINTLY**

**27. BURIAL ARRANGEMENTS (if any):**

**NAME OF CEMETERY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SUPERVISORS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDITIONAL INFORMATION**