

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

The purposes of this Questionnaire are to: (i) get you think about what you want to happen if you were to die or become incapacitated, and (ii) assist you in gathering the information Richard Keyt needs to design and plan your estate plan and related documents. Complete as much of the Questionnaire as you can and bring it with you to your initial consultation with Rick. The information you supply in this Questionnaire will be the basis of for designing your estate plan, but if you do not answer all the questions or if you have any questions about the Questionnaire, do not worry, we will go over it in detail when we meet.

RICHARD KEYT, J.D., LL.M.

Estate Planning

Practicing Law in Arizona Since 1980

***Protecting and Promoting Your Family Legacy
Wealth Preservation Strategies, Estate & Charitable Planning***

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE SINGLE PERSON

The information you provide in this Questionnaire will be used by Richard Keyt to design and prepare your comprehensive estate plan. Please complete this Questionnaire and mail it to Rick at least one week before our scheduled meeting to discuss your estate plan. It is important that you complete this form as thoroughly as possible because our estate planning advice will be based upon the information in this Questionnaire. Any material misstatements or omissions may result in improper advice for your situation.

The estate planning process consists of the following steps: (i) you complete this Questionnaire, (ii) you mail the completed Questionnaire to us and call 602-906-4953 extension 106 to schedule a no obligation estate planning conference with Richard Keyt, (iii) we meet for 1 - 1.5 hours to discuss your desires, concerns and goals, disability planning, your estate plan options and the structure and design of your estate plan, (iv) we prepare your documents, and (v) we meet for about an hour to review your final estate plan and sign your documents. When we first meet to discuss and design your estate plan, we will agree on the guaranteed fixed fee. If you agree, we will sign an estate plan engagement agreement and you will pay 1/2 of the total cost for your estate plan.

We do not prepare cookie-cutter off-the-shelf legal forms. Your estate plan documents will be prepared based on: (i) the information you provide in this Questionnaire, and (ii) the decisions you make and the information you provide during our planning and design conference. We will prepare custom drafted state of the art estate plans designed expressly for your to satisfy your wishes and to provide for your loved ones.

Bring copies of any requested documents to the meeting. If necessary, we will make copies of your documents and return them to you when we meet to sign your documents. The information that you supply on this form will be retained in our files and no information will be released to any person without your prior permission.

CLIENT

Date Completed: _____, 200__

Full name: _____ DOB: _____

Nickname: _____ Birthplace: _____

Occupation (former if retired): _____

Employer: _____

Citizenship: US Yes No Country: _____

Phone Numbers

Check All that Apply

1. _____ primary work mobile home fax

2. _____ primary work mobile home fax

3. _____ primary work mobile home fax

E-mail: _____

Marital status: single married widowed divorced

co-habiting

Any serious health problems? Yes No

If yes, explain: _____

Any mental health condition that is pertinent to your planning?

Yes No If yes, explain: _____

RESIDENCE

Home Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

CLIENT'S COMPANION

Full name: _____ DOB: _____

Nickname: _____ Birthplace: _____

Occupation (former if retired): _____

Employer: _____

Citizenship: US Yes No Country: _____

Phone Numbers

Check All that Apply

1. _____ primary work mobile home fax

2. _____ primary work mobile home fax

3. _____ primary work mobile home fax

E-mail: _____

Marital status: single married widowed divorced

co-habiting

Any serious health problems? Yes No

If yes, explain: _____

Any mental health condition that is pertinent to your planning?

Yes No If yes, explain: _____

MARRIAGE

Prior Marriages: Yes No

CHILDREN

Names of Children. If adopted, put (A) after name. If a child does not live with you, include the child's address. If you have more than five children, copy the next page for the additional kids and insert it after the next page.

1st Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

2nd Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

3rd Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

4th Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

5th Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

5th Child's Name: _____

Birth Date: _____ Age: _____ Deceased: Yes No

Married: Yes No Spouse's Name: _____

Address: _____
Street Address

City, State Zip Code

Home Telephone: _____

Living Grandchildren: Yes No How Many: _____

Is asset protection a concern for this child? Yes No

Any special concerns for this child? _____

NAMES & ADDRESSES

In various places below in this Questionnaire, you are asked to name people to be agents, trustees, beneficiaries, personal representatives, guardians, and panel members.

Please write the name and address of all these people in this section and their initials. When you want to designate one of these people in any capacity below, you can write the person's initials instead of their entire name.

A. Name: _____ Initials: _____

Address: _____

Relationship: _____

B. Name: _____ Initials: _____

Address: _____

Relationship: _____

C. Name: _____ Initials: _____

Address: _____

Relationship: _____

D. Name: _____ Initials: _____

Address: _____

Relationship: _____

E. Name: _____ Initials: _____

Address: _____

Relationship: _____

F. Name: _____ Initials: _____

Address: _____

Relationship: _____

ESTATE PLAN QUESTIONS

Include afterborn/adopted children in the definition of children? Yes No

Do you want to name any deceased family members in your estate plan?

Yes No. If yes, give name(s) and date(s) of death:

Disinherit any family members? Yes No. If so, who:

Are there any family members who require special schooling, special medical attention, or other special attention? Yes No

Explain: _____

Do you have any other relatives now or likely in the future to be dependent on you for support? Yes No. If Yes, give name(s) and relationships:

Do you have any legal obligations to a former spouse or children?

Yes No. If Yes, please provide a copy of relevant document(s).

Do you have an existing Trust? Yes No

If Yes, please provide a copy.

Do you anticipate receiving an inheritance? Yes No

If Yes, give approximate amount \$_____

Do you hold a power of appointment under somebody's Will or Trust?

Yes No. If Yes, please attach a copy of the relevant document(s).

Are you a trustee or beneficiary of any trust? Yes No

If Yes, please attach a copy of the relevant trust document.

Have you given away more than \$10,000 in money or property to any person in any single year after 1976? Yes No

Explain: _____

Have you ever been required to file a federal gift tax return?

Yes No. If Yes, attach a copy of the gift tax return

Do you own any property in a foreign country? Yes No

If Yes, what and where: _____

Are you currently involved in any litigation, or are there any known potential claims that may result in litigation? Yes No

If Yes, explain: _____

Are you engaged in any high risk ventures, professions or circumstances that would make creditor planning important? Yes No

If Yes, explain: _____

Please list any specific money or property that you wish to give on your death to any individuals, organizations or charities:

Name of Beneficiary & Relationship	Describe Gift
_____	_____
_____	_____
_____	_____
_____	_____

All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) is to be distributed to (check one):

Children equally

Other (specify) _____

All remaining money and other property (stocks, bonds, mutual funds, etc.) is to be distributed to:

Children equally

Other (specify) _____

DESIGNING YOUR REVOCABLE LIVING TRUST

Who are the beneficiaries of your trust – explain who will inherit your property, how much and when?

FOR ASSET PROTECTION PURPOSES, WE RECOMMEND LIFETIME TRUSTS TO HOLD SUBSTANTIAL INHERITANCES LEFT TO LOVED ONES. A WELL-DRAFTED SPENDTHRIFT TRUST IS ONE OF THE BEST WAYS TO PROTECT YOUR HEIRS FROM THEIR CREDITORS AND PREDATORS (PEOPLE WHO PREY ON PEOPLE WITH MONEY AND EX-SPOUSES WHO FREQUENTLY END UP WITH ONE HALF OR MORE OF A BENEFICIARY'S INHERITANCE). Black's Law Dictionary defines a "spendthrift trust" as a trust created to provide a fund for the maintenance of a beneficiary, and at the same time to secure it against the beneficiary's improvidence or incapacity because the funds are beyond his creditors' reach. Money and property held in a well-drafted spendthrift trust cannot be reached by creditors or predators. The beneficiary can serve as sole trustee of his or her trust and can make distributions from the trust based on his or her reasonable living expenses and health and education needs.

Do you want to establish a spendthrift personal asset protection trust (a PAT) for your beneficiaries that holds their inheritance in trust for their entire lives? We recommend the PAT for all of your heirs and there is no extra charge.

Yes No

If No, at which age(s) or upon what conditions are beneficiaries to receive property outright (for example, "1/3 at 30, 1/2 at 35, remainder at 40" or "1/2 upon finishing college, remainder at age 30").

You will be the initial Trustee of your Revocable Living Trust. You must name one or more successor Trustees to manage the Trust if you cannot due to resignation, incapacity or death. You may select an individual or a financial institution with trust powers under Arizona law to act as your successor Trustee(s). You may also select more than one person or institution to act as Co-Trustees at the same time, and you may provide that they may act with or without the joinder and consent of the other. List trustees on one line below unless you want Co-Trustees in which case put the Co-Trustees names on the same line.

Successor Trustee(s) If You are Incapacitated or Deceased?

Who will serve as successor Trustee of your Revocable Living Trust if you are incapacitated or deceased?

1st Choice _____
2nd Choice _____
3rd Choice _____
4th Choice _____

Option 1 On Your Death: Do you want the trustee to immediately divide the trust assets into one share for each living child and each deceased child who has living descendants and then allocate the assets to a subtrust created to hold each share?

Yes No

The consequence of picking Option 1 is that each share is for use only of the beneficiaries of the share and beneficiaries of other shares may not use or have access to the assets that are allocated to other shares.

In lieu of Option 1, you can pick Option2.

Option 2 On Your Death: Do you want to hold the assets in a common "pot" trust (one single trust) until the youngest reaches a minimum age or the happening of an event such as all children graduate from a four year college?

Yes No

If you pick this option, when should the common pot trust end and the assets be divided equally?

When youngest is _____ or all graduate from a four year college Yes No

The reason some people pick Option 2 is because they do not want to divide their assets into equal shares for the children until they are grown because Option 2 allows money to be spent by the trustee for all beneficiaries based on their needs, which is how most parents spend money on kids. In other words, most parents don't allocate a fixed amount of money to their kids while they are growing up and say that once you spend your share you are out of money.

CONSERVATORS OF ASSETS OWNED BY MINOR CHILDREN

Who do you want to be the Conservator(s) of any assets owned by your minor children (if applicable)? The Conservator(s) will be responsible for investing and protecting assets owned by your minor children until they are 18. If all assets are owned by your Trust, a Conservator is not needed. Naming a Conservator is a safety type provision that hopefully will not be needed because your minor children will not own any significant assets in their own name.

Trustees of Trust Yes No

Same as Guardian Yes No

1st choice _____

2nd choice _____

3rd Choice _____

HEALTHCARE POWER OF ATTORNEY FOR MINOR CHILDREN

If you want us to prepare a Healthcare Power of Attorney for your minor children under the age of 18, complete the information below. This is a document in which you, as a parent, name one or more people to serve consecutively as the person who can make medical decisions for you're the children. This document serves the same purpose as your Healthcare Power of Attorney except you are designating the child's healthcare agent(s) if both parents are deceased, incapacitated or unable to cannot be found. Minor children cannot sign their own Healthcare Power of Attorney because in Arizona they lack the legal capacity.

Agents

1st choice

Full Name Phone

Address: city, state and zip code

2nd choice

Full Name Phone

Address: city, state and zip code

3rd Choice

Full Name Phone

Address: city, state and zip code

PERSONAL REPRESENTATIVE OF YOUR WILL

Please indicate below your choices for the Personal Representative (Executor) of your probate estate (assets owned by you at death that are not owned by your trust) and Successor Trustee of your Living Trust (if applicable). If all of your assets are owned by your trust on the date of your death, there will not be a probate and your Will will not be used unless you have minor children for whom you have named guardian(s) and/or conservator(s).

You will be the initial Trustee of your own Living Trust. Your successor Trustee will act if you cannot due to resignation, incapacity or death. You may select an individual or a financial institution with trust powers under Arizona law to act as your Personal Representative and/or successor Trustee. You may also select more than one person or institution to act as Co-Personal Representatives or Co-Trustees at the same time, and you may provide that they may act with or without the joinder and consent of the other.

Most clients select the same persons to act as both Personal Representative and successor Trustee, but that's strictly a matter of personal choice. People named as a Personal Representative or a successor Trustee do not have to be residents of Arizona. It is usually most efficient from an administration standpoint to have one person serve as Personal Representative.

Who will serve as Personal Representative of your estate?

Trustees of Trust Yes No

1st choice _____
2nd choice _____
3rd Choice _____

GUARDIANS OF MINOR CHILDREN

Who do you want to be the Guardian(s) for your minor children (if applicable)? The Guardian(s) will be responsible for the children (providing a home, food, clothing and all other child-rearing type duties) until they are 18.

1st choice _____
2nd choice _____
3rd Choice _____

CONSERVATORS OF ASSETS OWNED BY MINOR CHILDREN

Who do you want to be the Conservator(s) of any assets owned by your minor children (if applicable)? The Conservator(s) will be responsible for investing and protecting assets owned by your minor children until they are 18. If all assets are owned by your Trust, a Conservator is not needed. Naming a Conservator is a safety type provision that hopefully will not be needed because your minor children will not own any significant assets in their own name.

Trustees of Trust Yes No

Same as Guardian Yes No

1st choice _____
2nd choice _____
3rd Choice _____

FINANCIAL POWER OF ATTORNEY

Please indicate your preferences with respect to your financial Power of Attorney ("FPOA"). Your FPOA gives your designated Agent(s) broad powers to manage your financial affairs on your behalf if you become incapacitated. Because your designated Agent will have the power to deal with your financial affairs the same as you can, you should only select people who you trust completely. Typically, the Agent chosen is a

METHOD TO DETERMINE IF YOU ARE DISABLED

If you were to become incapacitated, you would not be able to continue to serve as trustee under your trust (if you have a trust) and the agent(s) you designate under your financial Power of Attorney and your Healthcare Power of Attorney would become empowered to make decisions for you. A very important piece of your estate plan is the method you chose to determine when you are disabled. Your estate plan documents should contain provisions that state how and when you are found to be incapacitated.

Please select one of the following methods for determining how and when you will be deemed to be incapacitated.

Method of Determining Disability	Selection
Disability panel (indicate panel members below)	<input type="checkbox"/>
Two licensed physicians who must be independent	<input type="checkbox"/>
Two licensed physicians who are not required to be independent	<input type="checkbox"/>
Attending physician	<input type="checkbox"/>
Person named below and the attending physician, but if person is unable to participate in the determination:	
attending physician acts alone	<input type="checkbox"/>
a licensed physician replaces the person	<input type="checkbox"/>
disability panel acts alone	<input type="checkbox"/>

If you will have a disability panel, indicate the members of the panel below. You may have as many members of the panel as you want, but you must have at least one person.

Members of Disability Panel

Primary physician

Attending physician

If you selected a method that involves a disability panel, how does the disability panel make a decision?

Unanimous vote, or Majority vote

LIVING WILL

A Living Will is a document in which you instruct your family and healthcare providers that you do not want to be kept alive by machines if you are in a terminal condition or are “brain dead.” Indicate below if you want a Living Will and if so, answer the questions.

Prepare Living Will	Yes	No
If you are in a terminal condition, do you want action taken to prolong your life?	Yes	No
If you are in brain dead or in a persistent vegetative state, do you want action taken to prolong your life?	Yes	No
Do you want fluids and hydration?	Yes	No
Do you want food and nutrition?	Yes	No
Do you want CPR, electric shock or drugs?	Yes	No
For women: If pregnant, do you want everything done to save the life of your unborn child?	Yes	No

ORGAN DONATION

Do you want us to prepare an Organ Donation Declaration by which you authorize the donation of some or all of your organs after death?

Yes No

LIFE INSURANCE

Do you own any life insurance policies or do you have any ownership rights to any life insurance policies such as the ability to change a beneficiary, the right to borrow money, or the right to cancel or change the policy?

Yes No If yes, list the policies below:

Life Insurance Company	Policy Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ESTIMATED VALUE OF YOUR ESTATE

What is the estimated net value (total assets minus total liabilities) of your estate as of the date of this questionnaire? **Life insurance note:** Include the total amount of all life insurance death benefits payable to your beneficiaries, to you or to your estate under all life insurance policies that you own or in which you have any incidents of ownership such as the ability to change a beneficiary, the right to borrow money, or the right to cancel or change the policy. The amount of life insurance is generally included in your estate for the purpose of determining if your estate will owe any federal estate taxes on your death unless you create an Irrevocable Life Insurance Trust to own the life insurance policies.

The estimated net values of your estate is: \$ _____

SPECIAL CONSIDERATIONS

Are there any especially important (or unusual) estate planning objectives (or problems) for you?

Do you or any of you loved ones have any special needs or concerns?

Do you have any particular areas of charitable interest?

What are your primary goals in estate planning? (Use extra page if necessary)

PET EMERGENCY CARD

Prepare a Pet Emergency Card to carry in your wallets? Yes No

The purpose of the card is to notify others that you have one or more pets in your home that need care if you are not able to take care of the pet(s). The card contains the name(s) of one or more people to notify that they should care for your pet(s).

Names of Pets

Type of Animal

_____	_____
_____	_____
_____	_____

Person to Notify

Phone Number

1st choice	_____	_____
2nd choice	_____	_____
3rd Choice	_____	_____

COMMON ESTATE PLANNING OBJECTIVES

Estate Plan Objectives - rate 1 - 10 with 10 most important	Rating
Save Probate expenses and time	_____
Save Probate expenses and time on second death	_____
Plan and provide for you incapacity	_____
Maintain privacy	_____
Protect, assist and help each child	_____
Protect, assist and help each grandchild	_____
Generation skipping tax planning	_____
Survival of the family business	_____
Sale of the family business upon the death	_____
Asset protection planning	_____
Creditor protection for a child	_____
Protect a child's inheritance from a bad marriage or bankruptcy	_____
Save 100% of the federal estate tax on life insurance	_____

- Special planning for a physically or mentally handicapped child _____
- Special planning for a child of a previous marriage _____
- Disinheriting a child _____

PRIVACY NOTICE

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations Part 313, law firms that provide tax preparation and tax planning services to their clients are categorized as financial service providers and required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorney, Richard Keyt and KEYTLaw, L.L.C., collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions, and other advisors. This information includes information that we receive from you (such as your name, address, income, assets, social security information, and other financial or household information); information about your relationship and past history with us and others (such as the types of legal services we provide to you, your invoice balances and payment history); and information that we receive, with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions and others. We do not disclose any non-public personal information about our clients or former clients to anyone except as permitted and/or required by law and the applicable rules of professional conduct, or as authorized by that client. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with tax returns or tax planning. We restrict access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information. Obviously, we do not sell client information to anyone or disclose client information to marketing companies.

ATTORNEY-CLIENT PRIVILEGE

While the foregoing federal laws and regulations establish rules and disclosure requirements, they do not limit the attorney-client privilege or the confidentiality rules for information provided to attorneys. The privilege and confidentiality rules are governed by Arizona law, the rules imposed on attorneys under Arizona law and our ethics standards. In circumstances where applicable federal laws might allow disclosure, Richard Keyt and KEYTLaw, L.L.C., will continue to follow the stricter non-disclosure rules of attorney-client privilege and client confidentiality. If you have questions or would like additional information about our privacy policy, please do not hesitate to contact us.

SIGNATURE

We will do your planning based upon the information described in this form. By signing this Questionnaire, you acknowledge that you have reviewed this Questionnaire and represent and warrant to Richard Keyt that all information contained in this Questionnaire is accurate and complete. You acknowledge that you have received and reviewed the attached Privacy Disclosure statement at the end of this Questionnaire. The information in this Questionnaire is preliminary information to be used for our initial meeting and your final estate plan documents may contain different information if you change your mind about anything between the time you sign this Questionnaire and the time you sign your final estate plan documents.

The mere fact that you complete, sign and submit this Questionnaire to Richard Keyt does not mean that he has agreed to prepare your estate plan or any related documents. Richard Keyt will not prepare your estate plan and related documents unless all of the following conditions are satisfied: (i) you first meet with Rick to plan your estate plan, (ii) you and Rick sign an engagement agreement that states exactly the services Rick will provide and the legal fees you will pay, and (iii) you prepay one half of the total cost of your estate plan.

Please contact Rick's secretary Milena at 602-906-4953, extension 106, to schedule an appointment to meet with Rick at 3001 East Camelback, Suite 130, Phoenix, Arizona, to design and plan your estate plan. Please do not hesitate to ask if you have any questions about this Questionnaire.

Note: Bring a copy of the deed to your home to your initial consultation. If we prepare a trust for you, we will prepare a deed conveying your home to your trust at no additional charge.

Signature

ATTORNEY NOTES

Restate Existing RLT: Yes No

Existing LLCs: Yes No

Name & date of existing RLT: _____

Pet Emergency Card: Yes No

ILIT: Yes No. ILIT list: Yes No
