



**Larry J. Busch, Jr.**

Attorney At Law

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Licensed in Arizona and Missouri

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

**1. Personal Information**

a. Client Name \_\_\_\_\_

i. Date of Birth \_\_\_\_\_ U.S. Citizen? Yes  No

b. Spouse Name \_\_\_\_\_

i. Date of Birth \_\_\_\_\_ U.S. Citizen? Yes  No

**2. Contact Information:** Send correspondence/billings sent to? Home  Business

a. Home Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Business Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Home Phone: \_\_\_\_\_

d. Work Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

e. Mobile Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

f. Home Fax: (H) \_\_\_\_\_ (W) \_\_\_\_\_

g. Work Fax: (H) \_\_\_\_\_ (W) \_\_\_\_\_

h. Home Email: (H) \_\_\_\_\_ (W) \_\_\_\_\_

i. Work Email: (H) \_\_\_\_\_ (W) \_\_\_\_\_

j. Children

i. \_\_\_\_\_ Birthdate \_\_\_\_\_

ii. \_\_\_\_\_ Birthdate \_\_\_\_\_

iii. \_\_\_\_\_ Birthdate \_\_\_\_\_

iv. \_\_\_\_\_ Birthdate \_\_\_\_\_

**3. Estate Summary**

a. Tax Advisor \_\_\_\_\_

b. Do you own your own company?      Yes       No

i. Company \_\_\_\_\_

- C Corp       S Corp       LLC       Sole

ii. Purpose of business \_\_\_\_\_

iii. # Shares/% Owned \_\_\_\_\_

c. TOD \_\_\_\_\_

d. Banking: Name of Bank

i. Personal Checking Account \$ \_\_\_\_\_

- Joint       Husband       Wife

ii. Personal Savings Account \$ \_\_\_\_\_

- Joint       Husband       Wife

iii. Money Market \$ \_\_\_\_\_

- Joint       Husband       Wife

iv. Other \$ \_\_\_\_\_

- Joint       Husband       Wife

e. Personal Effects (cars, furniture, jewelry, collections)

\_\_\_\_\_  
\_\_\_\_\_

f. Retirement Accounts

i. IRA (H) \$ \_\_\_\_\_      IRA (W) \$ \_\_\_\_\_

ii. 401(k) (H) \$ \_\_\_\_\_      401(k) (W) \$ \_\_\_\_\_

iii. SEP (H) \$ \_\_\_\_\_      SEP (W) \$ \_\_\_\_\_

iv. Simple (H) \$ \_\_\_\_\_      Simple (W) \$ \_\_\_\_\_

v. Pension (H) \$ \_\_\_\_\_      Pension (W) \$ \_\_\_\_\_

vi. Profit Sharing (H) \$ \_\_\_\_\_      Profit Sharing (W) \$ \_\_\_\_\_

vii. Other \_\_\_\_\_

g. Stocks & Bonds

i. (H) \_\_\_\_\_

ii. (W) \_\_\_\_\_

h. Do you have an overall investment/retirement strategy? Yes  No

i. Have you had an investment strategy analysis? Yes  No

j. Real Estate

i. Residence:

• FMV \$ \_\_\_\_\_ Mort Balance \$ \_\_\_\_\_

ii. Other \_\_\_\_\_

• FMV \$ \_\_\_\_\_ Mort Balance \$ \_\_\_\_\_

• FMV \$ \_\_\_\_\_ Mort Balance \$ \_\_\_\_\_

iii. Notes & Mortgages \_\_\_\_\_  
\_\_\_\_\_

k. Life Insurance

i. (H) \_\_\_\_\_

ii. (W) \_\_\_\_\_

l. Disability Insurance

i. (H) \_\_\_\_\_

ii. (W) \_\_\_\_\_

m. What are your liability limits on auto insurance? \$ \_\_\_\_\_

n. What are your liability limits on home insurance? \$ \_\_\_\_\_

o. Do you have an umbrella policy? \_\_\_\_\_

p. Are either of you the beneficiary under any trusts or trust funds? Yes  No

i. If so, please list all inheritance: \_\_\_\_\_

\_\_\_\_\_

q. Other Property \_\_\_\_\_

\_\_\_\_\_

- r. Summary of Estate
  - i. Total Assets \$ \_\_\_\_\_
  - ii. Liabilities \$ \_\_\_\_\_
  - iii. Net Estate \$ \_\_\_\_\_

**4. General Information**

- a. Do you have any special wishes regarding the disposition of your remains?
  - i.  Cremation       Burial
  - ii. Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

a. Do you oppose having an autopsy performed on your body?    Yes     No

b. Donating Organs

- i. Are you an organ donor? Yes     No
- ii. If not, do you wish to donate organs? Yes     No

- For what purpose-check all that apply:

Transplant       Medical Study       Education

**5. Distribution of Estate**

a. Upon the death of the first spouse, do you want anyone other than the surviving spouse to receive any share of your estate? Yes     No

i. If so, please list names and addresses:

Name	Address
_____	_____
_____	_____

b. Upon the death of both of you, do you want to leave a sum of money or a percentage of your estate to someone or something other than your children?

Yes                       No

i. If so, please list their names and addresses:

Name	Address
_____	_____
_____	_____

ii. If no, please answer the following questions:

- Ages for Payout

a.  18       21       25       30       35       40       50       60

b. Other \_\_\_\_\_

iii. Do you want your estate to be divided among your children in equal shares?

Yes                       No

- If no, please Other \_\_\_\_\_

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

c. If a beneficiary dies before receiving his or her share of your estate in full, who do you want such beneficiary's share to go to?

his or her spouse; or

his or her children; or

to your then living children

d. Do any of your children have special needs?      Yes                       No

i. If so, please describe: \_\_\_\_\_

\_\_\_\_\_

ii. If you and all of your children die without any living descendants, describe how you want your estate distributed:

\_\_\_\_\_      ½ to the Husband's heirs and ½ to the Wife's heirs in accordance with the laws of intestacy then in effect in the State of Arizona.

**OR**

\_\_\_\_\_ to the following named person(s) and/or charity(ies) in the following proportions:

Name	Address	Proportion
_____	_____	_____
_____	_____	_____
_____	_____	_____





