

Estate Planning Questionnaire

Date Prepared: _____

Effective estate planning requires the assembly of all relevant information concerning your personal, family, and financial situation. This form has been prepared to aid you in identifying, locating, and organizing that information. Your completion of this form will help us properly evaluate and design your estate plan. Moreover, the information may be valuable to your family in the event of your death or disability. If insufficient space is provided for any information, please include it on a separate sheet. If you have financial statements which provide substantially the same information requested in the asset sections, feel free to substitute them where appropriate. This worksheet has been designed for both married and single persons. If you are single, please ignore the references to spouse. Please print clearly!

**Please return the completed questionnaire to our office before
your first appointment.**

Confidentiality

As is true with any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

Frascona, Joiner, Goodman and Greenstein, P.C.

4750 Table Mesa Drive Boulder, Colorado 80305

Tel. (303) 494-3000 Fax (303) 494-6309

I. PERSONAL INFORMATION

Client A Full Name: _____ Date of Birth: _____ Age: _____

Usual Name(s): _____

Client B Full Name: _____ Date of Birth: _____ Age: _____

Usual Name(s): _____

Phone-Home: _____ Work or Cell-Client A: _____ Client B: _____

Address: _____

Email Address(es) A: _____ B: _____

County of Residence: _____ Date and Place of Marriage: _____

Occupation: Client A: _____ Client B: _____

Employer: Client A: _____ Client B: _____

Both Spouses U.S. Citizens?: Yes No Explain: _____

Have you ever filed a gift tax return Yes No If Yes, please provide copies.

Do you currently have a will or trust? Will: Yes No Trust: Yes No

If Yes, list year and state in which prepared: Year _____ State _____

Have you ever lived in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI) while married to your current spouse? Yes No If Yes, when, and for how many years? _____

Describe your health and life expectancy: _____

Children: (Full Legal Name)	by Client A, Client B or Joint:	A/B/J	Married?	# of children	Date of Birth	Age

Adopted children: _____

Total number of grandchildren: _____ Age range of grandchildren: _____

Are your children and other beneficiaries in good health? _____

Are any of your children (if adult) financially irresponsible? _____

Do any of your children have estates over \$1 million? _____

Are you currently supporting anyone other than you and your spouse? _____

Which of your parents are still living? Client A's father mother Client B's father mother

Prior marriages and legal support obligations of either spouse: _____

Client A: _____

Client B: _____

II. YOUR ESTATE PLAN

(Please indicate your initial thoughts on these items; we will discuss them thoroughly at your appointment.)

A. DISTRIBUTION OF ESTATE

Pre-Residuary Distributions: (Do you want to leave a specific dollar amount or specific property to a specific person or charity before any other distributions?): _____

Tangible personal property (household goods, motor vehicles, furniture, art, jewelry, collections, etc.) to: spouse surviving children other: _____

Distribution of Remainder of Estate:

To my spouse first, if he/she survives me

Any restrictions to be placed on surviving spouse with respect to deceased spouse's property? _____

To my children, equally, and outright, not held in trust

Lifetime trust for each child (which protects the trust assets from a child's creditors, divorce, estate taxes, etc.)

Trust for each child until child reaches the age of: _____

Guidelines for a Trustee: _____

Other: _____

What if a beneficiary predeceases you? To the beneficiary's descendants Divide equally among my remaining beneficiaries

Remote Beneficiaries: If all beneficiaries and descendants listed above predecease you:

To my heirs (remote relatives) only 50% to heirs on each spouse's side of the family (most common)

Other (% to churches, charities, etc.): _____

B. FIDUCIARIES OF ESTATE

Personal Representative (Executor): Whom do you want to manage the administration of your estate?

Surviving spouse is first choice. List other choices in order of priority: _____

Guardians: If you have minor children, whom would you want to serve as their guardian(s)? (The guardian has custody of the child, but not necessarily control of the money): _____

Second choice: _____ Only if still married? _____

Trustee: Whom you would wish to serve as trustee of any trust created by your will or by a separate trust document?

Surviving spouse is first choice. List other choices in order of priority: _____

ADVANCE DIRECTIVES: (Effective during lifetime if you are incapable of acting on your own behalf)

General Durable Power of Attorney. A General Durable Power of Attorney authorizes someone to act on your behalf in financial matters. Your agent's powers may be made effective immediately ("standing" powers), or they may become effective only when you become incapacitated ("springing" powers).

In the event that you become incapacitated, whom would you want to manage your financial affairs?

Client A: Spouse is first choice. Standing (effective now) Springing (effective only upon your incapacity)

List other choices in order of priority: _____ Standing Springing

Client B: Spouse is first choice. Standing Springing

List other choices in order of priority: _____ Standing Springing

Medical Durable Power of Attorney. A Medical Durable Power of Attorney authorizes another person to make health care decisions for you when you are unable to make or communicate such decisions yourself. Whereas a Living Will deals only with terminal illnesses and life-prolonging procedures, a Medical Durable Power of Attorney gives your agent the power to make or communicate healthcare decisions for you in circumstances not limited to life-and-death situations.

Agent(s) for Medical Power of Attorney: Same as above? _____ Others: _____

Living Will. A living will, also called a "Declaration as to Medical and Surgical Treatment," is a document allowing an individual who is terminally ill, and otherwise unable to make or communicate responsible decisions regarding medical care, to request that artificial life-sustaining procedures be withheld or withdrawn. Under current Colorado law, a Living Will only becomes effective when two physicians certify that a patient is terminally ill. When these preconditions are met, the patient has the right, through a previously executed Living Will, to direct how much longer life-sustaining procedures, including artificial nourishment and pain relief, shall be provided.

Does Client A want a Living Will? Yes No Does Client B want a Living Will? Yes No

SPECIAL CONCERNS, requests, questions, or tax planning options? _____

III. FINANCIAL INFORMATION

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate will or trust provisions, including any tax planning. For each asset you list in this questionnaire, please carefully state the name of the owner of the asset by using these codes:

A = Client A is the sole owner; **B** = Client B is the sole owner; **JT** = ownership in joint tenancy with a right of survivorship; **TIC** = ownership as tenants in common; ? = Don't know. If property is in joint tenancy with someone other than your spouse, identify the co-tenant(s) and proportional contributions of consideration to acquire the property.

REAL ESTATE: (Including residences, rentals, time shares, vacant land, oil and other mineral interests)

Description and Location: _____

Date of Acquisition: _____	Ownership: _____
Current Value: _____	Gross Income (monthly): _____
Purchase Price: _____	Mortgage pmt. (monthly): _____
Outstanding Mortgage: _____	Other expenses (monthly): _____
Current Cost Basis: _____	Net Income (monthly): _____
Current Net Value _____	Recorded Beneficiary Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO

Description and Location: _____

Date of Acquisition: _____	Ownership: _____
Current Value: _____	Gross Income (monthly): _____
Purchase Price: _____	Mortgage pmt. (monthly): _____
Outstanding Mortgage: _____	Other expenses (monthly): _____
Current Cost Basis: _____	Net Income (monthly): _____
Current Net Value _____	Recorded Beneficiary Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO

Description and Location: _____

Date of Acquisition: _____	Ownership: _____
Current Value: _____	Gross Income (monthly): _____
Purchase Price: _____	Mortgage pmt. (monthly): _____
Outstanding Mortgage: _____	Other expenses (monthly): _____
Current Cost Basis: _____	Net Income (monthly): _____
Current Net Value _____	Recorded Beneficiary Deed? <input type="checkbox"/> YES <input type="checkbox"/> NO

LIFE INSURANCE POLICIES: (INCLUDING ANNUITIES)

Name: _____ Address: _____

Please fax this sheet to your insurance company, agent and/or employer and obtain complete life insurance information prior to your meeting with us. Also request change of beneficiary forms and any special forms or instructions for designating a *testamentary* trustee as a primary or secondary beneficiary. We have found that you can significantly reduce the cost of your estate planning by providing us with the requested information at your initial conference.

Company	Policy No. (Last 4)	Type of Policy *	Owner	Insured	Beneficiary	Death Benefit Amount	Cash Value	Current Loan Balance

* Term, whole life, accident, group-term, travel

Please fax or return to: Attn: Estate Planning Department
 Frascona, Joiner, Goodman and Greenstein, P.C.
 4750 Table Mesa Drive, Boulder, CO 80305
 Tel: 303-494-3000; Fax: 303-494-6309

NONRETIREMENT ACCOUNTS (Checking, Savings, MM, Securities)..... TOTAL VALUE: _____

Type of Account: Please specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds)

Owner: Please indicate how you hold title to each asset listed below by using these codes: **A** = Client A is sole owner; **B** = Client B is sole owner; **JT** = Joint Tenancy; **TIC** = Tenants in Common; **TRUST** = Trust (please name) **CP** = Community Property

Name of Institution/Issuer	Type	Acct. # (Last 4)	Owner	Approximate Amount (\$)

Are you the named custodian of any UTMA accounts? Yes No

Do you have a safe deposit box? Yes No If Yes, where: _____

Box #: _____ Location of Key: _____

CLOSELY HELD STOCK, PARTNERSHIPS, LLCs AND OTHER BUSINESS INTERESTS: List entity name, type, and ownership %: _____

Is there a Buy-Sell Agreement in place? _____ (If yes, please attach copy)

RETIREMENT ACCOUNTS: (401(K), IRA, etc.).....TOTAL VALUE: _____

Type of Plan	Owner (A or B)	Company	Beneficiary	Value

PENSION(S):

Company	Owner (A or B)	Monthly Benefit	Survivor's Benefit?

SOCIAL SECURITY Monthly benefits currently received: None A: _____ B: _____

PROFIT SHARING, STOCK OPTION, OR DEFERRED COMPENSATION PLANS

(Please describe and attach most recent statement of account):

TANGIBLE PERSONAL PROPERTY (Personal Effects) **TOTAL VALUE:** _____

Type of Property	Owner	Market Value
Automobile		
Automobile		
Household articles, jewelry, furs, guns, sporting goods, china, silverware, antiques, gold, silver or other valuable coins, paintings, stamps, etc.		
Other		
Other		

PROMISSORY NOTES AND ACCOUNTS RECEIVABLE (owed to you, not by you) **TOTAL VALUE** _____

Name of Debtor:	Date Due	Owed To	Secured by	Balance Due

OTHER ASSETS: (Including patent rights, copyrights, contract rights, club memberships, etc.) . **TOTAL VALUE** _____

Description	Owner	Value

ANTICIPATED INHERITANCE, GIFTS OR LAWSUIT: **TOTAL VALUE:** _____

TRUSTS AND POWERS OF APPOINTMENT **TOTAL VALUE:** _____

(Attach copy of document creating trust or power of appointment)

Description	Owner	Value

OTHER ASSETS NOT LISTED ABOVE:

LIABILITIES: (not including mortgages listed on page 4) **TOTAL VALUE:** _____

Description	Owed to whom	Secured by	Amount	Date Due

TOTAL ASSETS - TOTAL DEBT: GRAND TOTAL: \$ _____

INCOME:

Estimated Annual Income – Client A: _____

Estimated Annual Income – Client B: _____

PROFESSIONAL CONTACTS (list name, phone, address):

Accountant:	
Financial Advisor:	
Physician:	
Insurance Agent:	

REFERRED BY: _____

PLEASE BRING TO YOUR INITIAL ESTATE PLANNING MEETING:

- Current wills, if any; location of any prior wills deposited for safekeeping
- Trusts which you have created, if any.
- Trusts of which you are or may be a beneficiary.
- Copies of deeds to real property (for title purposes)
- Life/Health/Disability Insurance policies
- Employee Benefit Plan Descriptions
- Any partnership agreements, business buy-sell agreements and employment contracts.
- Pre or Post-Nuptial Agreements and Divorce Decrees/Property Settlements.
- Any available financial statements
- Copies of any gift tax returns filed
- Information regarding any gifts or inheritances you expect to receive
- Information concerning any funeral or burial arrangements you have made or wish to make.
- Completed Estate Planning Worksheet (see attached form)

This form is provided to help you in designing your Will or Revocable Living Trust. The actual structure of your Will or Trust may involve many complex legal and tax issues not specifically discussed in this form. You are advised to seek competent legal counsel to draft your documents. Please return your completed questionnaire to our office before your first appointment with your attorney.

This Worksheet is provided as a courtesy for estate planning purposes by:

Frascona, Joiner, Goodman and Greenstein, P.C.

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