

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, CO 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):			
Home phone:	Work or cell phone Client A:	Work or cell phone Client B:	
Address:			
Email Address(es) A:		B:	
County of Residence:		Date & Place of Marriage:	
Occupation Client A:		Client B:	
Employer Client A:		Client B:	
Both spouses U.S. Citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Have you ever filed a gift tax return ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies.			
Do you currently have a will or trust? Will: <input type="checkbox"/> Yes <input type="checkbox"/> No Trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, and for how many years?			
Describe your health and life expectancy:			

Children: (Full Legal Name)	Client A/B/J?	Married?	# of children	Date of Birth	Age	City & State of Residence

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 Client A's parents are still living?	Client B's?
Prior marriages and legal support obligations of Client A:	
Prior marriages and legal support obligations of Client B:	

For Future Contact Purposes – Storage of Estate Planning Documents			
Client A Next of kin name: (other than spouse)		Relationship:	
Next of kin email:		Phone:	
Next of kin address:			
Client B Next of kin name: (other than spouse)		Relationship:	
Next of kin email:		Phone:	
Next of kin address:			

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?):

[Empty text box]

Tangible Personal Property (household goods, motor vehicles, furniture, art, jewelry, collections, etc.) to:

spouse surviving children, or Other:

[Empty text box]

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?

[Empty text box]

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:

[Empty text box]

Guidelines for a Trustee:

[Empty text box]

Other:

[Empty text box]

What if a beneficiary predeceased 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:

[Empty text box]

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):

[Empty text box]

Guardian Second choice:

[Empty text box]

Only if still married: yes no

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:

[Empty text box]

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 (effective now). Springing (effective only upon your incapacity).

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, request, 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 Address:			
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?	

Description and Address:			
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?	

Description and Address:			
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?	

LIFE INSURANCE POLICIES (INCUDING ANNUITIES):

Name:		Address:	
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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 & 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:	
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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: <input type="checkbox"/> None A:		B:	
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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, stamps, silverware, antiques, gold, silver or other valuable coins, paintings, etc.			
Other			
Other			

PROMISSORY NOTES & ACCOUNTS RECEIVABLE (owed <i>to</i> 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 POWER OF APPOINTMENT (attach copy)		TOTAL VALUE:	
Description	Owner	Value	

OTHER ASSETS NOT LISTED ABOVE	TOTAL VALUE:	

LIABILITIES				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:	
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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

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:

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