

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**  
**WHEN REPRESENTING ONE CLIENT**

*NOTE: Please take care in providing the following information. We will rely on this information, especially as to the ownership and your best estimate as to the value of assets. If you need assistance in confirming ownership valuation or beneficiary designation information, we would be glad to help.*

Date: \_\_\_\_\_

I. PERSONAL DATA

1. General Information	
Principal name (as it should appear on legal documents and as it appears on title to property held):	
Other versions of your name:	
Date of birth:	U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, citizen of:
Home address (street):	
City	State
	Zip
County of residence:	Home telephone: (      )
Home fax: (      )	Home e-mail:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> living with someone but not in a committed relationship <input type="checkbox"/> Married (if same sex, what state? _____) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Committed Partner <input type="checkbox"/> Civil Union <input type="checkbox"/> Registered Domestic Partners (what city or state? _____) <input type="checkbox"/> Designated Beneficiaries (in which Colorado county was the agreement recorded? _____)	
Principal name of significant other/spouse/partner, if any:	
Business or profession:	
Name of company:	
Business address (street):	
City	State
	Zip
Business Telephone: (      )	Business Telephone: (      )
Business E-mail:	Business E-mail:
Previously Married or in a Civil Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Designated Beneficiary Agreement revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of health:	

2. Referred by \_\_\_\_\_

### 3. Children

Child 1 name:		
Date of birth:		
Address: Street		
City	State	Zip
Telephone no.:		
Biological Parent(s) of Child (if applicable):		Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's spouse and children (if applicable):		

Child 2 name:		
Date of birth:		
Address: Street		
City	State	Zip
Telephone no.:		
Biological Parent(s) of Child (if applicable): <input type="checkbox"/> No		Adopted? <input type="checkbox"/> Yes
Child's spouse and children (if applicable):		

Child 3 name:		
Date of birth:		
Address: Street		
City	State	Zip
Telephone no.:		
Biological Parent(s) of Child (if applicable): <input type="checkbox"/> No		Adopted? <input type="checkbox"/> Yes
Child's spouse and children (if applicable):		

Child 4 name:		
Date of birth:		
Address: Street		
City	State	Zip
Telephone no.:		
Biological Parent(s) of Child (if applicable): Yes <input type="checkbox"/> No <input type="checkbox"/>		Adopted? <input type="checkbox"/>
Child's spouse and children (if applicable):		

4. Have you placed any children to adoption?  Yes  No
5. Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will?  Yes  No
- If yes, please provide copy of the contract with the depository.
6. How would you like to refer to your spouse, partner in a civil union, or other member of your couple in your estate planning documents? husband or wife partner in a civil union life partner boyfriend or girlfriend companion Other: \_\_\_\_\_
7. In a generic reference/definition in your Will to a person's spouse (other than your own), do you want to include civil unions and domestic partners?  Yes  No
8. Other intended beneficiaries:

Name	Address	Relationship

9. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. List any charitable beneficiaries: \_\_\_\_\_  
 \_\_\_\_\_

11. Do you have pets at home that should be mentioned in your Will and/or power of attorney? If so, list type of pet, what kind of care or funds are needed, and name of person to care for pet:

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13. Names, addresses and phone numbers of other Advisors:

Accountant: \_\_\_\_\_

Financial Planner: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_

Trust Officer: \_\_\_\_\_

Other: \_\_\_\_\_

II. ASSETS AND LIABILITIES

1. Real estate: (including oil and other mineral interests)

Description & Location	In Whose Name; (Any Co-Ownership)*	Mortgage Amount	Gross Value

\* NOTE: If you co-own any property with another person please note the details. Property co-owned by you and another may be either as tenants in common (in which case each of your one-half interest passing under your will) or as joint tenants with right of survivorship (in which case your interest passes automatically at death to the surviving joint tenant). Special language is required to create a joint tenancy. Ownership simply in the names of you and another person with terms such as "joint tenancy" creates a tenancy in common. Adding another person to a deed may result in a taxable gift.

2. Life insurance and non investment type annuities:

Name of Company Policy No. & Type	Owner of Policy	Face Amount	Name of Insured	Named Beneficiaries (Primary and Contingent)

\*NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

3. Checking and savings accounts:

Name of Bank & Location	Account Type	Typical Balance	Ownership (own name, joint, POD – pay on death)

4. Government Bonds: (federal, state, and municipal)

Type	Amount	Ownership

5. Publicly Traded Corporate Stocks/Bonds/Mutual Funds/Annuities (Non-Retirement Accounts):

Name of Company	Type and No of Shares	Current Quotes	Value	Ownership (own name, joint, POD – pay on death)

6. Business Interests: (Closely Held Stock; Partnership Interests; etc.)

Description	Value	Ownership

7. Pension and Retirement Benefits: (including IRA, 401(k) plans, “qualified plans” and social security coverage)

Description	Value	Ownership	Named Beneficiaries (primary and contingent)

8. Notes and Mortgages Payable to You; Accounts Receivable Owned by You:

Debtor	Type	Value	Ownership

9. Personal and Household Property: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

Description	Value	Ownership

10. Trusts, Powers of Appointment, Expected Inheritances:

Description	Value	Ownership

11. Other Assets: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc. Also see our separate spreadsheet, which is found on our website, for examples of digital assets so you can list accounts, usernames and passwords to assist your fiduciaries.)

Description	Value	Ownership

12. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

Description	Creditor	Amount

13. Summary of assets and liabilities:

Description:	Total Value
Real estate	
Life insurance	
Checking and savings accounts	
Government bonds	
Corporate stocks and bonds	
Notes, mortgages and A/R	
Business interests	
Personal and household property	
Trusts, powers, expectancies	
Pension and retirement benefits	
Other assets	
Total Gross Assets	\$
Total Liabilities	\$
Grand Total (Net Asset Value)	\$

14. Safety deposit box:

Bank	Box No.	Location of Key	Name or Names in which Rented

III. GIFT TRANSFERS

1. Taxable transfers:

Have you made gifts which may be reportable for gift tax purposes (or any more than the annual exclusion amount)?  Yes  No  Don't know



2. Returns:

Have you filed any gift tax returns?  Yes  No

If yes, please attach copies of the returns.

IV. EXISTING DOCUMENTS

Do you presently have:

- 1. A financial power of attorney? \_\_\_\_\_
- 2. A health care power of attorney? \_\_\_\_\_
- 3. Wills? \_\_\_\_\_
- 4. Revocable or Irrevocable Trusts? \_\_\_\_\_
- 5. Living Will? \_\_\_\_\_
- 6. Cohabitation or property agreement? \_\_\_\_\_
- 7. Pre- or post-nuptial agreement?  
Or Pre- or post-civil union agreement? \_\_\_\_\_
- 8. If divorced, dissolution of marriage or  
civil union Separation Agreement  
or court order? \_\_\_\_\_
- 9. Designated Beneficiary agreement? \_\_\_\_\_

If so, please provide us with copies of these documents.

V. PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

1. Personal Representative (Executor) of your estate (primary and backup):

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2. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):

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3. Personal Guardian or Guardians for minor children (primary and backup):

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4. Holder of your financial power of attorney (primary and backup):

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5. Holder of your health care power of attorney (primary and backup):

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\_\_\_\_\_  
Signature