**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:

1. Personal Data

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| --- | --- |
| 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: □ Yes □ No, if no, citizen of: |
| Home address (street): | |
| City State Zip | |
| County of residence: | Home telephone: ( ) |
| Home fax: ( ) | Home e-mail: |
| Marital Status: □ Single □ living with someone but not in a committed relationship □ Married (if same sex, what state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Widowed □ Divorced □ Committed Partner □ Civil Union □ Registered Domestic Partners (what city or state?\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □ 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? □ Yes □ No  Designated Beneficiary Agreement revoked? □ Yes □ No | |
| Condition of health: | |

1. Referred by

|  |  |
| --- | --- |
| 1. **Children** | |
| Child 1 name: | |
| Date of birth: |  |
| Address: Street | |
| City State Zip | |
| Telephone no.: | |
| Biological Parent(s) of Child (if applicable): Adopted? □ Yes □ 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): Adopted? □ Yes □ No | |
| 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): Adopted? □ Yes □ No | |
| 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): Adopted? □ Yes □ No | |
| Child’s spouse and children (if applicable): | |

1. Have you placed any children to adoption? □ Yes □ No
2. 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.

1. 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:
2. 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
3. Other intended beneficiaries:

|  |  |  |
| --- | --- | --- |
| Name | Address | Relationship |
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1. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.):

1. List any charitable beneficiaries:

1. 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:

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

Accountant:

Financial Planner:

Insurance Agent:

Investment Advisor:

Trust Officer:

Other:

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

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

1. 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) |
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\*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.

1. Checking and savings accounts:

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| --- | --- | --- | --- |
| Name of Bank & Location | Account Type | Typical Balance | Ownership (own name, joint, POD – pay on death) |
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* 1. Government Bonds: (federal, state, and municipal)

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| --- | --- | --- |
| Type | Amount | Ownership |
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* 1. Publicly Traded Corporate Stocks/Bonds/Mutual Funds/Annuities (Non-Retirement Accounts):

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| --- | --- | --- | --- | --- |
| Name of Company | Type and No of Shares | Current Quotes | Value | Ownership (own name, joint, POD – pay on death) |
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* 1. Business Interests: (Closely Held Stock; Partnership Interests; etc.)

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| --- | --- | --- |
| Description | Value | Ownership |
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* 1. Pension and Retirement Benefits: (including IRA, 401(k) plans, “qualified plans” and social security coverage)

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| --- | --- | --- | --- |
| Description | Value | Ownership | Named Beneficiaries (primary and contingent) |
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* 1. Notes and Mortgages Payable to You; Accounts Receivable Owned by You:

|  |  |  |  |
| --- | --- | --- | --- |
| Debtor | Type | Value | Ownership |
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|  |  |  |  |

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

| Description | Value | Ownership |
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* 1. Trusts, Powers of Appointment, Expected Inheritances:

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| --- | --- | --- |
| Description | Value | Ownership |
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* 1. 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.)

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| --- | --- | --- |
| Description | Value | Ownership |
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* 1. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

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| --- | --- | --- |
| Description | Creditor | Amount |
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1. 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) | $ |

1. Safety deposit box:

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| --- | --- | --- | --- |
| Bank | Box No. | Location of Key | Name or Names  in which Rented |
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1. Gift Transfers
2. 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

* 1. 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?

* 1. 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):

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

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

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

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

Signature

Questionnaire for Single Person.doc