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CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

PERSONAL AND FAMILY INFORMATION
 (Throughout this form, please provide as much information as possible)

DATE: _____

Referred by: _____

Self	Spouse/Partner
Full Legal Name: _____	Full Legal Name: _____
Name Variations/Nicknames (including Maiden Name, or names in which title is held, if applicable): _____	Name Variations/Nicknames (including Maiden Name, or names in which title is held, if applicable): _____
Usual signature on legal documents: _____	Usual signature on legal documents: _____
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, citizen of what country? _____	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, citizen of what country? _____
Contact Information:	Contact Information:
Home Phone: _____	Cell Phone: _____
Cell Phone: _____	
Home Address:	
Street _____	
City _____	
State _____ ZIP _____	
Email Address: _____	Email address: _____
Job Description or Title, Company Name, Address & Phone Number	Job Description or Title, Company Name, Address & Phone Number
_____	_____
_____	_____
_____	_____
Personal Information:	Personal Information:
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Health Problems: _____	Health Problems: _____
Taxpayer of what County and State? _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Date of Marriage: _____	Place of Marriage: _____
Pre-Marital/Post-Marital Agreement executed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide a copy.	
While married, have you lived in any of the following community property states?	
<input type="checkbox"/> Arizona <input type="checkbox"/> California <input type="checkbox"/> Idaho <input type="checkbox"/> Louisiana <input type="checkbox"/> Nevada <input type="checkbox"/> New Mexico <input type="checkbox"/> Texas <input type="checkbox"/> Washington <input type="checkbox"/> Wisconsin	
Date of Previous Marriages (if any): _____	Date of Previous Marriages (if any): _____
Date Terminated: _____	Date Terminated: _____
Previous Spouse: _____	Previous Spouse: _____
Obligations, if any, under Divorce Decree: _____	Obligations, if any, under Divorce Decree: _____

FAMILY INFORMATION

* If, applicable, indicate in Column 2 whether each **child** is a child of: Current Marriage - **CM** or Previous Marriage - **PM**
 ** If **child** is a child of a previous marriage, please indicate in Column 3, whether this is your child or your Spouse/Partner's child

Full Legal Name	*CM PM	**Child of Self/ Spouse/Partner	Address & Phone Number	Birth Date	If Married, Name of Spouse	# of Children

Are your children U.S. citizens? Yes No If no, explain: _____

If any children are deceased, explain: _____

If any children are adopted or divorced, explain: _____

If any children have health problems or disabilities, or need special care or services, explain: _____

Do you have pets you wish to provide for after your death? Yes No If yes, explain _____

Grandchildren, if any:

Name	Address & Phone Number	Birth date

Other Dependents (i.e., parents):

Name	Address & Phone Number	Birth date	Relation

Military Service:

Branch	Self/Spouse/ Partner	Rank	Service/Serial No.	Location of Discharge Certificate	Dates of Service

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ASSETS

For Asset Ownership, please use the following key:

S = Husband P = Spouse/Partner JT = Joint Tenancy CP = Community Property

A. CASH ACCOUNTS (checking, saving, certificate of deposit, money market, etc.) **DO NOT INCLUDE ANY RETIREMENT/IRA CASH ACCOUNTS**

Name of Institution	Type	Ownership	Average Balance

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/ PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

B. PERSONAL PROPERTY AND HOUSEHOLD EFFECTS

1. Motor Vehicles (include trucks, motorcycles, boats and recreational vehicles):

Type	Model & Year	Title Owner	Loan Balance	Market Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY Spouse/ Partner	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

2. Personal Goods:

Description	Ownership	Current Value
Household furnishings (<u>estate sale value</u>)		
Jewelry		
Valuables/Collectibles (including silverware, china, guns, tools, furs, gold, silver, valuable coins and paintings)		

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

C. REAL ESTATE (include recreation and investment property):

Description/Location	Purchase Price	Mortgage Balance	Ownership	Market Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

D. RETIREMENT, PENSION, PROFIT-SHARING AND DEATH BENEFITS--list any vested interest in a qualified pension plan, profit-sharing plan, savings or thrift plan, stock bonus plan, self-employed retirement plan (Keogh) (401(k)), individual retirement account (IRA), tax deferred annuity (403 (b)), PERA, deferred compensation plan, or any other plan or benefit. Please obtain provide us with a copy of each plan document.**(Please provide as much of the following information as possible.)**

Name of Plan & Address	Account #	Owner	Primary Beneficiary	Secondary Beneficiary	Type of Plan	Distribution Election	Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL	\$

E. MARKETABLE STOCKS, U.S. GOVERNMENT SECURITIES, LIMITED PARTNERSHIPS AND MUTUAL FUNDS

Description & # of Shares/Units (attach extra pages if needed)	Broker/Brokerage house	Date of Purchase	Purchase Price	Ownership	Market Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

F. U.S. GOVERNMENT SAVINGS BONDS:

Description	Ownership	Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

G. STOCK OPTIONS:

Description	# of Shares	When Exercisable	Option Price	Owner	Current Share Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

J. NOTES, MORTGAGES, RECEIVABLES, AND ANY OTHER DEBTS DUE FROM OTHERS:

Owed to You By	Interest Rate	Rate of Payment	Face Amount	Owner	Unpaid Balance

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

K. INTANGIBLE PROPERTY (patents, copyrights and trademarks):

Description	Type of Property	Expiration	Annual Income	Owner	Current Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

L. BUSINESS INTERESTS:

	Business A	Business B
Business name:		
Address:		
Owner:		
Percent Owned:		
Form (corp., S-corp, partnership, sole proprietor, LLC, LLLP, etc.):		
Type of business:		
If partnership, is there a written agreement?		
Tax basis for your interest:		
Do you have plans to dispose of interest during lifetime?		
Your business plans if you become disabled.		
Disposition of your interest after your death (transfer to family, sale to co-owners, sale to key employees, liquidate, other):		
Is there a buy/sell or redemption agreement? Describe. (Attach any insurance.)		
Fair market value of your interest:	\$	\$

Please provide financial statements for the previous three years and a copy of any buy/sell or redemption agreement.

M. TRANSFERABLE MEMBERSHIPS: (i.e., memberships in clubs, frequent flier mileage or season tickets)

Description	Owner	Current Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

N. OTHER ASSETS (i.e., oil, gas, and mineral interests):

Description	Loan	Percent Owned	Owner	Market Value

TOTAL OWNED BY SELF	\$
TOTAL OWNED BY SPOUSE/PARTNER	\$
TOTAL OWNED JOINTLY	\$
TOTAL	\$

LIABILITIES

(INCLUDE: NOTES, MORTGAGES, CREDIT CARDS, AND ANY OTHER DEBTS)

Description	Creditor	Debtor	Security	Interest Rate	Due Date	Amount Owed

TOTAL OWED BY SELF	\$
TOTAL OWED BY SPOUSE/PARTNER	\$
TOTAL OWED JOINTLY	\$
TOTAL	\$

OTHER INFORMATION

A. INCOME AND EMPLOYMENT:

	Self	Spouse/Partner
Income, commissions, bonus:		
Interest and dividends:		
Investment income:		
Rents, royalties & other income:		
Employer-provided disability plan:		
Employer-provided accident and health plan:		
Are you covered by Social Security?		

B. GIFTS

1. Have you made gifts of cash or property (other than to charities) in **any one year** to any one person which exceeded \$3000 in value and which were made prior to January 1, 1982? **Yes** **No** On or after January 1, 1982, have you made such a gift in excess of \$10,000? **Yes** **No** If gift tax returns were filed, please furnish copies of federal and state gift tax returns. If not, complete the following:

Gift	Gift Date	Donor	Donee	Gift under Trust? If so, provide document	Fair Market Value
TOTAL					

2. Have you made any Uniform Gift/Transfers to Minors Act gifts? _____

Are you custodian of any Uniform Gift/Transfers to Minors Act property? Explain. _____

C. MISCELLANEOUS:

	Self	Spouse/Partner
Do you have executed estate planning documents in existence at the present time? (If so, please provide a copy.)		
Do you expect gifts or inheritances in near future? Explain.		
Do you expect to be beneficiary of a Trust created by someone other than yourself?		
Do you have any interest in a trust created by someone other than yourself?		
Do you have a cemetery plot or other arrangements for your remains? Describe.		
Location of safe deposit box and persons who have access:		
Did you own substantial property prior to marriage? Explain.		

	Self	Spouse/Partner
Name, address and phone number of accountant/advisors:		

ESTATE PLANNING GOALS AND WISHES

A. DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your assets distributed?

2. If you and your Spouse/Partner both die prematurely, should your children receive property at age 18 **or** should it be held to a later age?

3. If held until a later age, at what age would the distribution/s be made? Would you be interested in protecting the assets from a child's creditors and/or divorcing Spouse? _____

Do any of your children have special education, medical, or financial needs? _

4. Do you contemplate making future gifts? Yes No Describe: _____

5. Do you wish to include adopted persons within the definition of a person's descendants/children? _____

6. Have you or other family members engaged in or intend to engage in assisted reproduction? _____

If yes, do you wish to convey any instructions on whether frozen gametes may be used postmortem? _____

If yes, do you wish to specify any time limits for the birth of a child conceived through frozen gametic material to be included under your Will? _____

7. Are you a party to a Designated Beneficiary Agreement pursuant to the Colorado Designated Beneficiary Agreement Act? _____

8. Do you wish to make gifts to any religious or other charitable organization? Yes No

	Name	Address
1 st Religious or Charitable Organization		
2 nd Religious or Charitable Organization		
3 rd Religious or Charitable Organization		

9. If you are not survived by your Spouse/Partner, and if none of your children (or grandchildren) are living at the time of your death *or at the time a trust terminates*, do you want your estate to go to:

	Self	Spouse/Partner
Your Family		
Spouse/Partner's Family		
Equally to your family and Spouse/Partner's family		
Elsewhere? Explain		

10. **Personal Representative (PR)**--A Personal Representative (executor) must be designated in your Will and an alternate should be designated in the event that your first choice is not able to serve. A Personal Representative should be someone whom you would trust with your affairs. It is the responsibility of the Personal Representative to see that the terms of your Will are carried out according to your wishes. Whom do you wish to serve as your Personal Representative?

	Self	Spouse/Partner
Primary PR--Name & Address		
1 st Alternate--Name & Address		
2 nd Alternate--Name & Address		
3 rd Alternate--Name & Address		

11. **Guardian**--If you have minor children under the age of 18, a Guardian should be named in your Will. You should appoint the person you wish to take care of your children until they are of legal age in case you and your Spouse/Partner are unable to do so. If you believe the Guardian is not capable of handling the assets belonging to the children, then a separate trustee should be named who would be responsible for administering the assets until the children reach legal age or some later age as specified by you. This trustee would have no personal responsibility for the day-to-day care of the minor child, but would have control over his or her assets. If a Guardian for your child or children (under age 18 or disabled) is needed, whom do you wish to serve?

	Self	Spouse/Partner
Primary Guardian--Name & Address		
1 st Alternate--Name & Address		
2 nd Alternate--Name & Address		
3 rd Alternate--Name & Address		

12. **Trustee**--Whom or which organization would you like appointed as trustee of any trusts created under your estate planning documents?

	Self	Spouse/Partner
Primary--Name & Address		
1 st Alternate--Name & Address		
2 nd Alternate--Name & Address		
3 rd Alternate--Name & Address		

LIFETIME PLANNING INFORMATION

13. **Power of Attorney regarding Financial Decisions**--Whom would you like to make financial decisions on your behalf if you are unable? We recommend that this be the same person as named as **Personal Representative**.

	Self	Spouse/Partner
Primary--Name & Address		
1 st Alternate--Name & Address		
2 nd Alternate--Name & Address		
3 rd Alternate--Name & Address		

14. **Power of Attorney regarding Medical Decisions**--Whom would you like to make medical decisions on your behalf if you are unable? Provide name, address and phone number.

	Self	Spouse/Partner
Primary Name Address Phone Number		
1 st Alternate Name Address Phone Number		
2 nd Alternate Name Address Phone Number		
3 rd Alternate Name Address Phone Number		
Do you have any interest in organ donation or have you made donor arrangements?		

SUMMARY OF ASSETS AND LIABILITIES

Item	Self	Spouse/Partner	Joint
A. Cash Accounts			
B1. Motor Vehicles			
B2. Personal Goods			
C. Real Estate			
D. Retirement/Pension			
E. Marketable Stocks			
F. U.S. Gov't Savings Bonds			
G. Stock Options			
H1. Ind'l Life Insurance - (Face Amount)			
H2. Group Life Insurance (Face Amount)			
I. Annuities			
J. Notes, Mortgages			
K. Intangible Property			
L. Business Interests			
M. Transferable Memberships			
N. Other Assets			
TOTALS	\$	\$	\$
O. Less Liabilities	\$	\$	\$
NET ASSETS	\$	\$	\$
		COMBINED TOTAL	\$