

# CONFIDENTIAL ESTATE PLANNING WORK SHEET

(Married or Single - Single Persons Please Ignore References to Spouse)

**PERSONAL INFORMATION:** The following information is helpful to properly evaluate and design your estate plan. Moreover, the information provided may be valuable to your family in the event of death or disability. If necessary, continue answers on the back page or attach other pages, schedules or statements. **Please Print Clearly!**

Husband's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Usual Name(s): \_\_\_\_\_ SS# \_\_\_\_\_

Wife's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Usual Name(s): \_\_\_\_\_ SS# \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work-Husband: \_\_\_\_\_ Work-Wife: \_\_\_\_\_

Address (inc. City & ZIP): \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Occupation: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

If married, do you want: \_\_\_\_\_ A Joint Trust or \_\_\_\_\_ Two Individual Trusts? Check one only.

Both Spouses U.S. Citizens?: Yes No Have you ever filed a gift tax return? Yes No

Have you ever lived in a Community Property State (AZ,CA,ID,LA,NV,NM,TX,WA,WI)? Yes No

Describe your health and life expectancy: \_\_\_\_\_

Children (Indicate if by Husband, Wife or Joint= H/W/J) If none, list other beneficiaries; Include middle initial	Sex	H/W/J	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deceased Children, if any: \_\_\_\_\_ Any children: \_\_\_\_\_

Are your children and other beneficiaries in good health? \_\_\_\_\_

Are any of your children/beneficiaries financially irresponsible? \_\_\_\_\_

Do any of your children/beneficiaries have taxable estates (over \$5,000,000)? \_\_\_\_\_

**GUARDIANS:** For minor children, who would you want to serve as their Guardian. (The Guardian has custody of the child, but not necessarily the money. Indicate name and relationship):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Are you currently supporting anyone other than you and your spouse? \_\_\_\_\_

Do you view your assets as: \_\_\_\_\_ Equally owned by both spouses; or \_\_\_\_\_ We keep our assets separate.

To make your initial consultation more effective for you, please check one of the following:

- \_\_\_\_\_ I would like to proceed with a living trust estate plan.
- \_\_\_\_\_ I am not interested now, but would like some general information; or
- \_\_\_\_\_ I need to have questions answered before I proceed (List questions on a separate sheet.)

**FINANCIAL MANAGEMENT:** In the event that you were mentally disabled or deceased, who would you want to manage your financial affairs? \_\_\_\_ Surviving Spouse is first choice. List other choices in order of priority:

\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTIONS ON DEATH:** Household goods to: \_\_\_\_ Spouse \_\_\_\_ Surviving Children Other: \_\_\_\_\_  
Upon your death, how would you like your other property distributed? What if a beneficiary predeceases you? Also, indicate if the amount or percentage is to be distributed outright or held in trust-give terms, i.e. 1/3 every 5 years

\_\_\_\_ To, or for the primary benefit of, my spouse; then:

\_\_\_\_ To my children, equally, and outright, not held in trust; if deceased to their children. Or other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC DISTRIBUTION:** (Only if you want to leave a specific dollar amount or property to a specific person before the above distribution): \_\_\_\_\_

**ULTIMATE BENEFICIARIES:** If all beneficiaries and descendants listed above predecease you:

\_\_\_\_ To my heirs under Colorado law (Joint Trust = 1/2 to each spouse's side of the family)

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

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

\_\_\_\_\_

Do you want a Living Will? \_\_\_\_ A Power of Attorney for Health Care? \_\_\_\_ Who? \_\_\_\_\_

A Financial General Power of Attorney? \_\_\_\_ Who? \_\_\_\_\_

Special Concerns, Requests, Questions, or Tax Planning Options? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:** Ownership of assets can determine to whom assets will pass upon your death. Ownership may negate will or trust provisions, including any tax planning. Exact values are NOT required. Please indicate how you hold title to each asset listed below by using these codes: **H** = Husband is sole owner; **W** = Wife is sole owner; **I** = Individual; **JT** = Joint Tenancy; **TIC** = Tenants in Common; **CP** = Community Property; **?** = Don't know.

Do you have a Safe Deposit Box? \_\_\_\_ Where: \_\_\_\_\_

**RETIREMENT PLANS (including IRA's):** **TOTAL VALUE:** \_\_\_\_\_

Type of Plan/Owner	Company	Beneficiary	Value/Income
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____

Are you currently receiving Social Security or pension benefits? \_\_\_\_ Source/Amount \_\_\_\_\_



**NOTES RECEIVABLE (owed to you, not by you):**

**TOTAL VALUE:** \_\_\_\_\_

Name of Debtor:	Date Due	Owed to	Secured by	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL EFFECTS:**

**TOTAL VALUE:** \_\_\_\_\_

Type of Property	Owner	Market Value
Automobiles	_____	_____
Furniture, Jewelry, Household	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

**ANTICIPATED INHERITANCE, GIFTS OR LAW SUITS:**

**TOTAL VALUE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIABILITIES (not previously listed):**

**TOTAL AMOUNT:** \_\_\_\_\_

Owed to Whom:	Signer(s)	Secured by	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER ASSETS NOT LISTED ABOVE:** \_\_\_\_\_

**Summary by ownership:** For jointly owned property, include 50% for husband and 50% for wife; Include death benefits of life insurance as insured's assets: **Husband's Assets:** \_\_\_\_\_ **Wife's Assets:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

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*This form is provided to help you in designing your estate plan. It is not meant to give specific legal or tax advice. The actual structure of your estate plan 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. You should bring this form with you to your first appointment.*