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**Estate Planning Questionnaire
(for Single Individuals)**

Prepared _____, 201_

A good estate plan requires that all relevant information concerning your personal, family, and financial situation be assembled. This form has been prepared to aid you in organizing that information.

PERSONAL INFORMATION:

Legal Name _____

Other Names Used _____

Birth Date _____

Home Address _____

Mailing Address _____

County of Residence _____

Home Telephone _____

Mobile Telephone _____

E-Mail Address _____

Fax Number _____

Occupation/Business _____

Employer _____

Business Address _____

Business Telephone _____

Single

Divorced

Widowed

If Widowed, Spouse's Name _____

Spouse's Date of Death _____

Referred By _____

NAMES OF ADVISORS:

Accountant _____

Insurance Agent _____

Financial Advisor _____

Are you pleased with all of your advisors? Yes No

OTHER CONSIDERATIONS:

Are you a US citizen? Yes No
If no, please explain: _____

Do you own property in any other country? Yes No
If yes, which country? _____

Have you completed a designated beneficiary agreement? Yes No
If yes, please explain: _____

Do you have support or settlement obligations? Yes No
If yes, please provide a copy of that obligation.

Do you receive governmental benefits? Yes No
If yes, please explain: _____

Do any of your anticipated beneficiaries receive governmental benefits? Yes No
If yes, please explain: _____

Are any children or anticipated beneficiaries disabled? Yes No
If yes, please explain: _____

Will any of your anticipated beneficiaries (excluding minor children) need assistance with managing their funds? Yes No
If yes, please explain: _____

Are you the beneficiary of any trust? Yes No

Do you have a power of appointment under any trust? Yes No

Do you anticipate receiving a substantial inheritance?

Yes

No

Have you ever filed gift tax returns?

Yes

No

If yes, please provide copies of the returns.

Please provide any other information that may be relevant: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Prior Wills or Trusts**
- Prior Powers of Attorney Documents**
- Prior Living Wills**
- Designated Beneficiary Agreement**
- Separation Agreements**
- Support Obligation Documentation**
- Gift Tax Returns**
- Prenuptial/Postnuptial/Antenuptial Agreements**

ASSET INFORMATION:

How you own your property is important for purposes of properly designing and implementing your estate plan. For each asset please indicate how it is titled. Please use the following abbreviations:

| | |
|--|---|
| Owner of Property | Use applicable designations below: |
| Sole Owner | I |
| Joint Tenancy | JT |
| Tenants in Common | TC |
| If you cannot determine how the property is owned | ? |

REAL PROPERTY:

| <u>General Description</u> | <u>Owner</u> | <u>Market Value</u> | <u>Loan Balance</u> | <u>Equity</u> |
|-----------------------------------|---------------------|----------------------------|----------------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total | | | | _____ |

FURNITURE, COLLECTIONS AND PERSONAL EFFECTS:

| <u>Type or Description</u> | <u>Owner</u> | <u>Market Value</u> |
|--|---------------------|----------------------------|
| <u>Miscellaneous Furniture and Household Effects</u> | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total | | _____ |

AUTOMOBILES, BOATS AND RVS:

| <u>General Description</u> | <u>Owner</u> | <u>Market Value</u> | <u>Loan Balance</u> | <u>Equity</u> |
|----------------------------|--------------|---------------------|---------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | Total | _____ | _____ | _____ |

BANK & SAVINGS ACCOUNTS:

| <u>Name of Institution</u> | <u>Account number</u> | <u>Type*</u> | <u>Owner</u> | <u>Amount</u> |
|----------------------------|-----------------------|--------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | Total | _____ | _____ |

* *Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD), Money Market (MM). Please do not include IRAs or 401Ks here.*

STOCKS AND BONDS:

| <u>Stocks, Bonds, or Investments</u> | <u>Acct. Number</u> | <u>Owner</u> | <u>Amount</u> |
|--------------------------------------|---------------------|--------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | Total | _____ |

LIFE INSURANCE POLICIES AND ANNUITIES:

| <u>Name of Institution</u> | <u>Owner</u> | <u>Beneficiaries</u> | <u>Value</u> |
|-----------------------------------|---------------------|-----------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total _____ |

RETIREMENT ACCOUNTS:

| <u>Name of Institution</u> | <u>Owner</u> | <u>Beneficiaries</u> | <u>Value</u> |
|-----------------------------------|---------------------|-----------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total _____ |

BUSINESS INTERESTS:

| <u>Name of Business</u> | <u>Ownership Interest</u> | <u>Owner</u> | <u>Value</u> |
|--------------------------------|----------------------------------|---------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Total _____ |

MONEY OWED TO YOU:

| <u>Name of Debtor</u> | <u>Date of Note</u> | <u>Maturity Date</u> | <u>Owed To</u> | <u>Current Balance</u> |
|-----------------------|---------------------|----------------------|----------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | | Total _____ |

OTHER ASSETS:

| <u>Type</u> | <u>Owner</u> | <u>Value</u> |
|-------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | Total _____ |

OTHER LIABILITIES:

| <u>Type</u> | <u>Debtor</u> | <u>Amount</u> |
|-------------|---------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | | Total _____ |

SUMMARY OF VALUES:

| <u>ASSETS</u> | <u>TOTAL VALUE</u> |
|--------------------------------|---------------------------|
| Real Property | _____ |
| Furniture and Personal Effects | _____ |
| Automobiles, Boats, and RVs | _____ |
| Bank and Savings Accounts | _____ |
| Stocks and Bonds | _____ |
| Life Insurance and Annuities | _____ |
| Retirement Accounts | _____ |
| Business Interests | _____ |
| Money Owed To You | _____ |
| Other Assets | _____ |
| Other Liabilities | (_____) |
| TOTAL NET ASSETS | _____ |

FIDUCIARIES:

Please consider which persons you would like to administer your estate and/or trusts, and who would care for your minor children.

Please Provide Name, Address & Phone for Each:

Personal Representative: (This is the person who administers your estate.)

Initial

1st Successor

2nd Successor
(optional)

If Applicable:

Trustee: (This is the person who administers your trust funds.)

Initial

1st Successor

2nd Successor
(optional)

Guardian: (This is the person who will be caring for your minor children.)

Initial

1st Successor

2nd Successor
(optional)

Will your choice of guardian be affected by the marriage, divorce, remarriage, or relocation of the persons named?

Yes

No

If yes, please explain: _____

DISPOSITION OF ESTATE:

What are your general desires as to the disposition of your estate?

Children equally. **Outright** or **In Trust.** **If in trust, please specify your desires:** _____

Other: _____

Specific Gifts

| <u>Amount or Description of Gift</u> | <u>Name of Individual or Charity</u> | <u>Relationship or Address</u> |
|---|---|---------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Personal Property

Do you want to provide that your personal property will be distributed according to a written list you may prepare later? Yes No

Any property not listed should be distributed to whom?

- Children
- Other: _____

Pets

Do you own pets? Yes No
If yes,
Do you wish to provide for your pets? Yes No

If yes, please explain: _____

OTHER COMMENTS:

GENERAL POWER OF ATTORNEY:

Have you ever given a power of attorney to another? Yes No
If yes, please explain: _____

Do you want to appoint another to manage your finances should you become unable to manage them on your own? Yes No

If yes,

General Power of Attorney Agent: (Please list name and address.)

Initial _____

1st Successor _____
(optional) _____

2nd Successor _____
(optional) _____

Do you want that power to be immediately effective or become effective upon a doctor's letter? _____

MEDICAL DIRECTIVES:

Have you ever signed any medical directives? Yes No
If yes, please explain: _____

Do you want to appoint another to make your medical decisions should you become unable to make them on your own? Yes No

If yes,

Medical Power of Attorney Agent: (Please list name and address.)

Initial _____

1st Successor _____

2nd Successor _____

(optional) _____

Do you want a living will that directs the hospital as to your end of life decisions? Yes No

If yes,

Do you want the living will or the decisions of your agent to control if a conflict between the two were to arise? _____

DISPOSTION OF YOUR REMAINS:

Do you desire special instructions regarding burial or cremation? Yes No

If yes, please explain: _____

Do you desire special instructions regarding a funeral or memorial? Yes No

If yes, please explain: _____

Do you desire to make anatomical gifts? Yes No

If yes, please explain: _____

If you would like us to prepare a Disposition of Last Remains please provide the following information:

Place of Birth _____

Father's Full Name _____

Mother's Maiden Name _____

Are you a Veteran? Yes No

If yes:

Date Enlisted _____

Discharged _____

Service # _____

Name of war (if applicable) _____

Signature: _____

Date: _____