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

Prepared _____, 20__

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 _____

Email Address _____

Occupation/Business _____

Employer _____

Business Address _____

Business Telephone _____

Single Divorced Widowed

If Widowed, Spouse's Name _____ Spouse's Date of Death _____

Which telephone number(s) would you prefer we use:

Home Mobile Business

Which address would you prefer we use:

Home Business

CHILDREN: None

<u>Name</u>	<u>Date of Birth (If a Minor)</u>	<u>Address (if not home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a possibility of additional natural or adopted children? Yes No
 Are all children of the same marriage or relationship? Yes No

If not, please elaborate: _____

Have you or any of your children given up a child for adoption? Yes No
 Have you ever preserved or donated any genetic material that may be used in assisted reproduction? Yes No

If yes, please elaborate: _____

OTHER INDIVIDUALS YOU MIGHT DESIRE TO BENEFIT:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth (If a Minor)</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

Have you ever signed a beneficiary deed? Yes No

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

ASSET INFORMATION:

How you own your property is important for purposes of properly designing and implementing your estate plan.

REAL PROPERTY (include timeshares, mineral and oil/gas interests and vacant lots):

<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>
Miscellaneous Furniture and Household Effects	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		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.*

Do you have a safe deposit box? **Yes** **No**
If yes, where is it located? _____

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 _____

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 and 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? _____

Please check if you would like your agent to have the following powers:

Create, amend, revoke, or terminate an inter vivos trust

Make a gift, subject to the limitations of the "Uniform Power of Attorney Act" set forth in section 15-14-740, Colorado Revised Statutes, and any special instructions in this power of attorney

- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate, including powers to participate in the designation or changing of a fiduciary and powers to participate in the direction of a fiduciary in the exercise of the fiduciary's powers
- Disclaim, refuse, or release an interest in property or a power of appointment
- Exercise a power of appointment other than: (1) The exercise of a general power of appointment for the benefit of the principal which may, if the subject of estates, trusts, and other beneficial interests is authorized above, be exercised as provided under the subject of estates, trusts, and other beneficial interests; or (2) the exercise of a general power of appointment for the benefit of persons other than the principal which may, if the making of a gift is specifically authorized above, be exercised under the specific authorization to make gifts
- Exercise powers, rights, or authority as a partner, member, or manager of a partnership, limited liability company, or other entity that the principal may exercise on behalf of the entity and has authority to delegate excluding the exercise of such powers, rights, and authority with respect to an entity owned solely by the principal which may, if operation of entity or business is authorized above, be exercised as provided under the subject of operation of the entity or business

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 have pre-arranged burial or funeral plans? Yes No

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 a Disposition of Last Remains please provide the following information:

Place of Birth _____

Father's Full Name _____

Mother's Full Maiden Name _____

Are you a Veteran? Yes No

If Yes: Date Enlisted _____

Discharged _____

Service # _____

Name of War (if applicable) _____