

# Poskus, Caton & Klein, P.C.

303 East 17th Avenue, Suite 900  
Denver, Colorado 80203  
Telephone: (303) 832-1600  
Facsimile: (303) 832-1676

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

Prepared Date: \_\_\_\_\_

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: \_\_\_\_\_

Are you

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

**Name**

**Date of Birth**

**Address**

**(if a minor)**

**(if not home)**

---

---

---

---

---

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 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

Name	Relationship	Date of Birth (if a minor)	Address (if not home)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred by: \_\_\_\_\_

## NAMES OF ADVISORS

Accountant: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Are you pleased with all 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
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.

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

General Description	Owner	Market Value	Loan Balance	Equity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

### FURNITURE, COLLECTIONS AND PERSONAL EFFECTS:

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

**AUTOMOBILES, BOATS AND RVS:**

General Description	Owner	Market Value	Loan Balance	Equity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

**BANK & SAVINGS ACCOUNTS:**

Name of Institution	Account number	Type*	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			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:

Stocks, Bonds, or Investments	Acct. Number	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

LIFE INSURANCE POLICIES AND ANNUITIES:

Name of Institution	Owner	Beneficiaries	Face Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

**RETIREMENT ACCOUNTS:**

Name of Institution	Owner	Beneficiaries	Face Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

**BUSINESS INTERESTS:**

Name of Business	Ownership Interest	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

MONEY OWED TO YOU:

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Ballance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

OTHER ASSETS:

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

OTHER LIABILITIES:

Type	Debtor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

SUMMARY OF VALUES\*:

ASSETS	TOTAL VALUE
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.

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

Name, Address & Phone:

Initial

---

---

---

---

1st Successor

---

---

---

---

2nd Successor

---

---

---

(optional)

If Applicable:

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

Name, Address & Phone:

Initial

---

---

---

---

1st Successor

---

---

---

---

2nd Successor

---

---

---

(optional)

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

Name, Address & Phone:

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 estates?

Children equally

Outright or

In Trust.

If in trust, please specify your desires:

Other:

Specific Gifts

Amount or Description of Gift	Name of Individual or Charity	Relationship and Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Name, Address & Phone:

Initial

---

---

---

---

1st Successor

---

---

---

---

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.)

Name, Address & Phone:

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?

Yes No

## 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) \_\_\_\_\_

## Signature

Please sign and date the questionnaire below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_