

PERSONAL AND CONFIDENTIAL

**INITIAL
ESTATE PLANNING
QUESTIONNAIRE**

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Our Intake Form

We want to make sure we have all of the information we need pertinent to your planning scenario. Thus, we use our form as a checklist to be sure no relevant data is omitted. We will rely in the information you provide us in this form, along with any information we discuss in person, to develop your estate plan.

If you have trouble understanding or completing any request contained in the form, we will help you complete it at the meeting.

If you have trouble establishing values for any assets, just use estimated values. Use extra sheets if necessary.

Please note that at this point, we have not undertaken representation for you. After we have met with you and reviewed the information concerning this matter together, we will decide if we will be representing you.

Thank you for taking the time to complete this form prior to our initial meeting.

REFERRAL INFORMATION:

How did you hear about our office?

Name/Company: _____

Address: _____

Telephone: _____ Facsimile: _____

CLIENT INFORMATION

Husband's Name (first, middle, last): _____

Customary signature on legal documents: _____

Wife's Name (first, middle, last): _____

Customary signature on legal documents: _____

Home Address: _____

City, State Zip: _____ County: _____

Telephone: _____ Facsimile: _____

Cell Number: Husband: _____ Wife: _____

E-mail: H: _____ W: _____

Birthdates: H: _____ W: _____

Country of Birth: H: _____ W: _____

Citizenship: H: _____ W: _____

Social Sec. No.: H: _____ W: _____

Health Status: H: _____ W: _____

Insurable? Y/N: H: _____ W: _____

Date of Current Marriage: _____ Marital Agreement (Y/N): ____ (See p. 15 if Y)

State Where Married: _____ States Resided in After Marriage: _____

Previous Marriage(s) Y/N: _____ Dissolved by Death/Divorce: _____

Existing Obligations Under Divorce Decrees? (Y/N) Husband: _____ Wife: _____

Employment Details:

Occupation: H: _____ W: _____

Length of Employment: H: _____ W: _____

Name of Employer: H: _____ W: _____

Employer's Address: H: _____ W: _____

Work Telephone: H: _____ W: _____

Work Facsimile: H: _____ W: _____

Website: H: _____ W: _____

Additional Employers: H: _____ W: _____

Address: H: _____ W: _____

Employer ID No. _____

(if self-employed): H: _____ W: _____

FAMILY INFORMATION

Children (Including natural and adopted children): For "Parent" designations use "H" if Husband is parent, "W" if Wife is parent and "B" if both are parents. Please note whether a child has any special needs or disability, or if a child is adopted. With regard to grandchildren, please note if child is not grandchild's biological parent and whether the grandchild has any special needs or disability.

Child 1

Parent: _____ Full Name of Child: _____

Birth Date: _____ Gender: _____

Address (if not parent's): _____

Telephone Number: _____ Occupation: _____

Marital Status: _____ Spouse's Name: _____

Grandchildren and ages: _____

Notes/Special Needs: _____

Child 2

Parent: _____ Full Name of Child: _____

Birth Date: _____ Gender: _____

Address (if not parent's): _____

Telephone Number: _____ Occupation: _____

Marital Status: _____ Spouse's Name: _____

Grandchildren and ages: _____

Notes/Special Needs: _____

Child 3

Parent: _____ Full Name of Child: _____

Birth Date: _____ Gender: _____

Address (if not parent's): _____

Telephone Number: _____ Occupation: _____

Marital Status: _____ Spouse's Name: _____

Grandchildren and ages: _____

Notes/Special Needs: _____

Child 4

Parent: _____ Full Name of Child: _____

Birth Date: _____ Gender: _____

Address (if not parent's): _____

Telephone Number: _____ Occupation: _____

Marital Status: _____ Spouse's Name: _____

Grandchildren and ages: _____

Notes/Special Needs: _____

Other Dependents (if any)

Full Name: _____

Birth Date: _____

Relationship: _____ Gender: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Name of Spouse, if any: _____

Full Name: _____

Birth Date: _____

Relationship: _____ Gender: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Name of Spouse, if any: _____

PROFESSIONAL ADVISORS

Personal Attorney:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Business Attorney:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Accountant:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Banker/Trust Officer:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Insurance Advisor:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Investment Advisor/Broker:

Name: _____

Address: _____

Telephone: _____

Facsimile: _____

Other Relevant Information Not Listed Above:

FINANCIAL INFORMATION

Please complete the following tables to the best of your knowledge.

INCOME INFORMATION

	Husband	Wife	Joint
Annual Wages			
Bonuses & Commissions			
Pension			
Social Security			
Investment			
Dividends and Interest			
Net Rental Income			
Partnership Income			
Mortgages (owed to you)			
Notes/Accounts Receivable (owed to you)			
Other Income			
Other Income			
Other Income			
Total:			

ASSET INFORMATION

Whenever title or owner is requested, please use the following designations:

- “H” if the asset is titled or owned in the name of the Husband;
- “W” if titled or owned by the Wife;
- “Jt” if titled or owned as Joint Tenants (if owned jointly with someone other than the spouse then name the other joint tenant);
- “T” if titled or owned as tenants in common (if owned as tenants in common with someone other than the spouse then name the other tenant in common);
- “C” if the asset is community property.

NON-BUSINESS TANGIBLE PERSONAL PROPERTY

Furniture, household goods, jewelry, collectibles, vehicles, etc.

Title	Item Description	Value	Encumbrance	Net Value
Total:				

REAL ESTATE

Title	Property Description (Include address or legal description)	Value	Encumbrance	Net Value
	Primary Residence:			
Total:				

FARM AND RANCH

Crops, livestock, equipment, leases.

Owner	Item Description	Value	Encumbrance	Net Value
Total:				

BANK ACCOUNTS

Specify: savings ("S"), checking ("C"), certificates of deposit ("CD"), money market ("MM").

Owner	Account Type	Bank/Institution	Account Number	Value
Total:				

SECURITIES

Include stock owned in publicly owned corporations. If held by a broker or financial advisor, identify the account number and broker's name instead of the individual stock.

Title	Description/Company	# Shares	Basis	Value
Total:				

BONDS

Include savings bonds, municipal bonds, U.S. government securities, corporate bonds, etc.

Title	Description/Company	Face Value
Total:		

CLOSELY HELD BUSINESS INTERESTS

Include interests in private or family companies, limited liability companies, corporations (indicate whether S election is in place), sole proprietorships, general partnerships, limited partnerships, foundations. Indicate number of shares or percentage interest held, as appropriate. *Please bring copies of any documents related to these businesses to the initial meeting, if available.*

Owner	Company and Description (Include name of entity, entity type, and a description of the product or service)	# Shares/ % Interest	Buy/Sell Agreement in Place?	Value
Total:				

RETIREMENT BENEFITS

Include any type of qualified plan, 401(k), IRA, annuity, pension, etc.

Owner	Type	Company/Trustee	Current Beneficiary Designation	% Vested	Value

Total:

LIFE INSURANCE/ANNUITIES

Include any type of life insurance (term, group term, whole life, universal life, split dollar, etc.) and annuities. Indicate who pays premiums if other than owner.

Policy 1:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Amount paid on death: _____ Cash Value: _____ Loans on Policy: _____
Primary Beneficiary: _____ Secondary Beneficiary: _____
Notes: _____

Policy 2:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Amount paid on death: _____ Cash Value: _____ Loans on Policy: _____
Primary Beneficiary: _____ Secondary Beneficiary: _____
Notes: _____

Policy 3:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Amount paid on death: _____ Cash Value: _____ Loans on Policy: _____
Primary Beneficiary: _____ Secondary Beneficiary: _____
Notes: _____

Policy 4:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Amount paid on death: _____ Cash Value: _____ Loans on Policy: _____
Primary Beneficiary: _____ Secondary Beneficiary: _____
Notes: _____

Policy 5:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Amount paid on death: _____ Cash Value: _____ Loans on Policy: _____
Primary Beneficiary: _____ Secondary Beneficiary: _____
Notes: _____

LONG TERM CARE INSURANCE POLICIES

Policy 1:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Notes: _____

Policy 2:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Notes: _____

Policy 3:

Owner: _____ Company: _____
Insured: _____ Policy No.: _____ Type: _____
Notes: _____

ASSETS HELD FOR OTHERS

Include assets held as trustee or custodian for others.

Held by:	Item Description (Included description of asset and for whom held)	Value	Encumbrance	Net Value
Total:				

OTHER ASSETS:

Identify any other asset not described above, such as oil and gas interests, claims against others, etc.

Owner	Description	Value
Total:		

Flood/Fire/Casualty/Umbrella/Personal Property Insurance Coverage:

Policy 1:

Owner: _____ Company: _____
Property Covered: _____
Coverage: \$ _____ Policy No.: _____
Notes: _____

Policy 2:

Owner: _____ Company: _____
Property Covered: _____
Coverage: \$ _____ Policy No.: _____
Notes: _____

Policy 3:

Owner: _____

Company: _____

Property Covered: _____

Coverage: \$ _____

Policy No.: _____

Notes: _____

Policy 4:

Owner: _____

Company: _____

Property Covered: _____

Coverage: \$ _____

Policy No.: _____

Notes: _____

SAFE DEPOSIT BOXES

Owner	Location	Box Number	Others with Access

LIABILITIES OTHER THAN ENCUMBRANCES LISTED ABOVE

Owed by	Description (include lender, repayment terms)	Amount Owed
Total:		

ASSET SUMMARY

Please complete using the net value of the assets listed above:

Asset:	Husband:	Wife:	Joint:	Community
Non-business Tangible Personal Property				
Real Estate				
Farm and Ranch				
Bank Accounts				
Securities				
Bonds				
Closely-Held Business Interests				
Retirement Benefits				
Life Insurance/Annuities				
Assets Held For Others				
Other Assets				
Less Liabilities:	()	()	()	
Total:				
Plus ½ Joint and/or community:				
Total:				

EXISTING ESTATE PLANNING DOCUMENTS

Do you currently have wills and/or trusts in place?

Husband: _____ Wife: _____

If yes, please bring a copy of any available estate planning documents to the initial meeting.

Do you currently have a marital agreement? _____ *If yes, please briefly describe any obligations at death and bring a copy with you to the initial meeting, if available.*

GENERAL QUESTIONS

Have either of you made gifts in excess of \$10,000 to any person (including your spouse) in any one year? If so, please describe:

Have either of you forgiven any debt? If so, please describe:

Have either of you ever filed a gift tax return? _____ *If so, please bring copies of the return(s) to the initial meeting, if available.*

Are you, or any members of your immediate family, beneficiaries of a trust?

Husband: _____ Wife: _____

If so, please describe:

Do either of you expect to receive gifts or inheritances? If so, please describe, including the estimated amount of the gift/inheritance, from whom the gift/ inheritance is expected, and who will receive the gift/inheritance:

Please describe any thoughts and goals with regard to your estate planning or any issues regarding you or your family that need to be discussed:

Do you wish to discuss Medicaid planning for you, your spouse or other beneficiaries?

Are there any beneficiaries who suffer from a mental or physical disability?

Have you signed a Designated Beneficiary Agreement under Colorado law? (for unmarried individuals)_____

CONTINGENT BENEFICIARIES

Who should receive your assets in the unlikely event that everyone designated in your estate plan predeceases you, or if there is no one for trust assets to pass to at a trust's termination? This could be your heirs (generally your closest blood relatives), friends, charities, or any other individuals or organizations, and could be different for each spouse.

FIDUCIARY ROLES

Described below are several fiduciary roles that play a critical part in your estate plan. Please complete the information to the best of your ability prior to the initial meeting, and we will then discuss your choices in light of your estate planning goals and needs. **We will assume that you want your spouse as your first choice for each role unless you tell us otherwise.**

Personal Representative: The Personal Representative is in charge of administering your Will after you pass away. This may be different for each spouse.

Husband/Wife/Successor PR: _____ of city: _____ state: _____
2nd Successor PR: _____ of city: _____ state: _____

Trustees: The Trustee is in charge of administering any trust set up within your plan. This could be a family member, friend, or corporate fiduciary. Many people choose the same person(s) named as personal representative. Spouses often name the same trustees to allow for later trust consolidation.

Husband/Wife/Successor Trustee: _____ of city: _____ state: _____
2nd Successor Trustee: _____ of city: _____ state: _____

Successor Agents for General (Financial) Power of Attorney: This power of attorney enables your agent to manage your financial affairs. Many people will name the same person(s) named as trustee, although you may choose anyone. This may be different for each spouse.

Husband/Wife/Successor Agent: _____ of city: _____ state: _____
2nd Successor Agent: _____ of city: _____ state: _____

Successor Agents for Health Care Power of Attorney: This power of attorney enables your agent to make health care decisions for you. This may be different for each spouse.

Husband/Wife/Successor Agent: _____ of city: _____ state: _____
2nd Successor Agent: _____ of city: _____ state: _____

Do you have a signed “Do Not Resuscitate Order (DNR)” in place? ____ Yes ____ No
If yes, please provide us with a copy of this Order.

Declaration as to Medical or Surgical Treatment (Living Will): The Declaration as to Medical or Surgical Treatment is better known as a “Living Will.” By executing this document, you will make choices regarding medical treatment and procedures to be performed, withheld or withdrawn in the event of an irreversible or terminal condition. This can help to lift the burden of this tough decision off of your family.

Do you want a Living Will? Husband: _____ Wife: _____

Guardian for Minor Children: In the event that you both pass away or become incapacitated while a child of yours is a minor, you may designate one of more persons to serve as such child’s guardian. Typically, each spouse will name the same guardian to prevent any conflict.

Husband/Wife/Guardian: _____ of city: _____ state: _____
Successor Guardian: _____ of city: _____ state: _____