

# Estate Planning Questionnaire

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

Effective estate planning requires the assembly of all relevant information concerning your personal, family, and financial situation. This form has been prepared to aid you in identifying, locating, and organizing that information. Your completion of this form will help us properly evaluate and design your estate plan. Moreover, the information may be valuable to your family in the event of your death or disability. If insufficient space is provided for any information, please include it on a separate sheet. If you have financial statements which provide substantially the same information requested in the asset sections, feel free to substitute them where appropriate. Please print clearly!

## ***Confidentiality***

***As is true with any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.***

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I. PERSONAL INFORMATION

Your Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Name on legal documents: \_\_\_\_\_ SS#: \_\_\_\_\_

Other name(s) used on deeds, bank accounts, etc: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Email Address(es): home: \_\_\_\_\_ work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a U.S. Citizens?  Yes  No Explain: \_\_\_\_\_

Have you ever filed a gift tax return?  Yes  No If Yes, please fill out the attached "Taxable Gifts" form

Do you currently have a will or trust? Will:  Yes  No Trust:  Yes  No

If Yes, list year and state in which prepared: Year \_\_\_\_\_ State \_\_\_\_\_

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

Children:	Married?	# of children	Date of Birth/Age
_____	_____	_____	Age _____
_____	_____	_____	Age _____
_____	_____	_____	Age _____
_____	_____	_____	Age _____
_____	_____	_____	Age _____
_____	_____	_____	Age _____

Adopted children: \_\_\_\_\_

Total number of grandchildren: \_\_\_\_\_ Age range of grandchildren: \_\_\_\_\_

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

Are any of your children (if adult) financially irresponsible? \_\_\_\_\_

Do any of your children have estates over \$1 million? \_\_\_\_\_

Are you currently supporting anyone other than yourself? \_\_\_\_\_

Which of your parents are still living?  father  mother

Prior marriages and any legal support obligations: \_\_\_\_\_

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

## II. YOUR ESTATE PLAN

**SPECIFIC DISTRIBUTIONS:** (Only if you want to leave a specific dollar amount or specific property to a specific person or charity *before* any other distributions): \_\_\_\_\_  
\_\_\_\_\_

**OTHER DISTRIBUTIONS:** Tangible personal property (household goods, motor vehicles, furniture, art, jewelry, collections, etc.) to:  surviving children  other: \_\_\_\_\_

Remaining property:

To my children, equally, and outright, not held in trust

Lifetime trust for each child (which *protects* the trust assets from a child's creditors, divorce, estate taxes, etc.)

Trust for each child until child reaches the age of: \_\_\_\_\_

Guidelines for the trustee: \_\_\_\_\_

Other \_\_\_\_\_

What if a beneficiary predeceases you?

To the beneficiary's descendants  Divide equally among my remaining beneficiaries

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

To my heirs (remote relatives) only

Other (% to churches, charities, etc.): \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REPRESENTATIVE (EXECUTOR):** Whom do you want to manage the administration of your estate?

First choice: \_\_\_\_\_

List other choices in order of priority: \_\_\_\_\_  
\_\_\_\_\_

**GUARDIANS:** If you have minor children, whom would you want to serve as their guardian(s)? (The guardian has custody of the child, but not necessarily control of the money.) It is best *not* to name a married couple as co-guardians, in the event they divorce; select the one you most wish to be in charge:

First choice: \_\_\_\_\_

List other choices in order of priority: \_\_\_\_\_  
\_\_\_\_\_

**TRUSTEE:** Whom do you wish to serve as trustee of any trust created by your will or by a separate trust document?

First choice: \_\_\_\_\_

List other choices in order of priority: \_\_\_\_\_  
\_\_\_\_\_

**ADVANCE DIRECTIVES:** (Effective during lifetime if you are incapable of acting on your own behalf):

**General Durable Power of Attorney.** A General Durable Power of Attorney authorizes someone to act on your behalf in financial matters. Your agent's powers may be made effective immediately ("standing" powers), or they may become effective only when you become incapacitated ("springing" powers).

In the event that you become incapacitated, whom would you want to manage your *financial* affairs?

First choice: \_\_\_\_\_

Standing (effective now)  Springing (effective only upon your incapacity)

List other choices in order of priority: \_\_\_\_\_

Standing  Springing

**Medical Durable Power of Attorney.** A Medical Durable Power of Attorney authorizes another person to make health care decisions for you when you are unable to make or communicate such decisions yourself. Whereas a Living Will deals only with terminal illnesses and life-prolonging procedures, a Medical Durable Power of Attorney gives your agent the power to make or communicate healthcare decisions for you in circumstances not limited to life-and-death situations. In the event that you become incapacitated, whom would you want to manage your *medical* affairs?

Same as above?  Yes  No

First choice: \_\_\_\_\_

List other choices in order of priority: \_\_\_\_\_

**Living Will.** A living will, also called a "Declaration as to Medical and Surgical Treatment," is a document allowing an individual who is terminally ill, and otherwise unable to make or communicate responsible decisions regarding medical care, to request that artificial life-sustaining procedures be withheld or withdrawn. Under current Colorado law, a Living Will only becomes effective when two physicians certify that a patient is terminally ill. When these conditions are met, the patient has the right, through a previously executed Living Will, to direct how much longer life-sustaining procedures, including artificial nourishment and pain relief, shall be provided.

Do you want a Living Will?  Yes  No

**SPECIAL CONCERNS**, requests, questions, or tax planning options? \_\_\_\_\_

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

### III. FINANCIAL INFORMATION

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate will or trust provisions, including any tax planning. For each asset you list in this questionnaire, please carefully state the name of the owner of the asset by using these codes:

**S** = You are the sole (100%) owner; **JT** = ownership in joint tenancy with a right of survivorship; **TIC** = ownership as tenants in common; **?** = Don't know. If property is in joint tenancy or TIC, identify the co-tenant(s) and proportional contributions (%) of consideration to acquire the property.

**REAL ESTATE:** (Including residences, rentals, time shares, vacant land, oil and other mineral interests)

Description and Location: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Gross Income (monthly): \_\_\_\_\_

Current Cost Basis: \_\_\_\_\_ Mortgage pmt. (monthly): \_\_\_\_\_

Current Value: \_\_\_\_\_ Other expenses (monthly): \_\_\_\_\_

Outstanding Mortgage: \_\_\_\_\_ Net income (monthly): \_\_\_\_\_

**Current Net Value:** \_\_\_\_\_

Description and Location: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Gross Income (monthly): \_\_\_\_\_

Current Cost Basis: \_\_\_\_\_ Mortgage pmt. (monthly): \_\_\_\_\_

Current Value: \_\_\_\_\_ Other expenses (monthly): \_\_\_\_\_

Outstanding Mortgage: \_\_\_\_\_ Net income (monthly): \_\_\_\_\_

**Current Net Value:** \_\_\_\_\_

Description and Location: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Gross Income (monthly): \_\_\_\_\_

Current Cost Basis: \_\_\_\_\_ Mortgage pmt. (monthly): \_\_\_\_\_

Current Value: \_\_\_\_\_ Other expenses (monthly): \_\_\_\_\_

Outstanding Mortgage: \_\_\_\_\_ Net income (monthly): \_\_\_\_\_

**Current Net Value:** \_\_\_\_\_

**LIFE INSURANCE POLICIES: (INCLUDING ANNUITIES)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please fax this sheet to your insurance company, agent and/or employer and obtain complete life insurance information prior to your meeting with us, if possible.  
Also request change of beneficiary forms and any special forms or instructions for designating a **testamentary** trustee as a primary or secondary beneficiary.  
 We have found that you can significantly reduce the cost of your estate planning by providing us with the requested information at your initial conference.

Company	Policy No.	Type of Policy*	Owner	Insured	Beneficiary	Death Benefit Amount	Cash Value	Current Loan Balance

\* Term, whole life, accident, group-term, travel

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**RETIREMENT ACCOUNTS:** (401(k), IRA, etc.)

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

Type of Plan	Company	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SOCIAL SECURITY:** Monthly benefits currently received: \_\_\_\_\_  None

**PENSION(S):**

Company	Monthly Benefit
_____	_____
_____	_____
_____	_____

**CASH/ CHECKING/ SAVINGS/ MM ACCOUNTS AND INVESTMENTS:**

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

Type of Account: Please specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds)

**Owner:** Please indicate how you hold title to each asset listed below by using these codes: **S**= You are the sole (100%) owner; **JT** = Joint Tenancy; **TIC** = Tenants in Common; **?** = Don't know.

Name of Institution/Issuer	Type	Acct. #	Owner	Approximate Amount (\$)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you the named custodian of any UTMA (custodial) accounts?  Yes  No

Do you have a safe deposit box?  Yes  No If Yes, where: \_\_\_\_\_

Box #: \_\_\_\_\_ Location of Key: \_\_\_\_\_

**CLOSELY HELD STOCK, PARTNERSHIPS, LLCs AND OTHER BUSINESS INTERESTS**

List entity name, type, and ownership %: \_\_\_\_\_

\_\_\_\_\_

Is there a Buy-Sell Agreement in place?  Yes  No (If yes, please attach copy)

**PROFIT SHARING, STOCK OPTION, OR DEFERRED COMPENSATION PLANS**

(Please describe and attach most recent statement of account):

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

**TANGIBLE PERSONAL PROPERTY (Personal Effects)****TOTAL VALUE** \_\_\_\_\_

Type of Property

Market Value

Automobile \_\_\_\_\_

\_\_\_\_\_

Automobile \_\_\_\_\_

\_\_\_\_\_

Household articles, jewelry, furs, guns, sporting goods, china, silverware, antiques, gold, silver or other valuable coins, paintings, stamps, etc.) (reasonable estimate): \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**PROMISSORY NOTES / ACCOUNTS RECEIVABLE (owed to you, not by you) TOTAL VALUE** \_\_\_\_\_

Description:	Date Due	Owed to	Secured by	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER ASSETS (Including patent rights, copyrights, contract rights, etc.) TOTAL VALUE** \_\_\_\_\_

Description	Owner	Value
_____	_____	_____
_____	_____	_____

**ANTICIPATED INHERITANCE, GIFTS OR LAWSUIT: TOTAL VALUE:** \_\_\_\_\_**TRUSTS AND POWERS OF APPOINTMENT: TOTAL VALUE** \_\_\_\_\_

(Attach copy of document creating trust or power of appointment)

*To properly plan for minimizing estate taxes on your estate, we need to determine if you hold a **general power of appointment** over, or have a **vested remainder interest** in, any trust property, and if so, whether the document governing the trust provides for the trustee's payment of any taxes your personal estate incurs by reason of your interest in the trust. If you think this situation may apply to you, please obtain copies of the trust agreements (and any amendments) governing the trust(s) so that we may review the terms and plan accordingly. We also need to determine whether you wish to exercise any general or limited powers of appointment you may have over trust property as part of your estate plan. Because this is technical, it's best to bring copies of **any** trusts you are mentioned in.*

Description	Owner	Value
_____	_____	_____
_____	_____	_____

**LIABILITIES: (not previously listed, e.g., loans, mortgages, deeds of trust, notes) TOTAL VALUE:** \_\_\_\_\_

Description:	Date Due	Owed to	Secured by	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**TOTAL ASSETS *minus* TOTAL DEBT = GRAND TOTAL: \$\_\_\_\_\_**

**INCOME**

Your Estimated Annual Income:\_\_\_\_\_

**PROFESSIONAL CONTACTS** (list name, phone, address)

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

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

Physician:\_\_\_\_\_

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

**REFERRED BY:**\_\_\_\_\_

**PLEASE BRING TO YOUR INITIAL ESTATE PLANNING MEETING:**

- Current wills, if any; location of any prior wills deposited for safekeeping
- Trusts which you have created, if any, and trusts of which you are or may be a beneficiary.
- Copies of deeds to real property (for title purposes)
- Life/Health/Disability Insurance policies
- Employee Benefit Plan Descriptions
- Any partnership agreements, business buy-sell agreements and employment contracts
- Pre- or Post-Nuptial Agreements and Divorce Decrees/Property Settlements
- Any available financial statements
- Copies of any gift tax returns filed
- Information regarding any gifts or inheritances you expect to receive
- Information concerning any funeral or burial arrangements you have made or wish to make
- Completed Estate Planning Questionnaire (this form)

***This Worksheet is provided as a courtesy for estate planning purposes by:***

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**TAXABLE GIFTS**

**Indicate if state or federal gift tax returns have been filed  
(attach copies of all state and federal gift tax returns filed)**

Year	Donor	Donee (recipient)	Did spouse consent?*	Value of gift	Gift tax return filed?

\*If you were married at the time of the gift, did your spouse consent to “split” the gift at the time it was made? This would have been indicated on the applicable gift tax return.