

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
WHEN REPRESENTING TWO CLIENTS OR A COUPLE

NOTE: Please take care in providing the following information. We will rely on this information, especially as to the ownership and your best estimate as to the value of assets. If you need assistance in confirming ownership valuation or beneficiary designation information, we would be glad to help.

Date: _____

I. PERSONAL DATA

| 1. General Information | |
|---|------------------------|
| Name(s): | |
| Home address (street): | |
| City | State |
| Zip | |
| County of Residence: | Home Telephone: () |
| Home Fax: () | Home E-mail: |
| Marital Status: <input type="checkbox"/> Single (including living together but not in a committed relationship) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Committed Partners <input type="checkbox"/> Civil Union <input type="checkbox"/> Registered Domestic Partners (what city or state? _____) If a married same sex couple: in which state did the ceremony occur? _____ <input type="checkbox"/> Designated Beneficiaries in Designated Beneficiary Agreement (in which Colorado county was the agreement recorded? _____) | |

2. Referred by _____

3. Personal Information About Client 1

Principal Name

(as it should appear on legal documents
and as it appears on title to property held):

Other versions of your name:

Date of Birth:

U.S. Citizen: Yes No If no, citizen of:

Business or Profession:

Name of Company:

Business address (street):

City

State

Zip

Business Telephone: ()

Business Fax: ()

Business E-mail:

Cell Phone No.

Previously Married or in a Civil Union? Yes No

Designated Beneficiary Agreement revoked? Yes No

Previously in a Domestic Partnership? Yes No

Condition of Health:

4. Personal Information About Client 2

Principal Name

(as it should appear on legal documents
and as it appears on title to property held):

Other versions of your name:

Date of Birth:

U.S. Citizen: Yes No If no, citizen of:

Business or Profession:

Name of Company:

| | | |
|--|-----------------------------|-----|
| Business Address: Street | | |
| City | State | Zip |
| Business Telephone: () | Business Fax: () | |
| Business E-mail: | Cell Phone No.: | |
| Previously Married or in a Civil Union? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Designated Beneficiary Agreement revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Previously in a Domestic Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Condition of Health: | | |

| 5. Children | | |
|---|-------|-----|
| Child 1 Name: | | |
| Date of Birth: | | |
| Home address (street): | | |
| City | State | Zip |
| Telephone No.: | | |
| Child of: <input type="checkbox"/> This relationship <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Biological Parent(s) of Child (if applicable): | | |
| Child's spouse and children, if applicable: | | |

| | | |
|---|-------|-----|
| Child 2 Name: | | |
| Date of Birth: | | |
| Home address (street): | | |
| City | State | Zip |
| Telephone No.: | | |
| Child of: <input type="checkbox"/> This relationship <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Biological Parent(s) of Child (if applicable): | | |
| Child's spouse and children, if applicable: | | |

| | | |
|---|-------|-----|
| Child 3 Name: | | |
| Date of Birth: | | |
| Home address (street): | | |
| City | State | Zip |
| Telephone No.: | | |
| Child of: <input type="checkbox"/> This relationship <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Biological Parent(s) of Child (if applicable): | | |
| Child's spouse and children, if applicable: | | |

| | | |
|---|-------|-----|
| Child 4 Name: | | |
| Date of Birth: | | |
| Home address (street): | | |
| City | State | Zip |
| Telephone No.: | | |
| Child of: <input type="checkbox"/> This relationship <input type="checkbox"/> Client 1 only <input type="checkbox"/> Client 2 only Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Biological Parent(s) of Child (if applicable): | | |
| Child's spouse and children, if applicable: | | |

6. Have you placed any children to adoption? Yes No
7. Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will? Yes No
- If yes, please provide copy of the contract with the depository.
8. How would you like to refer to your spouse, partner in a civil union, or other member of your couple in your estate planning documents? husband or wife partner in a civil union life partner boyfriend or girlfriend companion Other: _____
9. In a generic reference/definition in your Will to a person's spouse (other than your own), do you want to include civil unions and domestic partners? Yes No

10. Other intended beneficiaries:

| Name | Address | Relationship |
|------|---------|--------------|
| | | |
| | | |
| | | |
| | | |

11. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.): _____

12. List any charitable beneficiaries: _____

13. Do you have pets at home that should be mentioned in your Will and/or power of attorney? If so, list type of pet, what kind of care or funds are needed, and name of person to care for pet:

15. Names, addresses and phone numbers of other Advisors:

Accountant: _____

Financial Planner: _____

Insurance Agent: _____

Investment Advisor: _____

Trust Officer: _____

Other: _____

II. ASSETS AND LIABILITIES

1. Real Estate: (including oil and other mineral interests)

| Description & Location | Mortgage Amount | Gross Value | Ownership: (Client 1, Client 2, Joint, Beneficiary Deed*) |
|------------------------|-----------------|-------------|--|
| | | | |
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| | | | |
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* NOTE: Property co-owned by both of you may be either as tenants in common (in which case each of your one-half interest passes under your will) or as joint tenants with right of survivorship (in which case your interest passes automatically at death to the surviving joint tenant). Special language is required to create a joint tenancy. Ownership simply in the names of two individuals without terms such as “in joint tenancy” creates a tenancy in common. If unmarried individuals add each other to a deed, a taxable gift may occur.

2. Life Insurance and Non Investment Type Annuities:

| Name of Company Policy No. & Type | Owner of Policy | Face Amount | Name of Insured | Named Beneficiaries (Primary and Contingent) |
|--------------------------------------|-----------------|-------------|-----------------|---|
| | | | | |
| | | | | |
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NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

3. Checking and Savings Accounts:

| Name of Bank & Location | Account Type | Typical Balance | Ownership: (Client 1, Client 2; Tenants in Common, Joint Tenancy or POD – Pay on Death) |
|-------------------------|--------------|-----------------|---|
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4. Government Bonds: (federal, state, and municipal)

| Type | Amount | Ownership |
|------|--------|-----------|
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| | | |
| | | |
| | | |

5. Non-Retirement Investment Accounts and Securities (e.g., Publicly Traded Stocks/Bonds/Mutual Funds/Annuities):

| Name of Company | Type and No of Shares | Current Quotes | Value | Ownership (Client 1, Client 2; Tenants in Common, Joint Tenancy or POD – Pay on Death) |
|-----------------|--------------------------|-------------------|-------|--|
| | | | | |
| | | | | |
| | | | | |
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6. Business Interests: (Closely Held Stock; Partnership Interests; etc.)

| Description | Value | Ownership |
|-------------|-------|-----------|
| | | |
| | | |

7. Pension and Retirement Benefits: (including IRA, 401(k) plans, and other “qualified plans”)

| Description | Value | Ownership | Named Beneficiaries (primary and contingent) |
|-------------|-------|-----------|--|
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8. Notes and Mortgages Payable to You; Accounts Receivable Owned by You:

| Debtor | Type | Value | Ownership |
|--------|------|-------|-----------|
| | | | |
| | | | |

9. Personal and Household Property: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

| Description | Value | Ownership |
|-------------|-------|-----------|
| | | |
| | | |
| | | |
| | | |

10. Trusts, Powers of Appointment, Expected Inheritances:

| Description | Value | Ownership |
|-------------|-------|-----------|
| | | |
| | | |

11. Other Assets: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc. Also see our separate spreadsheet, which is found on our website, for examples of digital assets so you can list accounts, usernames and passwords to assist your fiduciaries.)

| Description | Value | Ownership |
|-------------|-------|-----------|
| | | |
| | | |
| | | |

12. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

| Description | Creditor | Amount |
|-------------|----------|--------|
| | | |
| | | |

13. Summary of Assets and Liabilities:

| Description | Client 1 | Client 2 | Joint Tenancy |
|---|----------|----------|---------------|
| Real Estate | | | |
| Life Insurance | | | |
| Checking and Savings Accounts | | | |
| Government Bonds | | | |
| Corporate Stocks and Bonds (non-retirement) | | | |
| Business Interests | | | |
| Pension and Retirement Benefits | | | |
| Notes, Mortgages and A/R | | | |
| Personal and Household Property | | | |
| Trusts, Powers, Expectancies | | | |
| Other Assets | | | |
| | | | |
| Total Gross Assets | \$ | \$ | \$ |
| Total Liabilities | \$ | \$ | \$ |
| Grand Total (Net Asset Value) | | | |

14. Safety Deposit Box:

| Bank | Box No. | Location of Key | Name or Names in which Rented |
|------|---------|-----------------|-------------------------------|
| | | | |
| | | | |

15. Community Property:

Did you ever live as a married couple (or in a civil union or domestic partnership) and own property in any of the following states: Iowa, Maine, Massachusetts, New Hampshire, Vermont, District of Columbia, Washington or California? Or Alaska (if “opted in” to community property)? Or Puerto Rico, countries in Latin America (mostly community property) or Spain?

- Yes No

If yes, please provide the dates of residence: _____

On a separate sheet, please list which of the family assets were acquired in community property jurisdictions during your period of residence, or can be traced to sales proceeds of assets acquired in community property jurisdictions.

III. GIFT TRANSFERS

1. Taxable Transfers:

Have you made gifts which may be reportable for gift tax purposes (or any more than the annual exclusion amount)? Yes No Don't know

2. Returns:

Have you filed any gift tax returns? Yes No If yes, please attach copies of the returns.

IV. EXISTING DOCUMENTS

Do you presently have:

- 1. A financial (general) power of attorney? _____
- 2. A health care power of attorney? _____
- 3. Wills? _____
- 4. Revocable or Irrevocable Trusts? _____
- 5. Living Will? _____
- 6. Cohabitation or property agreement? _____
- 7. Pre- or post-nuptial agreement? _____
Or Pre- or post-civil union agreement? _____
- 8. If divorced, dissolution of marriage or civil union Separation Agreement or court order? _____
- 9. Designated Beneficiary agreement? _____

If so, please provide us with copies of these documents.

V. PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

1. Personal Representative (Executor) of your estate (primary and backup):

2. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):

3. Personal Guardian or Guardians for minor children (primary and backup):

4. Agent under your financial power of attorney (primary and backup):

5. Agent under your health care power of attorney (primary and backup):

Signature

Signature