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# CONFIDENTIAL ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

**Please print clearly! Don't worry about total accuracy – just do the best you can!**

**If you need assistance completing the information, call our office (303) 357-3211 and we will assist you.**

**I. PERSONAL INFORMATION**

**CLIENT:**

Full Legal name: \_\_\_\_\_  
Also Known As: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ US Citizen? \_\_\_\_\_  
Address (including city and ZIP): \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_  It is okay to communicate with me via Email.

**CLIENT'S SPOUSE:**

Full Legal name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Also Known As: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address (including city and ZIP): \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced  
\_\_\_\_\_ Separated \_\_\_\_\_ Single (Including widowed and not remarried)

Date of Marriage: \_\_\_\_\_ (If applicable)

**CHILDREN OR OTHER BENEFICIARIES:**

Name	Address	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADVISORS:**

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____
Other	_____	_____

## II. CLIENT'S PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets:

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive).
- By minimizing or eliminating estate taxes upon your death.
- By reducing estate administration costs through probate avoidance.
- Avoid or limit medical claims on your assets should you require long-term care.
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services.
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what.
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government.

### Protect Yourself and Your Spouse:

- From malpractice or other creditor claims.
- From conservatorship proceedings (aka "living probate") if you or your partner become incapacitated.
- From probate delays and stress upon your death or the death of your partner.
- From hospital policies requiring life sustaining procedures when you would rather not endure them.
- From healthcare decisions made by people other than those you trust most.

### Protect Your Children or other Beneficiaries:

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries.
- From claims of divorced spouses to take half of your child or beneficiary's inheritance.
- From malpractice claims, for beneficiaries in the professions.
- From other creditors' claims (such as car accident plaintiffs).
- From the stress and delays of the process of probate.
- From the financial immaturity resulting in a quick loss of an inheritance.
- From sharing assets with heirs you would rather disinherit.
- From litigation claims by disinherited heirs.
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system

### **III. CLIENT ASSET INFORMATION**

#### **Real Estate:**

(Please use these descriptions in the TYPE column for your Real Estate assets: Primary Residence, Second Residence, Land, Vacation Home, Rental Home, Rental Property, and Commercial Property.)

Type	Description	Owner	Purchase Price	Fair Market Value	Mortgage

#### **Bank Accounts:**

(Please use these descriptions in the TYPE column for your Bank Account assets: Checking, Savings, CD, Money Market, Etc.)

Type	Description	Owner	Asset Value

#### **Investments:**

(Please use these descriptions in the TYPE column for your Investment assets: Bonds, Common Stock, Ltd. Partnership, Mutual Fund, Preferred Stock, Stock Brokerage, Etc.)

Type	Description	Owner	Asset Value

### Retirement:

(Please use these descriptions in the TYPE column for your Retirement assets: 401k, 403b, IRA, Qualified Plan, SEP/IRA, Other.)

Type	Description	Owner	Asset Value

### Insurance:

(Please use these descriptions in the TYPE column for your Insurance assets: Term Policy, Whole Life Policy, Universal Life Policy, Variable Life Policy, Etc.)

Type	Description	Owner	Beneficiary	Cash Value	Death Benefit

### Business:

(Please use these descriptions in the TYPE column for your Business assets: General Partnership, Ltd. Partnership (Bus.), C Corporation, S Corporation, Sole Proprietorship, LLC.)

Type	Description	Owner	Asset Value

**Other:**

(Please use these descriptions in the TYPE column for your Other assets: Collectibles, Recreational, Miscellaneous, Vehicles, Etc.)

Type	Description	Owner	Asset Value

**Liabilities:**

(Please use these descriptions in the TYPE column for your Liabilities assets: Personal Loan, Other Loans, Etc.)

Type	Description	Owner	Asset Value

## IV. APPOINTMENTS

1. **PERSONAL REPRESENTATIVE:** The will should name a Personal Representative to oversee your estate. (Personal representative is also sometimes referred to as executor or administrator.) Most people name their spouse or close relative as primary Personal Representative, with a child, relative, friend, or corporate trustee as alternate.

**Client:**

First Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Second Alternate Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Spouse:**

First Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Second Alternate Choice for Personal Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. **SUCCESSOR TRUSTEE:** If your will includes a trust or if you choose to avoid probate of your estate by executing a revocable living trust, a successor trustee should be named. The successor trustee is often the same individual or institution named as alternate personal representative.

**Client:**

First Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Second Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Spouse:**

First Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Second Alternate Choice for Successor Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## V. PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS:** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a specific gift to a particular person, such as a piece of jewelry to a particular child? If so:

Name

Item

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2. Briefly describe your desired plan of distribution for assets remaining after any specific gifts are distributed: (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later.)

\_\_\_ All to spouse; then equally between children, and if a child does not survive, the deceased child's children would take the share of the deceased child.

\_\_\_ All to spouse, then equally between surviving children.

\_\_\_ All to spouse, then \_\_\_\_\_

\_\_\_ As follows: \_\_\_\_\_

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3. **TAKERS OF LAST RESORT:** You might want to provide for the distribution of your property if neither you, your spouse, nor your children or other beneficiaries named above survive a common disaster. (For example: to your heirs at law or to a charity).

**VI. PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR OR DISABLED BENEFICIARIES.**

1. **GUARDIAN:** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

First Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Guardian of Minor Children:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. **CHILDREN'S TRUSTEE:** You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person.

First Choice for Testamentary Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Testamentary Trustee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3. **AGE OF DISTRIBUTION:** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/2 at 25, and all at 35. You may use any age or combination of ages that you choose.

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

## VII. DURABLE POWER OF ATTORNEY AND HEALTHCARE

1. **POWER OF ATTORNEY:** We suggest that you name an individual who will serve as your attorney-in-fact that can handle your financial affairs should you become incapacitated.

**Client:**

First Choice for Attorney-in-Fact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Attorney-in-Fact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Spouse:**

First Choice for Attorney-in-Fact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Attorney-in-Fact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. **HEALTHCARE AGENT:** A healthcare agent is someone who can make medical decisions for you if you are unable to make them for yourself.

**Client:**

First Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Spouse:**

First Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Alternate Choice for Healthcare Agent:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

