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Estate Planning Questionnaire

Effective estate planning requires that all relevant information concerning your personal, family, and financial situation be assembled. The following form has been prepared to aid you in organizing this information.

It is important that this form be filled out as completely and in as much detail as possible. Normally, this form should be returned before your conference. I anticipate that you may have questions, however, and we can address those at the initial conference or over the telephone if you wish.

You may already have portions of the information requested below summarized in another form such as a financial statement. If so, it will be sufficient if you attach the information to this form. If insufficient space is provided for any information, please include it on a separate sheet.

Confidentiality: As you would expect in 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.

1. A. Name as you wish it to appear on your Will. Most people have a signature they use for legal documents. Example: John D. Doe.

YOU

YOUR SPOUSE

- B. Other names used. Example: John David Doe, John Doe, Jack Doe.

- C. Home Address _____

Street

City, State ZIP

County

- D. Home Phone (____) _____

Work Phone (____) _____ (____) _____

- E. Birth Date _____

Age _____

SS# _____

2. Send mail to: Home [] Business []

3. Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], Washington [], or Wisconsin []?

4. Referred by _____

5. CHILDREN/BENEFICIARIES

Name	Date of Birth	Age	Relationship	City & State of Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

QUESTIONS 6 - 10: Please designate in order of preference. If you are married, we will assume that you wish your spouse to be your first choice and the persons listed below to be your alternate choices. In that event, you do not need to list your spouse below. If you do NOT wish your spouse to be your first choice, please let us know.

6. PERSONAL REPRESENTATIVE (known elsewhere as "Executor"/"Executrix")

- (1) Full name _____ Relationship _____
 Address _____

 Home phone (____) _____ Work phone (____) _____
 Age _____ Occupation _____

- (2) Full name _____ Relationship _____
 Address _____

 Home phone (____) _____ Work phone (____) _____
 Age _____ Occupation _____

- (3) Full name _____ Relationship _____
 Address _____

 Home phone (____) _____ Work phone (____) _____
 Age _____ Occupation _____

7. GUARDIAN (if minor children)

- (1) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____
- (2) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____
- (3) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

8. TRUSTEE

- (1) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____
- (2) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____
- (3) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

9. AGENT - DURABLE POWER OF ATTORNEY

This is a "springing" power of attorney that goes into effect only if you become incapacitated, disabled, or adjudicated incompetent. If you wish to have a "standing" power of attorney, please let us know.

(1) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

(2) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

(3) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

10. AGENT - MEDICAL POWER OF ATTORNEY

(1) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

(2) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

(3) Full name _____ Relationship _____
Address _____

Home phone (____) _____ Work phone (____) _____
Age _____ Occupation _____

Do you wish to authorize your agent under your Medical Power of Attorney to make organ donations/anatomical gifts: _____
Yes No

11. List all residences you presently occupy and estimate the amount of time spent at each:

Address	Time spent annually
_____	_____
_____	_____
_____	_____

12. List the following information:

	Name	Address	Phone
Accountant	_____	_____	_____
Attorney	_____	_____	_____
Investment	_____	_____	_____
Advisor	_____	_____	_____
Insurance	_____	_____	_____
Agent	_____	_____	_____
Other	_____	_____	_____
Confidants	_____	_____	_____
	_____	_____	_____

13. Do you have a safe deposit box? Yes [] No []

If yes, list for each box:

Name and address of bank: _____

Name and address of either deputy or co-tenant: _____

19. Do you have any concerns about how to provide for your pets? Please explain.

SCHEDULE A

REAL ESTATE

If you own any real estate either in your own name, in joint tenancy with your spouse, as tenants in common, or in any other manner, please list below.

<u>Description and Address</u>	<u>Method of Ownership</u>	<u>Approximate Fair Market Value</u>	<u>Current Mortgage Balance</u>	<u>Estimated Net Value</u>
		\$	\$	\$

SCHEDULE B

PENSION AND RETIREMENT PLANS

If you have any pension or retirement plan, IRA, 401(k), or any other qualified retirement plan or account, please list below.

<u>Description</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>
			\$

SCHEDULE C

STOCKS AND BONDS

If you own any stocks or bonds either in your own name, in joint tenancy with your spouse, or in any other manner, please list below:

<u>Description</u>	<u>Method of Ownership</u>	<u>Estimated value</u>
		\$

SCHEDULE D

MORTGAGES, NOTES, AND CASH

If you own any mortgages, notes, or cash either in your own name, jointly with your spouse, or in any other manner, please list below.

<u>Description</u>	<u>Method of Ownership</u>	<u>Estimated value</u>
		\$

SCHEDULE E

INSURANCE

List all life insurance policies (including term) on your life, or in which you have an interest.

<u>Company</u>	<u>Policy #</u>	<u>Named Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Approx. cash surrender value</u>	<u>Face amount</u>
					\$	\$

List any loans on above policies:

<u>Company</u>	<u>Policy #</u>	<u>Interest Rate</u>	<u>Loan Balance</u>
			\$

SCHEDULE F

OTHER MISCELLANEOUS PROPERTY

EXPLAIN ALL "YES" ANSWERS BELOW

1. Do you or your spouse anticipate any inheritances of money or property? Yes [] No []

2. Do you own any interest in a partnership or unincorporated business? Yes [] No []

3. Will your estate, spouse or any other person receive any bonus or award from your employer as a result of your death? Yes [] No []

4. Are you covered by a pension, profit-sharing or deferred compensation plan?
Yes [] No []

5. Are you, your spouse, or any of the persons listed in question 5 (page 2) a beneficiary of any trust funds? Yes [] No []

6. Do you own any miscellaneous property not listed in any other schedule? If so, please list only items having a value significant to your estate. You may group these items together (e.g., household furnishings, automobiles, jewelry, furs).

<u>Item #</u>	<u>Description</u>	<u>Value</u>
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SCHEDULE G

JOINTLY OWNED PROPERTY

Did you contribute less than 100% of the purchase price of any property you owned as a joint tenant or as a tenant by the entirety, with right of survivorship? If "Yes", please complete this schedule.

<u>Description</u>	<u>Asset appears on schedule</u>	<u>% of purchase price not paid by you</u>	<u>Estimated value</u>	<u>Value not attributed to your purchase price</u>
			\$	\$

SCHEDULE H

POWERS OF APPOINTMENT

1. Are you a Trustee or beneficiary of any trust, or named as trustee of any testamentary trust?
2. Do you, or will you at your death possess a general power of appointment?
3. Have you at any time, exercised or released (to any extent) a general power of appointment?
4. Are there in existence any trusts not created by you under which you possess any power, beneficial interest, or trusteeship?

<u>Item #</u>	<u>Description</u>	Estimated <u>value</u>
		\$

SCHEDULE I

DEBTS, MORTGAGES, AND LIENS
NOT INCLUDED ON ANY OTHER SCHEDULE

List only items having a significant value to your estate.

<u>Item No.</u>	<u>Debts - creditor and nature of claim</u>	<u>Amount</u>
		\$

<u>Item No.</u>	<u>Mortgages and liens - description</u>	<u>Amount</u>
		\$