

Wallace Beattie Law Firm LLC

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Estate Planning Questionnaire

I. General Information

Your Name _____

Any other names you are known as _____

Social Security Number _____

Date of Birth _____

Place of Employment _____

Occupation _____

Work Phone _____

Email Address _____

Do you prefer to be called at Work or Home or contacted by e-mail? _____

Home Street Address _____

City & State _____

County _____

Home Phone _____

Number of Children _____

Are there any adopted children? _____

Child's Name	Child's Date of Birth	Address if not at Home
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone above not US Native or Naturalized US citizens? _____

Is anyone above disabled? _____

Have you ever been married? _____

If yes, did that marriage end in divorce or death of your spouse? _____

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II. General Considerations

Are you a beneficiary or trustees of any trust?

Do you have a power of appointment under any trust?

Have you ever given a general power of attorney to another? If so, to whom and when and is such power still in effect?

Have you signed a living will/medical declaration?

Do you anticipate receiving a substantial inheritance?

What is your general desire for the disposition of your estate: _____

Are there any specific cash gifts, including any charities, you wish to benefit? If yes, please describe below.

Amount/Description of Gift	Name of Recipient	Relationship	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any specific requests for your funeral or burial? If yes, please describe below.

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III. Fiduciary Considerations

Who would you like to designate as your Personal Representative (Executor) of your estate?

Who would you like to designate as an alternate Personal Representative?

If applicable, the name and address of the Guardian for your children: _____

Is there anyone you would like to name as an alternate Guardian? If so please state their name and address: _____

Will the appointment of guardian be affected by the relocation, remarriage, marriage, divorce or separation of the individuals stated?

If applicable, who would you like to name as Trustee of your Trust?

If applicable, at what age or ages would you like the assets of any Trust created for minor children distributed outright (completed distribution of assets): _____

Who would you like to name as agent for your Healthcare Power of Attorney?

First Alternate _____

Do you wish to make any anatomical gifts? _____

Who would you like to name as agent for your Financial Power of Attorney?

First Alternate _____

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IV. Personal Financial Information – Optional: This information is used to assess the tax considerations as well as titling of your assets. Keep in mind, any assets held as joint tenants with rights of survivorship and assets which designate a beneficiary (other than your estate or trust) will not be a part of the assets distributed under your will or trust.

Income

Approximate amount of income and to whom it is paid

	Income	Paid
Salary, Commission & Bonus	_____	_____
Dividends and Interest Income	_____	_____
Net Real Estate Income	_____	_____
Partnership Income	_____	_____
Other Income	_____	_____

Current Value of Assets

Approximate current value of the asset and whose name the asset is in, as well as, any beneficiary already designated on the asset other than by will. Please bring with you copies of all documents related to the assets including deeds, automobile titles and account statements. Proper titling of your assets is crucial to your estate plan and the best way to ensure this is by you providing this information through the actual statements.

	Named Beneficiary	Amount
Bank Accounts	_____	_____
Certificates of Deposit/ Money Market Accounts	_____	_____
IRAs, Retirement Accounts	_____	_____
Stocks and Bonds	_____	_____
Notes and Accounts Receivable	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Automobiles	_____	_____
Other Tangible Personal Property	_____	_____
Interest in Business Partnership	_____	_____
Interest in Investment Partnership	_____	_____
Stock or Other Interest in Closely-Held Business	_____	_____

List the states, if other than Colorado, where real estate is located:

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Liabilities

	Where	Amount
Current Accounts	_____	_____
Unsecured Notes Payable to Bank	_____	_____
Notes Payable to Others	_____	_____
Mortgage on Residence	_____	_____
Other Mortgages	_____	_____

List any contingent liabilities:

Life Insurance Policies

Insured	Company	Beneficiary	Cash Value	Face Amount	Outstanding Loans
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Location of any safe deposit boxes:

Closely-held Business Interests

Type of Business Interest:

- _____ Sole Proprietorship
- _____ Partnership:
 - _____ LLC, LLP
 - _____ LP
 - _____ General
 - _____ Other
 - _____ Corporation
 - _____ S Corporation

Percentage Ownership _____

Fair Market Value _____

Is there a buy/sell agreement or other shareholders agreement? _____

If yes, is it funded? _____

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V. Documents:

- **Prior Estate Documents:** Will(s), Trusts you created, Medical Directive(s), Powers of Attorney(s)

Optional: The below documents may have a significant impact on your estate plan. If you have any questions or are uncertain of titling of the assets, please bring them to our meeting so that we can discuss any concerns:

- **Financial Information:** Life Insurance Policies, Deeds or Mortgaged to Real Estate Owned by You, Trusts where you are a beneficiary, Shareholder Agreements on which you are a party, Account Statements, Automobile Titles

- **Other Legal Information:** Marital Agreements (i.e., prenuptial agreements), Divorce Decrees

- **Gift Tax Returns**