

# 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? \_\_\_\_\_

Your Spouses Name \_\_\_\_\_  
Any other names your spouse is 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 or children from a previous marriage? \_\_\_\_\_

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? \_\_\_\_\_  
Are there any ex-spouses? \_\_\_\_\_  
Is there a premarital agreement? \_\_\_\_\_  
If not currently married, have you or 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 or your spouse beneficiaries or trustees of any trust?

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Do you or your spouse have a power of appointment under any trust?

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

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Have you signed a living will/medical declaration?

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Do you or your spouse anticipate receiving a substantial inheritance?

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What is your general desire for the disposition of your estate: \_\_\_\_\_

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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? Please indicate below if you would like this person listed as your first choice rather than your spouse.

You: \_\_\_\_\_

Your Spouse: \_\_\_\_\_

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

You: \_\_\_\_\_

Your Spouse: \_\_\_\_\_

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? Please indicate if you would like the person below listed as your first choice rather than your spouse.

You: \_\_\_\_\_

Your Spouse: \_\_\_\_\_

Do you wish to make any anatomical gifts? \_\_\_\_\_

Who would you like to name as agent for your Financial Power of Attorney? Please indicate if you would like the person below listed as your first choice rather than your spouse.

You: \_\_\_\_\_

Your Spouse: \_\_\_\_\_

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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

	Husband	Wife	Joint
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	Husband	Wife	Joint
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:

\_\_\_\_\_

\_\_\_\_\_

**Liabilities**

	Husband	Wife	Joint
Current Accounts	_____	_____	_____
Unsecured Notes Payable to Bank	_____	_____	_____
Notes Payable to Others	_____	_____	_____

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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**