



ESTATE PLANNING QUESTIONNAIRE

Please try to complete all applicable questions and provide all requested documents that are conveniently available. If a question is irrelevant, simply "NA" as the answer. Values can be estimated.

The following is a *list of documents or copies we would appreciate* at or before our first meeting:

1. Current estate planning documents such as will, revocable or living trust agreement, power of attorneys, living will and other Estate Planning documents.
2. Information for retirement plan and life insurance policies, with ownership and beneficiary designations.
3. Warranty or Quit Claim Deeds (not Deeds of Trust) to real estate. (A recent tax assessment notice may suffice.)
4. Documents indicating legal title to investments (account statements may suffice).
5. Copies of all trust agreements under which you are the creator or a beneficiary.
6. Property settlement agreements, divorce decrees, separation agreements from prior marriages which have provisions not completely satisfied.
7. The last filed gift tax return.
8. Personal income tax returns and financial statements for the most recent year. Please complete personal information not on the financial statements for this questionnaire.
9. Financial statements and federal income tax returns for the most recent year for businesses, corporations, partnerships, etc.
10. Partnership agreements, bylaws, operating agreements, buy-sell agreements, shareholder agreements, Schedule K-1s, and other relevant business or partnership documents.

The information you furnish to us will be relied upon by us in designing and recommending your estate plan. If the information given is either incorrect or incomplete, our recommendations may be inappropriate or even detrimental. If you realize that information you have previously provided to us is incorrect, please contact us to evaluate the advisability of revisions to your estate plan, including beneficiary designations.



ESTATE PLANNING QUESTIONNAIRE
CAERUS LAW PC

PERSONAL DATA Today's Date:
A. Your legal name (including maiden and all names in which assets may be owned):
Date of Birth: SSN: Citizen of US Other
Marital Status: Date:
Home Address: Email Address:
County: Home Phone: Cell Phone:
Business Phone:
Business or Occupation:
Business Address:
Billing Address:
B. Please check if you have lived in or own real estate in any of the following community property states:
Alaska Arizona California Idaho Louisiana
Nevada New Mexico Texas Washington Wisconsin
C. Year of domicile in Colorado:
D. Particulars as to Family:
a. Do you have a health condition which could affect your estate planning? Yes No
b. Do you have a religious preference or affiliation? Yes (please identify) No
Please Identify:
c. Pre-marital agreements, divorce or separation agreements Yes (please attach) No
d. Special needs, physical handicaps, circumstances or problems of particular members Yes No
Please Identify:
e. Existing or expected family conflicts? Yes No
Please Identify:
f. Any specific requests for funeral/cremation or services? Yes No
If yes, specify:
g. Do you want to include post-mortem conceived children, step-children, descendants of step-parents, or other non-genetic descendants as your descendants and heirs? Yes No
h. Have you or family members participated in artificial reproductive technology "ART" (i.e., in vitro fertilization, frozen embryos or sperm and ovum storage, surrogacy, etc.)? Yes No
Do you want such ART children to inherit from you? Yes No
Do you have frozen genetic material? Yes Where? No

E. Children:				
Legal Name	Address (if not yours)	DOB	Phone number	
		/ /		
		/ /		
		/ /		
		/ /		
F. Grandchildren:				
Legal Name	Address (if not yours)	Parent	DOB	Phone number
			/ /	
			/ /	
			/ /	
			/ /	
G. Other Devisees (i.e., relatives, friends, or charities to be included in your will):				
Name	Address	Relationship	Gift	
	Phone:			
	Phone:			
H. Proposed Personal Representative (Executor):				
Name:	Address:			
	Phone:			
1st Successor <input type="checkbox"/> or Joint <input type="checkbox"/> Name:	Address:			
	Phone:			
Successor <input type="checkbox"/> or Joint <input type="checkbox"/> Name:	Address:			
	Phone:			

I. Proposed Agent for Health Care Powers of Attorney:	
Name:	Address: Phone:
Successor Name:	Address: Phone:

J. Proposed Agent for Powers of Attorney (Financial):	
Name:	Address: Phone:
Joint Agent Name:	Address: Phone:
Successor Name:	Address: Phone:

K. Proposed Guardian of Minor/Disabled Children:	
Name:	Address: Phone:
Successor <input type="checkbox"/> or Joint <input type="checkbox"/> Name	Address: Phone:

L. Proposed Trustee of Children's Trusts:	
Name:	Address: Phone:
Successor <input type="checkbox"/> or Joint <input type="checkbox"/> Name	Address: Phone:

ASSETS

*For all asset ownership, please use the following key: S=Sole Ownership JT=Joint Tenancy TIC=Tenants in Common
(Attach schedules if more space is needed or attach separate financial statement.)*

A. Real Estate (including oil, gas and other mineral interests and water rights); please furnish copies of deeds and information regarding any use and EPA problems (list under section I if realty held in partnership, LLC or corporation):					
Description and Location	Ownership	Mortgagor and Amount	Current Value		
B. Checking Accounts, Savings Accounts and CDs:					
Name of Institution	Location	Type	Ownership	POD*	Balance
*If payable on death, to whom?					

F. Annuities which provide for payments after death:					
Name of Company	Policy Number	Owner	Beneficiary	Cost	Approximate Cash Value

G. Securities not held in brokerage accounts listed above:			
1. U.S. Government Bonds, Notes and Bills:			
Description	Ownership	Amount	
2. Marketable Corporate Stocks and Bonds not held in IRA or brokerage account: (you have a stock certificate of ownership)			
Name of Company	Type of Stock/Bond	Ownership	Current Value

H. Promissory Notes and Accounts Receivable Owed to You:				
Borrower	Security/Collateral	Term Remaining	Payments/Year	Current Balance

I. Business interests, including closely held stock, partnerships and sole proprietorships.

Name and Description	Operating or Buy-Sell Agreement? Attach Copy	Ownership	Business owns land	Current Value (net of debt)

J. Special Assets

	Yes	No	Maybe		Yes	No	Maybe
Firearms, explosives				Marijuana for personal use only			
Federally Regulated by BATF				Marijuana Plants			
Located in Colorado				Marijuana Retail Business			
Held in Gun Trust				Cash over \$10,000			
Pets – species, name and age				Provisions for Pet?			

K. Personal Property (include only collectable or high value items such as gold or silver, vehicles, mobile homes, jewelry, antiques, art, stamps, heirlooms etc.):

Description	Ownership (sole or joint)	Current Value

L. Trusts (whether you created or are a beneficiary) and Expected Inheritance. Please attach copy of any document creating trust.			
Description (Trust Name)	Grantor/Settlor	Current Value	
Did the Trustee receive a form 8971 or form 706 Schedule A with any inheritance, bequest or trust distribution reporting tax basis of the assets received?			Yes
			No

M. Other assets (i.e., online accounts, copyrights, patent rights, royalties, leases, club memberships, etc.):		
Description	Ownership	Current Value

LIABILITIES

Include credit cards, student loans, personally guaranteed loans and all other debts or liabilities (but not mortgages listed under "A"):

Lender	Description	Remaining Term	Borrower (sole or joint)	Balance	Payments/Year

<u>SUMMARY OF ASSETS AND LIABILITIES</u>	
Assets	
A. Real Estate	
B. Checking and Savings Accounts, CDs	
C. Retirement Plans, 401(k)s and IRAs	
D. Life Insurance	
E. Brokerage Accounts	
F. Annuities	
G.1. U.S. Government Bonds, Notes, Bills	
G.2. Marketable Corporate Stocks and Bond	
H. Promissory Notes & Accounts Receivable	
I. Business Interests	
J. Special Assets	
K. Personal Property	
L. Trusts, Inheritances	
M. Other Assets	
Totals	
<u>Less Liabilities</u>	
NET ASSETS	

Safety Deposit Boxes:

Bank Location	Box Number	Location of Key	Rented in Name of

Please note location of original Will with *

PRIOR GIFTS

If state or federal gift tax returns have ever been filed, attach copy and audit report

Year	Donor	Donee	Gifted Description	Value of Gift

INCOME

Estimated annual income:	From Employment	From Trusts, Investments and Other

Accountant:

Name and Address:	
Phone:	
Fax:	
Email:	

May we contact? Yes No

Life Insurance Agent:

Name and Address:	
Phone:	
Fax:	
Email:	

May we contact? Yes No

Financial Planner:

Name and Address:	
Phone:	
Fax:	
Email:	

May we contact? Yes No