

**ESTATE PLANNING INTAKE FORM FOR  
LAW OFFICES OF PETER W. BULLARD, P.C. © 2020  
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**JOINT CLIENTS**

**(Please use reverse side or add additional pages if needed)**

THIS FORM IS EXTREMELY IMPORTANT. Your accuracy and completeness in responding will help us to best represent you. Please complete this form and bring the information with you to the initial appointment.

Because of the COVID 19 pandemic, initial consultations are taking place by telephone. Please provide this completed form to our office BEFORE the initial consultation.

We know this can be daunting information gathering. However, we need your personal information to be able to give advice regarding your personal circumstances. People often find gathering financial information to be the most frustrating task. The financial information, including the types of accounts you own, how assets are titled, and whether assets have beneficiaries designated is critical information to have during the estate planning process.

When listing people by name, please list their legal name and try to provide their middle initials in this form as well.

The attorney will talk to you about the information in this form. If there is something you have questions about, you will have a chance to ask those questions. Do your best to fill the form ahead of time knowing you will have an opportunity to amend choices and ask questions once you meet with the attorney.

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**CONTACT INFORMATION:**

Date Form Completed: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Client 1 Work/Cell: \_\_\_\_\_ Client 2 Work/Cell: \_\_\_\_\_

Email Client 1: \_\_\_\_\_

Email Client 2: \_\_\_\_\_

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

Your Residential County: \_\_\_\_\_

Prefer to be **called** at: \_\_\_Home \_\_\_Office Prefer **correspondence** sent to: \_\_\_Home \_\_\_Office

**\*If you prefer for information to be sent to your office contact information, please provide that information.**

**A. PERSONAL DATA**

<b>Client 1:</b>	<b>Client 2:</b>
Full legal name:	Full legal name:
Print Customary Signature on legal documents:	Print Customary Signature on legal documents:
Date of Birth:	Date of Birth:
Social Security Number: *Please do not provide in this form if you are sending it to us electronically.	Social Security Number: *Please do not provide in this form if you are sending it to us electronically.
Other name(s) used on deeds, bank accounts, etc.	Other name(s) used on deeds, bank accounts, etc.
Occupation: Employer:	Occupation: Employer:
Are you a U.S. Citizen? Yes No	Are you a U.S. Citizen? Yes No
Are you a Veteran? Yes No	Are you a Veteran? Yes No
Do you have a will? Yes No If yes, in which state was it prepared? What year? Where is the document now?	Do you have a will? Yes No If yes, in which state was it prepared? What year? Where is the document now?
Do you have a Trust? Yes No If yes, in which state was it prepared? What year? Where is the document now?	Do you have a Trust? Yes No If yes, in which state was it prepared? What year? Where is the document now?
Do you have a general (financial) Power of Attorney? Yes No	Do you have a general (financial) Power of Attorney? Yes No
Do you have a medical Power of Attorney? Yes No	Do you have a medical Power of Attorney? Yes No
Are you in good health? Yes No *If no, please explain on reverse side of page.	Are you in good health? Yes No *If no, please explain on reverse side of page.
Are you disabled? Yes No	Are you disabled? Yes No
Do you have any medical concerns that we need to plan for? Yes No	Do you have any medical concerns that we need to plan for? Yes No
Please list the states in which you have lived:	Please list the states in which you have lived:

\*Please bring/provide copies or originals of any existing Wills, Trusts, Powers of Attorney, etc.

**B. Marriage/Civil Union Information**

<b>Client 1:</b>	<b>Client 2:</b>
Are you married?      Yes    No	Are you married?      Yes    No
State of Marriage:	State of Marriage:
Date of Marriage:	Date of Marriage:
Have you ever signed a pre/post marital agreement? Yes    No	Have you ever signed a pre/post marital agreement? Yes    No
Have you ever considered yourself to be married under common law?    Yes    No	Have you ever considered yourself to be married under common law?    Yes    No
Have you ever entered into a civil union? Y    N	Have you ever entered into a civil union? Y    N
Were you previously married? Yes    No If yes, please provide the name of your former spouse/spouses/partners in a civil union as well as the following information:	Were you previously married? Yes    No If yes, please provide the name of your former spouse/spouses/partners in a civil union as well as the following information:
Name of former spouse/partner:	Name of former spouse/partner:
How did the relationship end? Divorce    Death    Other:	How did the relationship end? Divorce    Death    Other:
Date of End (divorce decree, death, etc.):	Date of End (divorce decree, death, etc.):
Is there a divorce order or agreement that affects you now?    Yes    No	Is there a divorce order or agreement that affects you now?    Yes    No

\*\*\*If you have a current order or agreement that affects you now, please bring a copy to your consultation.

Brief Summary of Education Client 1: \_\_\_\_\_

Brief Summary of Education Client 2: \_\_\_\_\_

Brief Summary of Work History Client 1: \_\_\_\_\_

Summary of Work History Client 2: \_\_\_\_\_

**C. Family Information**

**1. Children**

Child's <b>Full</b> Name And date of birth	Address if not living at home.	Phone Number	Child of Client1, Client2, or Both (Circle One)
Name:  Date of Birth:			C1 C2 Both
Name:  Date of Birth:			C1 C2 Both
Name:  Date of Birth:			C1 C2 Both
Name:  Date of Birth:			C1 C2 Both

\*\*\*If there are not enough spaces here, please continue the information on a separate sheet or the reverse side of this document.

Briefly describe the marital status, educational level and employment of your children as well as any information you would like us to know about them: \_\_\_\_\_

\_\_\_\_\_

Are all of your children citizens of the United States? \_\_\_\_\_Yes \_\_\_\_\_No

Are all of your children in good health? \_\_\_\_\_Yes \_\_\_\_\_No

Are any of your children blind? \_\_\_\_\_Yes \_\_\_\_\_No

Are any of your children disabled? \_\_\_\_\_Yes \_\_\_\_\_No

Have all of your children completed their education? \_\_\_\_\_Yes \_\_\_\_\_No

Are any of your children receiving SSI or other form of public benefit? \_\_\_\_\_Yes \_\_\_\_\_No

Do any of your family members have any of the following: Aids? \_\_\_\_\_Yes \_\_\_\_\_No

Drug addiction? \_\_\_\_\_Yes \_\_\_\_\_No

Alcoholism? \_\_\_\_\_Yes \_\_\_\_\_No

Spendthrift? \_\_\_\_\_Yes \_\_\_\_\_No

Other (please explain): \_\_\_\_\_

**2. Grandchildren**

Grandchild's <b>Full</b> Name And date of birth	Address if not living at home.	Name of Parent(s)
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		
Name:  Date of Birth:		

\*\*\*If there are not enough spaces here, please continue the information on a separate sheet or the reverse side of this document.

Briefly describe the marital status, educational level and employment of your grandchildren: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are all of your grandchildren citizens of the United States? \_\_\_\_\_Yes \_\_\_\_\_No

Are all of your grandchildren in good health? \_\_\_\_\_Yes \_\_\_\_\_No

**3. Clients' Parent Information**

<b>Client 1 Parent Information:</b>	<b>Client 2 Parent Information:</b>
Full legal name of Parent 1:	Full legal name of Parent 1:
Address of Parent 1:	Address of Parent 1:
Full legal name of Parent 2:	Full legal name of Parent 2:
Address of Parent 2:	Address of Parent 2:

\*\*\*If either client has step-parents, please include that information below, on separate sheet, or on the reverse side of this form.

**4. Clients' Siblings**

<b>Sibling's Full Name</b>	<b>Address AND telephone number</b>	<b>Client1 or Client2</b>	<b>Brother/ Sister/ Other</b>
		C1 C2	B S O
		C1 C2	B S O
		C1 C2	B S O
		C1 C2	B S O
		C1 C2	B S O

**D. Planning Goals**

Please describe in your own words your goals for your estate planning. For example, what your planning should accomplish for yourselves, children, other heirs, and charities.

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To whom do you want your property to go at your death?

First client dies, second client and children survive:

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Second client dies, first client and children survive:

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First and second clients both die, children survive:

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All die:

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Other Wishes:

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Do you wish to include charities in your disposition? If so, please list them here:

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Deadlines, if any, for signing the wills, trust and other documents:

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Are you presently a guardian, personal representative, executor, trustee, holder of a power of attorney, or a fiduciary of any other description? \_\_\_\_\_. If so, please describe briefly the nature of the position(s) you hold: \_\_\_\_\_

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Do you have any specific question about or any other item you would like in your wills or trusts? \_\_\_\_\_

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## E. People Name in Your Documents to Help

### 1. Personal Representative:

Whom do you want to be your Personal Representative? This is the person or institution that makes sure your will is complied with; the spouse is usually the first choice; if you wish, you can name a bank with a trust department as Personal Representative. Note that we ask you to list a first, second, and third choice so that there are successors if someone is not available:

<b>Client 1's Nominations</b>	<b>Client 2's Nominations</b>
First Choice: Spouse/Partner Other: Address:	First Choice: Spouse/Partner Other: Address:
Second Choice: Address:	Second Choice: Address:
Third Choice: Address:	Third Choice: Address:

### 2. Trustee

Whom do you want to be your Trustee? If your will includes a trust, or if you have a living trust, the Trustee is the person or institution that takes care of and distributes the assets of the trust for your beneficiaries, e.g. your children; if you wish, you can name a bank with a trust department or a trust company as Trustee. Whether a spouse should be the first choice depends on the purposes of the trust. You may want to name a bank as Personal Representative or Trustee; if so, it must be a bank with a trust department; you do not have to have an account with such a bank to do so:

<b>Client 1's Nominations</b>	<b>Client 2's Nominations</b>
First Choice: Address:	First Choice: Address:
Second Choice: Address:	Second Choice: Address:
Third Choice: Address:	Third Choice: Address:



**3. Guardian**

Whom do you want to be the Guardian for minor children? This is the person who acts as substitute parents for your children under 18 years old. The other parent is usually the first choice. This section may not apply to you.

<b>Client 1's Nominations</b>	<b>Client 2's Nominations</b>
First Choice: Address:	First Choice: Address:
Second Choice: Address:	Second Choice: Address:
Third Choice: Address:	Third Choice: Address:

**4. Financial Agent under Power of Attorney**

Whom do you want to be your agent for your financial affairs if you are alive but not able to manage financial tasks independently?

<b>Client 1's Nominations</b>	<b>Client 2's Nominations</b>
First Choice: Spouse/Partner Other: Address: Phone:	First Choice: Spouse/Partner Other: Address: Phone:
Second Choice: Address: Phone:	Second Choice: Address: Phone:
Third Choice: Address: Phone:	Third Choice: Address: Phone:

### 5. Medical Agent under Power of Attorney

Whom do you want to be your agent for your medical and personal care decision making if you are alive but unable to manage decision making independently?

<b>Client 1's Nominations</b>	<b>Client 2's Nominations</b>
First Choice: Spouse/Partner Other: Address: Phone:	First Choice: Spouse/Partner Other: Address: Phone:
Second Choice: Address: Phone:	Second Choice: Address: Phone:
Third Choice: Address: Phone:	Third Choice: Address: Phone:

### 6. Designee under Last Remains Declaration Instrument

Colorado allows you to have a form separate from your wills to declare in writing how your remains are to be disposed of, what ceremonies will take place after your death, and who is to be in charge of both. This is called a "declaration instrument". Whom do you want to be your designee to make these decisions?

<b>Client 1</b>	<b>Client 2</b>
I prefer: Burial Cremation Other Location: Ceremony: Funeral Memorial Service Other *We generally name someone to make decisions about these arrangements. Please list the names and addresses of those people/entities:	I prefer: Burial Cremation Other Location: Ceremony: Funeral Memorial Service Other *We generally name someone to make decisions about these arrangements. Please list the names and addresses of those people/entities:
First Choice: Spouse/Partner/Other: Address:	First Choice: Spouse/Partner/Other: Address:
Second Choice: Address:	Second Choice: Address:
Special Instructions:	Special Instructions:

**F. FINANCIAL INFORMATION:** We know this is very private information. However, knowing about your assets, how they are titled/owned, and their value, is one of the most important components of giving advice on estate planning. Feel free to round amounts to the nearest \$1,000.

**1. Income**

	<b>1<sup>st</sup> Client</b>	<b>2<sup>nd</sup> Client</b>	<b>Joint</b>
Salary, Commission, Bonuses			
Investments			
Real Estate Income			
Business Income			
Social Security Income			
Pension/Retirement Income			
Other Income			
<b>Total Income</b>			

**2. Assets**

<b>Type of Asset</b>	<b>Owner of Account (Client 1, Client 2, Children, etc.)</b>	<b>Value of Asset</b>	<b>Liability or amount owed on asset</b>	<b>Beneficiaries Named for Asset? If yes, please list beneficiaries</b>
Bank Accounts - Checking		\$	\$	
Bank Accounts - Savings				
Real Estate (Residence)		\$	\$	
Real Estate (Other)		\$	\$	
Oil and Gas Interests				
Certificates of Deposit (CDs)		\$	\$	
Money Market				
US Government Securities				
Marketable Stocks		\$	\$	
Municipal Bonds		\$	\$	
Marketable Bonds		\$	\$	

Type of Asset	Owner of Account (Client 1, Client 2, Children, etc.)	Value of Asset	Liability or amount owed on asset	Beneficiaries Named for Asset? If yes, please list beneficiaries
Mutual Funds		\$	\$	
Notes and Mortgages Receivable		\$	\$	
Business Interests		\$	\$	
Inheritance		\$	\$	
Automobile #1		\$	\$	
Automobile #2		\$	\$	
Automobile #3		\$	\$	
Jewelry and Collections		\$	\$	
Non-IRA Tax Qualified Retirement Plans		\$	\$	
IRA's		\$	\$	
401k				
Pensions				
Profit Sharing				
Life Insurance		\$	\$	
Annuities		\$	\$	
Leases or Mortgages (owed to you)				
Other Assets		\$	\$	
<b>TOTALS</b>		<b>\$</b>	<b>\$</b>	

Do you have valuable personal property items or collections? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**3. Real Estate:** List addresses where all real estate is located:

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**4. Life Insurance**

**1st Client's Life Insurance**

**Whole-Life or Universal Life Policies**

<b>Cash Value</b>	<b>Insured</b>	<b>Company</b>	<b>Policy #</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Amount</b>	<b>Loans</b>
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(Death Benefit)

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Total Insurance Benefits Payable at Death \$ \_\_\_\_\_

**Term Policies**

<b>Insured</b>	<b>Company</b>	<b>Policy #</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Amount</b>	<b>Loans</b>
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(Death Benefit)

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Total Insurance Benefits Payable at Death \$ \_\_\_\_\_

**2nd Client's Life Insurance**

**Whole-Life or Universal Life Policies**

<b>Cash Value</b>	<b>Insured</b>	<b>Company</b>	<b>Policy #</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Amount</b>	<b>Loans</b>
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(Death Benefit)

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Total Insurance Benefits Payable at Death \$ \_\_\_\_\_

**Term Policies**

<b>Insured</b>	<b>Company</b>	<b>Policy #</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Amount</b>	<b>Loans</b>
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(Death Benefit)

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Total Insurance Benefits Payable at Death \$ \_\_\_\_\_

**5. Business Interests**

**For each such interest, complete:**

Type of interest:

\_\_\_\_\_Sole owner \_\_\_\_\_Partnership \_\_\_\_\_Corporation \_\_\_\_\_Other

Description of product or service:\_\_\_\_\_

Percentage of ownership:\_\_\_\_\_

Fair market value:\_\_\_\_\_

Is there a buy/sell or other shareholders agreement? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, is the agreement funded (e.g. with insurance)? \_\_\_\_\_Yes \_\_\_\_\_No

Total Business Interests 1<sup>st</sup> Client \$\_\_\_\_\_ 2<sup>nd</sup> Client \$\_\_\_\_\_ Joint \$\_\_\_\_\_

**G. Referral Information**

How did you happen to contact this firm?\_\_\_\_\_

If Internet, what source? \_\_\_\_\_

If yellow pages, which phone book: Fort Collins:\_\_\_\_\_ Loveland:\_\_\_\_\_ Other (describe):\_\_\_\_\_

If you were referred by someone, by whom?\_\_\_\_\_

Do we have your permission to thank the person who referred you to us? YES or NO

May we disclose your name to that person when thanking them? YES or NO

Other Source:\_\_\_\_\_

Signatures of Clients

\_\_\_\_\_  
First Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Client

\_\_\_\_\_  
Date