

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

(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.

CONTACT INFORMATION:

Date Form Completed: _____

Client 1 Work/Cell: _____ Home Phone: _____

Email: _____

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

Full legal name:
Print Customary Signature on legal documents:
Date of Birth:
Social Security Number: *Please do not provide in this form. To be filled in by attorney during consultation.
Other name(s) used on deeds, bank accounts, etc.
Occupation: Employer:
Are you a U.S. Citizen? 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 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 medical Power of Attorney? Yes No
Are you in good health? Yes No *If no, please explain on reverse side of page.
Are you disabled? 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 bring/provide copies or originals of any existing Wills, Trusts, Powers of Attorney, etc.

B. Marriage/Civil Union Information

Have you been you married? Yes No
State of Marriage:
Date of Marriage:
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 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:
Name of former spouse/partner:
How did the relationship end? Divorce Death Other:
Date of End (divorce decree, death, etc.):
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: _____

Brief Summary of Work History: _____

C. Family Information

1. Children

Child's Full Name And date of birth	Address if not living at home.	Phone Number
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

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 Full 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:		

***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

Client 1 Parent Information:
Full legal name of Parent 1:
Address of Parent 1:
Full legal name 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

Sibling's Full Name	Address	Telephone Number	Brother/ Sister/ Other
			B S O
			B S O
			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.

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

Client dies and children survive (if you have them):

Client dies and no children survive:

All die:

Other Wishes:

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

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

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: _____

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

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:

First Choice: Address:
Second 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:

First Choice: Address:
Second Choice: Address:
Third Choice:

Address:

3. Guardian

Whom do you want to be the Guardian for minor children if you have them? 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.

First Choice:

Address:

Second 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?

First Choice:

Address:

Second Choice:

Address:

Third Choice:

Address:

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?

First Choice: Address:
Second Choice: Address:
Third Choice: Address:

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?

Client 1
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:
Second Choice: Address:
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

	Approximate Value	Name of any Joint owners
Salary, Commission, Bonuses		
Investments		
Real Estate Income		
Business Income		
Social Security Income		
Pension/Retirement Income		
Other Income		
Total Income		

2. Assets

Type of Asset	Owner of Account (Client and any others.)	Value of Asset	Liability or amount owed on asset	Beneficiaries Named for Asset? If yes, please list beneficiaries
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 and any others.)	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		\$	\$	
TOTALS		\$	\$	

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

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

4. Life Insurance

Client's Life Insurance

Whole-Life or Universal Life Policies

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

Total Insurance Benefits Payable at Death \$ _____

Term Policies

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

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 \$ _____

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

Signature of Client

First Client

Date