

JONES & KELLER

— ATTORNEYS AT LAW —

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

GENERAL COMMENTS

1. Estate planning involves giving consideration to property transfers and gift, estate, income and generation-skipping transfer tax savings.
2. In order to plan your estate, we will need extensive family and financial information and your stated preferences. This is a “deep dive” for crucial information; specifically, the “Who” (you and your intended beneficiaries), “What” (you own or the income you receive) and “How” (your thoughts on the ultimate handling of your own and your family’s well-being, distribution, and who or what entity will be in charge of the “How”). Please review and complete the following pages. If any question is not applicable, write "N/A" in the blank. All information provided on this form is *confidential* and will be used only for our advice regarding your estate plan and preparing documents for you.
3. We will rely on the information you provide on this form to advise you and help you prepare an estate plan customized for your family, kinds of assets and your goals. Please provide the approximate market value (estimates or latest statement are acceptable) of each asset and, importantly, the **exact** title or ownership – who owns the asset and how; either separately, jointly, Jointly with Rights of Survivorship (to pass upon the death of one of the joint owners to the other joint owner), other, in a trust, etc. – of your assets. Feel free to add additional pages if you need more room. If you already have a current financial statement which includes this information, you may attach a copy of it instead.
4. We will need copies of your current estate planning documents such as marital agreements, wills, trust agreements (in which you or a member of your family have an interest, whether as a beneficiary, fiduciary or holder of a power of appointment), powers of attorney and living wills.
5. Our fees for your estate planning, tax planning and for the preparation of wills and trusts are based on the time involved in designing your estate plan and preparing the necessary documents. We will provide you with either a flat fee quote and/or estimate for an hourly rate cost for completing your estate plan and for preparing the various documents for you.

Your Signatures

The information contained herein is accurate to the best of my knowledge.

Date: _____

(Spouse/Ptr 1 Signature)

Date: _____

(Spouse/Ptr 2 Signature)

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ATTORNEYS AT LAW

GENERAL FAMILY INFORMATION

SPOUSE/PTR 1

SPOUSE/PTR 2

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

SSN _____

Citizen USA _____ Other _____

USA _____ Other _____

Date of marriage _____

Employer _____

City/State _____

Name of prior spouse(s), if any:

While married, have you lived in a community property state? (Check all that apply.)

() AK () AZ () CA () ID () LA () NM () NV () SD () TN () TX () WA () WI

Is either spouse/partner eligible for Veteran's Admin. Benefits, disability, or long-term care benefits? (i.e., served on active duty during a conflict) If yes, please specify below.

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CHILDREN and STEPCHILDREN (items in red are optional or can be added later)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Natural _____ Adopted _____

Natural _____ Adopted _____

Child of one spouse only:

Child of one spouse only:

Husband _____ Wife _____

Husband _____ Wife _____

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Natural _____ Adopted _____

Natural _____ Adopted _____

Child of one spouse only:

Child of one spouse only:

Husband _____ Wife _____

Husband _____ Wife _____

Please Note if any beneficiary has special needs, addiction/behavior or spending issues, or prefers a neutral pronoun (they/them/their):

_____.

OTHER BENEFICIARIES (items in red are optional or can be added later)

Name _____

Age/Date of Birth _____

Address _____

Phone _____

Relationship _____

Taxpayer ID Number (SSN) _____

Name _____

Age/Date of Birth _____

Address _____

Phone _____

Relationship _____

Taxpayer ID Number (SSN) _____

* * * * *

Name _____

Age/Date of Birth _____

Address _____

Phone _____

Relationship _____

Taxpayer ID Number (SSN) _____

Name _____

Age/Date of Birth _____

Address _____

Phone _____

Relationship _____

Taxpayer ID Number (SSN) _____

Please Note if any beneficiary is or may become dependent on Medicaid or other means-tested federal or state benefits or waivers and their age/state of residence.

OTHER PERSONAL INFORMATION

1. Location and Title (or authorized access) of Safe-Deposit Box(es) _____
-
2. Do you currently have: (Please bring copies with you)
- | | | |
|--|---------|--------|
| a. Wills and/or Trusts? | Yes () | No () |
| b. Durable Powers of Attorney for financial decisions? | Yes () | No () |
| c. Durable Powers of Attorney for health care decisions? | Yes () | No () |
| d. Health Care Directives or Living Wills? | Yes () | No () |
| e. Premarital or post-marital agreement? | Yes () | No () |
3. Is any of the property owned by either of you located in a state other than the state of your residence? Yes () No ()
If yes, where: _____
4. Have you made "taxable" gifts to your children or others? Yes () No ()
5. Have you filed gift tax returns? Yes () No ()
6. Do/are you or your spouse/partner:
- | | | |
|---|---------|--------|
| a. Expect to receive gifts or inheritance from others? | Yes () | No () |
| b. A current beneficiary of a trust? | Yes () | No () |
| c. Have powers of appointment? (Do not answer if unsure.) | Yes () | No () |
| d. Own any property with a "payable upon death" or a "transfer on death" designation? | Yes () | No () |
| e. Serve as a trustee of a trust other than your revocable trust? | Yes () | No () |
| f. Party to or have rights in a Buy-Sell Agreement? | Yes () | No () |
| g. Have an obligation to a prior spouse? | Yes () | No () |
| h. Have a member of your family who is disabled? | Yes () | No () |

Advisors	Name	Phone Number	Address
Accountant			
Insurance Agent			
Investment Manager			
Stock Broker			
Other			

ASSETS
Estimated Current Market Value

Please fill in the information below or feel free to provide a Personal Financial Statement.

Cash Accounts At Banks and Other Institutions			
Financial Institution (Last 4 of account #s are optional)	Account type: Savings, Checking, C.D., M.M., etc.	Current Value	Owner (use initials or JT if Joint/Survivor)
Total		\$	

Do you own any cash accounts jointly with someone other than your spouse/partner (such as a parent or a child)? Yes () or No () With whom and what financial institution? _____

_____.

NON-Retirement Brokerage Accounts (not options)				
Financial Institution/Employer	Type*	Owner	Current Value	Beneficiary
Total			\$	

Stocks/Bonds <u>Not</u> Held in Brokerage Account (include Treasury Bonds and I-bonds, Restricted Stock, Employer Stock Purchase Plan and Options)			
Issuing Company	Stock, Bond Number and # of shares if applicable	Current Value	Owner
Total		\$	

Tax-deferred retirement and employer-sponsored benefits pass via contract law (not testate laws), and they have unique tax characteristics. So having details about these assets helps us COORDINATE the distribution – and to consider their income-taxable nature – into your overall estate plan. Since these assets are often one of the largest in a person’s gross estate, they can have a significant impact on both income-tax and estate planning.

IRAs, 401K, 403B & Other Qualified Retirement Plans					Inherited? (y/n)
Financial Institution/Employer	Type*	Owner	Current Value	Beneficiary	
Total			\$		

*Please distinguish between (a) “**Traditional** (pre-tax)” IRA, 401(k), 403(b), 457, Keough or other self-employed plan, and (b) **ROTH IRAs or ROTH 401K/403B**.

Please also note if inherited from a parent or other non-spouse.

Life Insurance Owned by Either Spouse/Ptr				
Issuing Company / Type*	Insured	Owner	Beneficiary/ies	\$ Death Proceeds

*Whole Life, Universal Life, Term (5, 10, 20) etc.

Real Estate (include Mineral Rights, "Time Share")			
Address	Owner (initials or JT)	Current Value	Check if Mortgage (list on pg. 11)
Totals		\$	

If owned in LLC or other entity, please note which "Business Interest" on next page.

Business Interests				
Name of Business	Type: C-Corp or S-Corp, LLC, Partnership	Owner initials & %	Current Value of your share	Loans or Other Debt
Totals			\$	\$

Do you have a buy-sell agreement? Yes () No ()

Any other restrictions on transfer of ownership of business interests? _____

Any children involved in the business? _____.

Besides buy-sell agreement, do you have any other succession or transition plan for the business?
Please describe:

CPA for business? _____

Do you or does your company own any digital assets (website, blog/vlog, etc.) or intellectual
property (patents, copyright, etc.)?

MISCELLANEOUS (state aggregate value)	Spouse/Ptr 1	Spouse/Ptr 2	Joint or Community
Tangible Personal Property, Furnishings, Art, Jewelry, Collections			
Vehicles			
Copyrights, Patents			
Other Assets: _____			
Other Assets _____			
TOTAL VALUE OF ALL ASSETS			

AGGREGATE LIABILITIES (from previous tables)

	Spouse/Ptr 1	Spouse/Ptr 2	Joint or Community
NOTES PAYABLE			
INSURANCE LOANS			
OTHER LIABILITIES			
TOTAL LIABILITIES			
ASSETS LESS LIABILITIES			

YOUR ESTATE PLANNING IDEAS

Please, consider these topics which we will discuss at our meeting.

1. Proposed Distribution of Assets: What are the basic wishes of you and your spouse/partner as to the disposition of your estates upon your deaths (i.e. to whom do you want your estate to be distributed, any special gifts to persons or charities, alternative beneficiaries)? Please describe your initial thoughts on the distribution of your assets:

2. Contingent Beneficiaries: In the highly unlikely case that your immediate family should die in a common accident, should your assets go to your heirs, parents, siblings, charity or other beneficiaries?

3. Proposed Guardians of Minor Children: If you have minor children, you can name a guardian for them. Only one can act at a time (see next pages).

4. Financial Decisions for You during Incapacity and upon Death: Think about who (including a spouse/partner) you would trust to manage your financial affairs and assets during your incapacity. Would that be the same person to handle matters at your death? This can be an individual, a bank (or trust company) or both. The responsibilities include taking possession of your assets titled in your name, paying your debts and taxes, accounting for the funds and, upon your death, distributing those assets to your beneficiaries (see next pages).

5. Medical Decisions for You during Incapacity: Think about who (including a spouse/partner) you would trust to make potential healthcare decisions for your medical treatment during your unconsciousness or incapacity – whether temporary or permanent; who would honor your wishes if you were unable to express them to physicians, staff and first responders. It is a very good idea to **list their full name, city/state and phone numbers** (see next pages).

6. Specific Instructions for Your Prolonged Illness, Incapacity, Funeral, Cremation, Burial, etc.? Have you made pre-arranged plans for any final disposition?

7. Proposed Trustees of Trusts for Spouse or Descendants: Think about who you would trust to manage and carry out your plans and wishes for how your estate should pass should you set it up through a Trust for your beneficiaries.

Estate Planning Fiduciary Nominations

(If you are unsure about your nominations, you may provide these after your initial meeting.)

1. Who would you like to nominate to make financial decisions on your behalf if you are alive but unable to do so yourself?		
	Spouse/Ptr 1 Nominations	Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		

2. <i>If different</i> , who would you like to manage your estate after your death?		
	Spouse/Ptr 1 Nominations	Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		

3. Who would you like to nominate to make medical decisions on your behalf if you are unconscious, sedated, or incapacitated and unable to do so yourself?		
	Spouse/Ptr 1 Nominations	Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		

4. Who would you like to authorize to receive information regarding your medical condition/care? (These individuals are NOT making any decisions, only receiving info.)

Spouse/Ptr 1 Nominations		Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		

5. Who would you like to nominate to *care for* your children if you are unable to do so? (i.e., a guardian)

Spouse/Ptr 1 Nominations		Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		

6. If a beneficiary is either legally (age, disability) or otherwise unable to manage an inheritance, who or what entity would you like to manage their inheritance? (i.e., trustee)

Spouse/Ptr 1 Nominations		Spouse/Ptr 2 Nominations
a.		
b.		
c.		
d.		
e.		