

WILL AND ESTATE PLANNING INFORMATION
(Confidential)

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Date: _____

Full Name (first, middle, last) _____

Also known as _____

How do you want your name on your documents? _____

Address _____ City, State, Zip _____

County of Residence _____

Telephone: Home _____ Work _____

Cell _____ Fax _____

E-Mail Address: _____ Web Page: _____

Any problems of another State claiming domicile (residence)? Yes _____ No _____

Specify Problem _____

Date of Birth _____ Place of Birth _____

Employment or Business (or former, if retired) _____

When Retired _____

Spouse's Full Legal Name (first, middle, last) _____

Also known as _____

How do you want your name on your documents? _____

E-mail Address: _____

Date of Birth _____ Place of Birth _____

Employment or Business (or former, if retired) _____

When Retired _____

Telephone: Home _____ Work _____

Cell _____ Fax _____

Living Together? Yes _____ No _____. Explain "No" _____

Special Facts regarding health of client or spouse (i.e. stroke, cancer, heart attack, etc.):

CHILDREN *(Please include deceased children)*

1. Child's Full Name _____
Date of Birth and Place of Birth (Date of Death if Deceased) _____
Address & phone if different from client _____

2. Child's Full Name _____
Date of Birth and Place of Birth (Date of Death if Deceased) _____
Address & phone if different from client _____

3. Child's Full Name _____
Date of Birth and Place of Birth (Date of Death if Deceased) _____
Address & phone if different from client _____

4. Child's Full Name _____
Date of Birth and Place of Birth (Date of Death if Deceased) _____
Address & phone if different from client _____

5. Child's Full Name _____
Date of Birth and Place of Birth (Date of Death if Deceased) _____
Address & phone if different from client _____

Special Facts Regarding Children: (Step children? Children from prior marriages?)

Father's Name _____
Address _____
Deceased? Yes No

Mother's Name _____
Address _____
Deceased? Yes No

Spouse's Father's Name _____
Address _____
Deceased? Yes No

Spouse's Mother's Name _____
Address _____
Deceased? Yes No

GRANDCHILDREN, if any:

1. Name _____
Age _____
Address _____
Parent Living? Yes No

2. Name _____
Age _____
Address _____
Parent Living? Yes No

3. Name _____
Age _____
Address _____
Parent Living? Yes No

4. Name _____
Age _____
Address _____
Parent Living? Yes No

5. Name _____
Age _____
Address _____
Parent Living? Yes No

Other Persons Who May be Involved (Brothers or Sisters, Friends, etc.):

1. Name _____
Relation _____
Address _____

2. Name _____
Relation _____
Address _____

3. Name _____
Relation _____
Address _____

4. Name _____
Relation _____
Address _____

5. Name _____
Relation _____
Address _____

Indicate prior marriages (you and your spouse), adoptions, special needs or circumstances:

Specify: _____

Person(s) who are or may be dependent on you:

1. _____
2. _____
3. _____

Explain:

Indicate if you have ever lived in a community property state (Washington, Oregon, California, Texas, Idaho, Louisiana, Nevada, New Mexico or Wisconsin) (Omit if not married.) Indicate state(s) and date(s):

ASSETS

A. Location of Safety Deposit Box: _____

Number _____ Ownership _____
Key Location _____

B. Real Property:

1. Legal Description _____
Ownership (Trust, Joint, etc) _____
Approximate Value _____

2. Legal Description _____
Ownership (Trust, Joint, etc) _____
Approximate Value _____

3. Legal Description _____
Ownership (Trust, Joint, etc) _____
Approximate Value _____

Any peculiarities or problems regarding the real estate?

C. Business Ownership:

1. Name of Business _____
Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____
Ownership (e.g., Husband & Wife or third parties) _____
Approximate value of your interest _____

2. Name of Business _____
Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____
Ownership (e.g., Husband & Wife or third parties) _____
Approximate value of your interest _____

3. Name of Business _____
Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____
Ownership (e.g., Husband & Wife or third parties) _____
Approximate value of your interest _____

4. Name of Business _____
 Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____

 Ownership (e.g., Husband & Wife or third parties) _____
 Approximate value of your interest _____
5. Name of Business _____
 Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____

 Ownership (e.g., Husband & Wife or third parties) _____
 Approximate value of your interest _____
6. Name of Business _____
 Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____

 Ownership (e.g., Husband & Wife or third parties) _____
 Approximate value of your interest _____
7. Name of Business _____
 Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____

 Ownership (e.g., Husband & Wife or third parties) _____
 Approximate value of your interest _____
8. Name of Business _____
 Type of Business Entity (e.g., Sole Proprietorship, LLC, C-Corp, S-Corp, etc.) _____

 Ownership (e.g., Husband & Wife or third parties) _____
 Approximate value of your interest _____

D. Bank Accounts, CD's or Money Market Accounts:

1. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____
2. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____
3. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____

4. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____
5. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____
6. Bank & Type of Account _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Avg. Balance _____

E. Tangible Personal Property (including furniture, cars and personal effects):

(Use only approximate values and indicate whether property is specifically insured under homeowner's insurance policy. Only include those items whose value exceeds \$5,000.)

1. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____
2. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____
3. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____
4. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____
5. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____
6. Description _____
 Ownership (Trust, Joint, etc.) _____
 Approximate Value _____

Describe any items of particular value (antiques, collections, guns, etc.)

F. Notes and Mortgages Owed to Client:

1. Payor _____
Original Face Amount _____
Payment Provisions _____
Ownership (Trust, Joint, etc.) _____
Present Value _____

2. Payor _____
Original Face Amount _____
Payment Provisions _____
Ownership (Trust, Joint, etc.) _____
Present Value _____

(Bring the above in to the office for review).

G. Corporate Stocks and Bonds or Mutual Funds, including U.S. Government Bonds

1. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

2. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

3. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

4. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

5. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

6. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

7. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

8. Description (Name of Stock, Bond, etc.) _____
Type _____ Ownership (Trust, Joint, etc.) _____
Approximate Value _____

H. Retirement Accounts:

1. Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)

Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)

Institution (e.g. Fidelity, Vanguard, etc...) _____
Titled (e.g. husband or wife) _____
Beneficiaries (Primary & Secondary) _____
Value _____
2. Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)

Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)

Institution (e.g. Fidelity, Vanguard, etc...) _____
Titled (e.g. husband or wife) _____
Beneficiaries (Primary & Secondary) _____
Value _____
3. Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)

Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)

Institution (e.g. Fidelity, Vanguard, etc...) _____
Titled (e.g. husband or wife) _____
Beneficiaries (Primary & Secondary) _____
Value _____
4. Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)

Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)

Institution (e.g. Fidelity, Vanguard, etc...) _____
Titled (e.g. husband or wife) _____
Beneficiaries (Primary & Secondary) _____
Value _____

5. Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)

Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)

Institution (e.g. Fidelity, Vanguard, etc...)

Titled (e.g. husband or wife)

Beneficiaries (Primary & Secondary)

Value

I. Company and Government Benefits of Client and/or Spouse

(Indicate whether client or spouse or both)

1. Monthly Pension Benefit(s) \$ _____

Name of Company and/or Government Agency _____

Does benefit(s) continue to the surviving spouse after the pensioner dies? _____

If so, are the benefits reduced and by how much? _____

2. Death Benefit \$ _____

Amount and Complete Details: _____

3. Stock Options and Profit-Sharing _____

Amount and Complete Details: _____

4. Medical Coverage: _____

Amount and Details: _____

5. Profit Sharing/Vested Pension Plan _____

Amount and Details: _____

6. Social Security Benefits \$ _____

6. Other _____

Amount and Details: _____

J. Life Insurance:

1. Name of Insured _____

Policy Owner _____

Company _____

Policy Number _____

Type _____

Loans Against Policy _____

Death Benefit _____

Beneficiary Designation _____

2. Name of Insured _____
Policy Owner _____
Company _____
Policy Number _____
Type _____
Loans Against Policy _____
Death Benefit _____
Beneficiary Designation _____

3. Name of Insured _____
Policy Owner _____
Company _____
Policy Number _____
Type _____
Loans Against Policy _____
Death Benefit _____
Beneficiary Designation _____

4. Name of Insured _____
Policy Owner _____
Company _____
Policy Number _____
Type _____
Loans Against Policy _____
Death Benefit _____
Beneficiary Designation _____

5. Name of Insured _____
Policy Owner _____
Company _____
Policy Number _____
Type _____
Loans Against Policy _____
Death Benefit _____
Beneficiary Designation _____

K. College Savings:

1. Type of Plan (Education IRA, Coverdell, 529, etc...)

Type of Account (Cash, stock, mutual fund, etc...) _____
Institution (Vanguard, Fidelity, etc...) _____
Titled (husband/wife/child) _____
Beneficiary Designation (Child/Grandchild) _____
Value _____

2. Type of Plan (Education IRA, Coverdell, 529, etc...)

Type of Account (Cash, stock, mutual fund, etc...) _____
Institution (Vanguard, Fidelity, etc...) _____
Titled (husband/wife/child) _____
Beneficiary Designation (Child/Grandchild) _____
Value _____

3. Type of Plan (Education IRA, Coverdell, 529, etc...)

Type of Account (Cash, stock, mutual fund, etc...) _____
Institution (Vanguard, Fidelity, etc...) _____
Titled (husband/wife/child) _____
Beneficiary Designation (Child/Grandchild) _____
Value _____

4. Type of Plan (Education IRA, Coverdell, 529, etc...)

Type of Account (Cash, stock, mutual fund, etc...) _____
Institution (Vanguard, Fidelity, etc...) _____
Titled (husband/wife/child) _____
Beneficiary Designation (Child/Grandchild) _____
Value _____

5. Type of Plan (Education IRA, Coverdell, 529, etc...)

Type of Account (Cash, stock, mutual fund, etc...) _____
Institution (Vanguard, Fidelity, etc...) _____
Titled (husband/wife/child) _____
Beneficiary Designation (Child/Grandchild) _____
Value _____

L. Other:

1. Cemetery Plot

Ownership _____
Value _____

2. Club Memberships

Ownership _____
Value _____

3. Patents

Ownership _____
Value _____

4. Other

Ownership _____

Value _____

M. Trusts, Powers of Appointment, Etc. Currently For Your Benefit:

N. Possible Inheritances (Give Description if \$100,000 or More):

1. Description _____
Amount _____

2. Description _____
Amount _____

3. Description _____
Amount _____

LIABILITIES

Include mortgages and any debt not expected to be paid within the next 12 months.

1. Description _____
Creditor _____
Amount _____

2. Description _____
Creditor _____
Amount _____

3. Description _____
Creditor _____
Amount _____

4. Description _____
Creditor _____
Amount _____

FIDUCIARY ELECTIONS

Personal Representative*

Primary _____

Address _____

Phone Number _____

Alternate _____

Address _____

Phone Number _____

Alternate _____

Address _____

Phone Number _____

* The Personal Representative (also sometimes referred to as the executor or executrix) can be a person (e.g. surviving spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who at the time of your death accumulates, accounts for, and distributes your assets in accordance with the terms of your will. Typically the Personal Representative completes their role within six to nine months from the date of your death.

Trustee*

Primary _____

Address _____

Phone Number _____

Alternate _____

Address _____

Phone Number _____

Alternate _____

Address _____

Phone Number _____

* The Trustee is a person (e.g. surviving spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who will take possession and control of those assets which your will designates to fund a trust for the benefit of the trust beneficiaries. The trust beneficiaries are typically your surviving spouse and/or your children. The trustee will be required to invest and spend the trust assets in accordance with the terms of the trust. The trust terminates, and the trustee will be discharged, when the remaining trust assets are paid to your surviving spouse and/or your children (e.g. at age 21, 25, 30) as directed by the trust language of your will.

Agent Under Financial Powers of Attorney*

Primary _____

Address _____

Phone Number _____

Alternate _____

Address _____

Phone Number _____

Alternate _____

Address _____
Phone Number _____

* The Agent Under Financial Powers of Attorney is a person (e.g. spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who is empowered to act on your behalf with respect to all of your financial matters during your lifetime. Those financial powers can include the ability to deposit and withdrawal funds from your accounts, buy and sell real estate, borrow money and otherwise act in your place and stead with respect to all of your financial affairs.

Agent Under Medical Powers of Attorney*

Primary _____
Address _____
Phone Number _____

Alternate _____
Address _____
Phone Number _____

Alternate _____
Address _____
Phone Number _____

* The Agent Under Medical Powers of Attorney is a person (e.g. spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who is empowered to act on your behalf with respect to all medical decisions during your lifetime. Those medical powers can include the ability to admit or discharge you from a medical facility or institution, the ability to consent to a medical procedure or operation, the ability to give or withhold medical treatment in the event of imminent death and otherwise act in your place and stead with respect to all of your medical care and treatment decisions.

Guardian (if applicable)*

Primary _____
Address _____
Phone Number _____

Alternate _____
Address _____
Phone Number _____

Alternate _____
Address _____
Phone Number _____

* The Guardian is a person(s) who will have legal and physical custody of your minor children (under 18 years of age). Your children will remain in the custodian(s) care, custody and control until their eighteenth birthday.

MISCELLANEOUS

A. **Date and Location of Prior Wills/Trusts (if any):** _____

B. **Description of Prior Gifts (Over \$5,000 in one year):**

1. Description _____
Person to Whom Gift Was Made _____
Amount _____ Date _____
Gift Tax Return Filed? _____

2. Description _____
Person to Whom Gift Was Made _____
Amount _____ Date _____
Gift Tax Return Filed? _____

C. **Name(s) of Accountant or Financial Advisor:**

D. **Name(s) of Individuals with whom we may discuss your estate and estate planning:
(children, parents, etc.)**

E. Documents which clients should bring to the office to be examined and reviewed:

1. Wills
2. Trusts
3. Deeds
4. Life Insurance Policies
5. Court Decrees
6. Antenuptial Agreements
7. Separation Agreements
8. Buy and Sell Agreements
9. Tax Returns
10. Notes or Mortgages owed to Clients
11. Bank accounts (signature cards, passbooks, CDS or other) in order to verify how account is held.

Client Date

Spouse Date

The information contained and the foregoing data is submitted for the purpose of informing the attorneys at Douglas A. Turner, P.C. of the requested information. This information is to be relied upon by the attorneys and should the information be incomplete or incorrect, the recommendations made by the attorneys may not be appropriate.