

ESTATE PLANNING CLIENT INTAKE CHECKLIST

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For attorney's use

Client's Legal Name: _____

Address: _____

County of Residence: _____

Telephone: Home: _____ Work: _____ Cell: _____

Facsimile: _____

E-Mail: _____

Marital status: _____ Anniversary: _____

Spouse's name: _____

SSN: Client _____ Spouse _____

Date of birth: Client _____ Spouse _____

Citizenship: Client _____ Spouse _____

Did you ever have a prior residence in Alaska, Wisconsin, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas or Washington (Circle the state) Comments: _____

Do you have current Wills? _____ If yes, please bring all originals to our appointment.

Please list the legal names and birthdays of all of your children, and whether they have children of their own. Please also include the names of any *deceased* children and the names of their own children.

Husband's Children	Date of Birth	# and Age of Grandchildren
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wife's Children	Date of Birth	# and Age of Grandchildren
_____	_____	_____
_____	_____	_____
_____	_____	_____

A **personal representative, or executor**, is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Who should be your personal representative?

	<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1.	_____		
2.	_____		
3.	_____		

A **trustee** is the person who will manage assets after your death for any minor children, grandchildren, or disabled beneficiaries of your estate, or, for your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. Who should be your trustee?

	<u>Legal Name</u>	<u>Relationship</u>	<u>Address (if not a relative)</u>
1.	_____		
2.	_____		
3.	_____		

A **guardian** is the person who will take care of your minor children, after your death. Who should be the guardian of your minor children?

	Legal name	Relationship	Address (if not a relative)
1.	_____		
2.	_____		
3.	_____		

Exclude a former spouse? _____ Name: _____

A **General Durable Power of Attorney** authorizes someone to act on your behalf for financial and medical decisions. Who would you like to act on your behalf? (You may separate out medical and financial powers).

	Legal name	Relationship	Address (if not a relative)
1.	_____		
2.	_____		
3.	_____		

Include the power to make gifts? _____ Medicaid Planning _____ Tax Planning _____

A **living will**, also called a "Declaration as to Medical and Surgical Treatment" is a document requesting that artificial nourishment will be withheld in the event you are terminally ill and unable to communicate decisions regarding your medical care, or, this document can direct that you wish to receive artificial nourishment until you die of other causes.

Do you want a living will? Husband _____ Wife _____

The beneficiaries who are designated on your various investments, retirement accounts, and life insurance policies should be coordinated with your Wills. Do you need beneficiary designation forms directing that these assets should pass upon your death in harmony with you Will?

Please list any special family circumstances:

Do you want to disinherit anyone? _____
Is anyone likely to contest the Will? _____
Is anyone on governmental assistance? _____
Does anyone have special needs, disabilities, or addictions? _____
Will anyone need to enter a nursing home soon? _____
Does anyone have creditor problems? _____
Is divorce a concern for anyone? _____
Other: _____

Please list any special financial circumstances:

Continuing obligations from a prior divorce? _____
Prenuptial or other marital agreement? _____
Have either of you ever filed gift tax returns? _____
Non-Colorado assets? _____
Oil, Gas, Mineral Interests? _____
Agricultural interests? _____
Water rights? _____
Time-share or vacation home? _____
Family business? _____
Are you the beneficiary of any existing trust? _____
Total combined estate close to or over \$3.5 million? _____
Other: _____

DISTRIBUTION OF ESTATE:

1. Would you like to make gifts of specific assets under your Will? If so, please describe:

2. Please describe how you would like the rest your estate distributed.

3. If any of the above beneficiaries are deceased, who would you want to be your contingent beneficiary or beneficiaries?

4. The Will's trust provision allows your Personal Representative to hold the gift to any beneficiary in trust until he or she reaches age 25. Please indicate if you would like the age of trust dissolution and outright distribution to be different.

SUMMARY OF ASSETS

Please list all of your assets on the below form. You may use "ballpark" figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset.

<u>ASSETS</u>	<u>HUSBAND</u>	<u>WIFE</u>	<u>JOINT</u>	<u>TENANTS IN COMMON</u>
<u>REAL ESTATE</u> Home				
Other Real Estate				
<u>CASH AND SECURITIES</u> Cash and Checking Accounts				
Savings Accounts				
CDs, T-Bills, etc.				
Stocks/Bonds/Mutual Funds				
U.S. Savings Bonds				
Other				
<u>PERSONAL PROPERTY</u> Cars				
Household Furnishings				
Jewelry				
Recreation Equipment				
Collectibles				
Other				
<u>OTHER</u>				

Life Insurance				
Pension Death Benefits - Circle: IRA, KEOGH, Profit Sharing, Other				
Annuities				
Business Interests				
Loans Receivable				
Oil, Gas and Other Minerals				
Prospective Inheritances				
<u>TOTAL ASSETS</u>				
<u>LIABILITIES</u>				
<u>MORTGAGES</u> Home				
Other Real Estate				
<u>OTHER LOANS</u> Cars				
Other				
Unsecured Debts				
<u>TOTAL LIABILITIES</u>				
<u>NET ESTATES</u>				
<u>GRAND TOTAL</u>				
<u>YEARLY INCOME</u>				

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