

WILL AND ESTATE PLANNING INFORMATION

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Contact us at (303) 271-0222, or fax to (303) 271-0101

Today's Date: _____

CONFIDENTIAL PERSONAL AND FAMILY INFORMATION

CLIENT'S FULL NAME _____

Also known as _____

Address _____, Zip Code _____

County of Residence _____ E-Mail Address: _____

Telephone: Home _____ Work _____ Fax _____

Mobile _____ Web Page: _____

U. S. Citizen? Yes _____ No _____

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) _____

Business Address _____

Year Retired _____

SPOUSE'S FULL NAME (include date of death if spouse is deceased) _____

Also known as _____

Address (if different) _____, Zip Code _____

Telephone: Home _____ Work _____ Fax _____

Mobile _____ Web Page: _____

E-Mail Address: _____ U.S. Citizen? Yes _____ No _____

Date of Birth _____ Place of Birth _____

Employment or Business (or former, if retired) _____

Business Address _____

Year Retired _____

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

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

Children's Full Names
(Include Deceased Children)

Birth Dates and Places
(Date of Death if Deceased)

Address and phone,
if different from client

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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

Parents' Names (whether living or not)

Father's Name and Address _____ Age or Indicate if Deceased _____

Mother's Name and Address _____ Age or Indicate if Deceased _____

Spouse's Father's Name and Address _____ Age or Indicate if Deceased _____

Spouse's Mother's Name and Address _____ Age or Indicate if Deceased _____

	Grandchildren (if any)	Age	Address	Descendant of Which Child?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

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

Name	Relation	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Indicate prior marriages, adoptions, special needs or circumstances:

Specify: _____

Person(s) *(other than those listed above)* **who are or may be dependent on you:**

1. _____
2. _____
3. _____

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

CLIENT'S & SPOUSE'S ASSETS
(Attach additional pages if necessary)

(Be thorough and accurate in describing assets, and particularly how each is titled)

A. Location of Safe Deposit Box: _____
Number _____ Ownership _____
Key Location _____

B. Real Property: (Bring in copy of vesting deeds; not "Deeds of Trust")

Legal Description	Ownership (Trust, Joint, Other)	Approximate Value
1. _____ _____	_____	\$ _____
2. _____ _____	_____	\$ _____
3. _____ _____	_____	\$ _____
4. _____ _____	_____	\$ _____
5. _____ _____	_____	\$ _____

Identify Special Problems With Real Property: _____

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

Bank & Type of Account	Ownership (Trust, Joint, other)	Approximate Avg. Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

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

(Use only approximate values and indicate whether property is specifically insured under homeowners insurance policy)

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

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

E. Notes and Mortgages Owed to Client: (Money owed to you by others - Attach copy(ies))

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

F. Corporate Stocks and Bonds or Mutual Funds: (Attach statement(s) for each account)

	Description (Name of Stock or Fund)	Type¹	Ownership (Trust, Joint, Other)	Approximate Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

¹Indicate whether account(s) are qualified (IRA, 401(k), 403(b) etc.) or non-qualified/traditional or annuity contract

Name(s) of any payable on death (POD) beneficiary for each account or fund. If not known, state "do not know".

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

G. Company Benefits of Client and/or Spouse (Include Policy Numbers):

(Indicate whether client or spouse or both)

1. Indicate, if receiving:

Social Security: CLIENT \$ _____, SPOUSE \$ _____

Pension Payments: CLIENT \$ _____, SPOUSE \$ _____

2. Profit Sharing/Vested Pension Plan: CLIENT \$ _____, SPOUSE \$ _____

Details: _____

3. Company Death Benefit: CLIENT \$ _____, SPOUSE \$ _____

Details: _____

4. Stock Options and Profit-Sharing: CLIENT \$ _____, SPOUSE \$ _____

Details: _____

5. Medical Coverage: CLIENT \$ _____, SPOUSE \$ _____

Details: _____

6. Other: CLIENT \$ _____, SPOUSE \$ _____

Details: _____

H. Life Insurance: (Carefully provide required information and attach most recent annual or billing statement. It is recommended you bring the policy, as well.)

	Company Name	Policy No.	Type ¹	Loans Against Policy	Name of Insured	Death Benefit
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

¹Permanent (whole life, universal life) or Term. If term, describe term and (i.e., number of years remaining).

Indicate Beneficiary(s) on each policy: _____

I. Disability and/or Long-Term Health Care (Nursing Home Insurance):

(Describe and provide details)

J. IRA(s), 401(k), 403(b)(s): (Attach latest statements)

Indicate beneficiaries on each account.

	Description	Client	Spouse
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

K. Other:

(Digital property, domain name(s), on-line accounts - attach description)

Ownership

Value

Cemetery Plot(s)	_____	_____	_____
Club Membership(s)	_____	_____	_____
Patent(s)	_____	_____	_____
Miscellaneous	_____	_____	_____

L. Describe Any Trusts Currently For Your Benefit or for your Benefit in the Future:

(Bring in copy(ies) of trusts)

M. Describe Expected Inheritances: (Give Description if \$100,000 or More)

Approx. Amount

_____	_____
_____	_____
_____	_____
_____	_____

LIABILITIES

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

	Description	Creditor	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CLIENT'S DESIRES FOR FIDUCIARY APPOINTMENT

(We will discuss thoroughly, but give your thoughts, if known)

A. Personal Representative (Executor): Address & Phone(s)

Primary _____

1st Alternate _____

2nd Alternate _____

B. Agent Under Powers of Attorney (Health & General):

Address & Phone(s)

Primary _____

1st Alternate _____

2nd Alternate _____

C. Trustee (If Applicable): Address & Phone(s)

Primary _____

1st Alternate _____

2nd Alternate _____

D. Guardian (If Applicable): (Person(s) who would care for your minor children)

Address & Phone(s)

Primary _____

1st Alternate _____

2nd Alternate _____

E. Other Comments:

MISCELLANEOUS

(Please be thorough and accurate)

A. Date and Location of Any Prior Wills/Trusts:

Name, address and phone number of lawyer(s) who prepared documents: _____

B. Description of Gift Tax Returns Filed for Gifts Over \$10,000 in one year:

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

C. Name(s) of Accountant; Financial Advisor: _____

D. Person(s) to Contact in an Emergency: (Other than client or spouse)

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

1. Wills
2. Trusts
3. Deeds
4. Powers of Attorney
5. Life Insurance Policies
6. Court Decrees
7. Marital ("Pre-nup") Agreements
8. Separation Agreements (Divorce oriented)
9. Business Buy and Sell Agreements
10. Last Year's Tax Return
11. Copy of Notes or Mortgages owed to Clients (paragraph E. above)
12. Liability insurance (auto and business) policy(s), including "umbrella" policies.
13. Bank accounts (signature cards, passbooks, CDs or other) in order to verify how account is held.

NOTICE OF FIRM'S PRIVACY POLICY

This notice is intended to inform you of our privacy policy and describes how we treat the information we receive about you.

We know that the privacy and confidentiality of the personal information we receive about you is important to you. We understand that you trust us to protect the confidentiality and security of that information. The information we collect about you is used only to provide the legal and related services you request from us. As lawyers, we are bound by professional ethical standards of confidentiality that are even more stringent than those required of any other profession. This means we will not share any information we have with family members or others without your consent.



Client

Date



Spouse

Date

(Signatures Required)

Note: The information contained and the foregoing data is submitted for the purpose of guiding us in performing the legal and related services you request. This information will be relied upon by the attorneys. Should the information be incomplete or incorrect, the recommendations made by the attorneys and the related services may not be appropriate.