

WILL AND ESTATE PLANNING INFORMATION

Samuel J. Owen, P.C.

*Sixth Avenue West Office Building
350 Indiana Street, Suite 150
Golden, Colorado 80401-5084*

Date: _____

CONFIDENTIAL PERSONAL AND FAMILY INFORMATION

Client's Full Name _____

Also known as _____

Address _____

County of Residence _____

Telephone: Home _____ Work _____ Fax _____

Social Security Number _____

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 _____

When Retired _____

Spouse's Full Name _____

Also known as _____

Date of Birth _____ Place of Birth _____

Employment or Business (or former, if retired) _____

Business Address _____

When Retired _____

Telephone: Home _____ Work _____

Social Security Number _____

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?)

Father's Name and Address _____ Deceased _____

Mother's Name and Address _____ Deceased _____

Spouse's Father's Name and Address _____ Deceased _____

Spouse's Mother's Name and Address _____ Deceased _____

	Grandchildren (if any)	Age	Address	Parent Not Living
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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) who are or may be dependent on you: _____

1. _____
2. _____
3. _____

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

ASSETS

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

B. Real Property:

Legal Description	Ownership (Joint, etc.)	Approximate Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Special Problems: _____

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

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

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

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

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

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

E. Notes and Mortgages Owed to Client:

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

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

F. Corporate Stocks and Bonds or Mutual Funds:

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

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

(Indicate whether client or spouse or both)

1. Death Benefit \$ _____
Amount and Complete Details: _____
2. Stock Options and Profit-Sharing _____
Amount and Complete Details: _____
3. Medical Coverage: _____
Amount and Details: _____
4. Profit Sharing/Vested Pension Plan _____
Amount and Details: _____
5. IRA Accounts: _____
Amounts and Details: _____
6. Other: _____
Amount and Details: _____

H. Life Insurance:

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

Beneficiary Designation(s): _____

Do you have a policy covering: A. Long Term Disability? _____
 B. Long Term Health Care? _____

If yes, describe: _____

I. <u>Other:</u>	Ownership	Value
Cemetery Plot _____	_____	_____
Club Memberships _____	_____	_____
Patents _____	_____	_____
Others _____	_____	_____

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

K. <u>Possible Inheritances (Give Description if \$100,000 or More):</u>	Amount

LIABILITIES

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

	Description	Creditor	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
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CLIENT'S DESIRES

(Client may wish to complete in office)

- A. Personal Representative (Executor):** Address
- Primary _____
- 1st Alternate _____
- 2nd Alternate _____
-
- B. Trustee (If Applicable):**
- Primary _____
- 1st Alternate _____
- 2nd Alternate _____
-
- C. Guardian (If Applicable):**
- Primary _____
- 1st Alternate _____
-
-

MISCELLANEOUS

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

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

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

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

D. **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.

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, at Samuel J. Owen, P.C., 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. There is a new federal law designed to assure the privacy of non-public personal information about consumers. As lawyers, we have been and continue to be bound by professional ethical standards of confidentiality that are even more stringent than those required by this new law.

Client Date

Spouse Date

The information contained and the foregoing data is submitted for the purpose of informing the attorneys at Samuel J. Owen, 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.