

BUCHANAN & STOUFFER, P.C.
198 Union Boulevard, Suite 200
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CONFIDENTIAL ESTATE PLANNING INFORMATION

Date: _____

The purpose of this questionnaire is to gather information to plan your estate. To enable us to properly appraise your situation, advise you, and recommend the most suitable estate plan for you, please fill out the questionnaire as completely and accurately as possible. Feel free to call if you have questions.

Full Name: _____

Birthdate: _____ Nickname: _____

Variations of your name in which property is titled or by which you are generally known:

Are you a U.S. citizen? Yes: ___ No: ___. If not, country of citizenship: _____

Are you a Colorado resident? Yes: ___ No: ___. If not, state of residence: _____

Occupation (if retired, prior occupation): _____

Employer: _____

Business/Work Address: _____

Email Address: _____

May we contact you via email? Yes: ___ No: ___.

Mobil Phone No.: _____ Business Phone No.: _____

Home address: _____

Mailing Address (if different): _____

Home Phone No.: _____

County of Residence: _____

Have you ever been divorced? Yes: ___ No: ___. (If yes, please provide a copy of your divorce decree.)

Do you owe alimony or child support? Yes: ___ No: ___.

YOUR CHILDREN

Name: _____

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Deceased: ___

Date of Birth: _____ Number of his/her children: ___

Address: _____

Name: _____

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Deceased: ___

Date of Birth: _____ Number of his/her children: ___

Address: _____

Name: _____

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Deceased: ___

Date of Birth: _____ Number of his/her children: ___

Address: _____

Name: _____

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Deceased: ___

Date of Birth: _____ Number of his/her children: ___

Address: _____

Name: _____

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Deceased: ___

Date of Birth: _____ Number of his/her children: ___

Address: _____

Do any members of your family need special protection due to age, disability or other concerns? Yes: ___ No: ___ If yes, please explain: _____

FIDUCIARY DESIGNATIONS

Personal Representative: Who should be appointed as personal representative (executor) of your estate, and as successor personal representatives?

- 1. Name: _____ Relationship: _____
Address: _____
- 2. Name: _____ Relationship: _____
Address: _____
- 3. Name: _____ Relationship: _____
Address: _____

Trustee: If you create a trust, who should be designated as trustee, and as successors?

- 1. Name: _____ Relationship: _____
Address: _____
- 2. Name: _____ Relationship: _____
Address: _____
- 3. Name: _____ Relationship: _____
Address: _____

Health Care Agent: If you create a health care power of attorney, who should be designated as agent, and as successor agents, to make health care decisions for you when you cannot?

- 1. Name: _____ Relationship: _____
Address: _____
- 2. Name: _____ Relationship: _____
Address: _____
- 3. Name: _____ Relationship: _____
Address: _____

Financial Agent: If you create a financial power of attorney, who should be designated as agent, and as successor agents, to make financial decisions for you when you cannot?

- 1. Name: _____ Relationship: _____
Address: _____
- 2. Name: _____ Relationship: _____
Address: _____
- 3. Name: _____ Relationship: _____
Address: _____

Guardian: If you have minor or incapacitated children, who should be appointed as guardian, and as successors?

- 1. Name: _____ Relationship: _____
Address: _____
- 2. Name: _____ Relationship: _____
Address: _____
- 3. Name: _____ Relationship: _____
Address: _____

YOUR SERVICE AS A FIDUCIARY OR AGENT

Are you serving as a personal representative (executor), trustee, guardian, conservator, account custodian, or agent under power of attorney? Yes: ___ No: ___ If yes, please describe:

ESTATE PLANNING DOCUMENTS

Do you have a Will, Trust or other estate planning documents? Yes: ___ No: ___

If yes, please provide a copy.

Do you have a safe deposit box? Yes: ___ No: ___ If yes, where is it? _____

Have you filed gift tax returns? Yes: ___ No: ___ If yes, please provide a copy.

Do you contemplate making substantial gifts during your lifetime? Yes: ___ No: ___

Do you have a funeral or burial plan? Yes: ___ No: ___ Company: _____

Have you provided for the disposition of your remains? Yes: ___ No: ___

If yes, please provide a copy.

ESTATE PLANNING ISSUES

To assist you with your estate planning, please consider the following issues which we will discuss in our consultation with you:

- Who do you want to benefit at the end of your life?
- If the persons you primarily want to provide for do not survive you, who would you want to benefit (contingent beneficiaries)?
- Are there immediate family members, other relatives, or friends whom you would like to receive specific amounts, assets or items of property?
- Do you desire to leave any portion of your estate to charity?
- What other desires or concerns do you have concerning your estate planning?

ADVISORS

Accountant: Name: _____

Contact Information: _____

Financial Advisor: Name: _____

Contact Information: _____

Life Insurance: Name: _____

Contact Information: _____

HOW DID YOU FIND US? Website? ___ Referral? ___ Other? _____

Referral Source: Name: _____

Contact Information: _____

TITLE TO PROPERTY: In the following sections, please use "Sole" to refer to property you solely own, "JT" to refer to property owned in joint tenancy, and "TIC" to refer to property owned in tenancy in common. For property owned jointly or in tenancy in common, please provide the name of the joint owner or co-owner.

FINANCIAL INFORMATION

REAL ESTATE

1. Property Description and Location (include County and State): _____

How Titled: _____ Name of Joint or Co Owner: _____

Present Value: _____ Debt: _____ Equity: _____

2. Property Description and Location (include County and State): _____

How Titled: _____ Name of Joint or Co Owner: _____

Present Value: _____ Debt: _____ Equity: _____

3. Property Description and Location (include County and State): _____

How Titled: _____ Name of Joint or Co Owner: _____

Present Value: _____ Debt: _____ Equity: _____

4. Property Description and Location (include County and State): _____

How Titled: _____ Name of Joint or Co Owner: _____

Present Value: _____ Debt: _____ Equity: _____

5. Property Description and Location (include County and State): _____

How Titled: _____ Name of Joint or Co Owner: _____

Present Value: _____ Debt: _____ Equity: _____

CASH (checking and savings accounts, and certificates of deposit)

1. Institution and Account Type: _____

Account No. (last 4 digits): _____ Balance: _____

How Titled: _____ Name of Joint or Co Owner: _____

Pay on Death Designation (POD)? If so, to whom: _____

2. Institution and Account Type: _____

Account No. (last 4 digits): _____ Balance: _____

How Titled: _____ Name of Joint or Co Owner: _____

Pay on Death Designation (POD)? If so, to whom: _____

3. Institution and Account Type: _____

Account No. (last 4 digits): _____ Balance: _____

How Titled: _____ Name of Joint or Co Owner: _____

Pay on Death Designation (POD)? If so, to whom: _____

4. Institution and Account Type: _____

Account No. (last 4 digits): _____ Balance: _____

How Titled: _____ Name of Joint or Co Owner: _____

Pay on Death Designation (POD)? If so, to whom: _____

RETIREMENT PLANS AND ACCOUNTS (Pension, Profit Sharing, IRA, Roth IRA, Simple IRA, SEP, 403(b)/TSA, 401(k), Defined Contribution, and other plans)

1. Institution: _____ Plan Type: _____

Account No. (last 4 digits): _____ Balance: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

2. Institution: _____ Plan Type: _____

Account No. (last 4 digits): _____ Balance: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

3. Institution: _____ Plan Type: _____

Account No. (last 4 digits): _____ Balance: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

4. Institution: _____ Plan Type: _____

Account No. (last 4 digits): _____ Balance: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

STOCKS, BONDS AND INVESTMENT ACCOUNTS

1. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

2. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

3. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

4. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

5. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

6. Institution or Company: _____ Account No. (last 4 digits): _____

Number of Shares: _____ Present Value: _____ Debt: _____

Date Acquired: _____

How Titled: _____ Name of Joint or Co Owner: _____

Transfer on Death Designation (TOD)? If so, to whom: _____

LIFE INSURANCE (Term, Whole Life, Universal, Variable, and other life insurance)

1. Insured: _____ Owner: _____

Company: _____ Policy No.: _____ Face Amount: _____

Policy Type: _____ Policy Loan Amount, if any: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

2. Insured: _____ Owner: _____

Company: _____ Policy No.: _____ Face Amount: _____

Policy Type: _____ Policy Loan Amount, if any: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

3. Insured: _____ Owner: _____

Company: _____ Policy No.: _____ Face Amount: _____

Policy Type: _____ Policy Loan Amount, if any: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

ANNUITIES

1. Annuitant: _____ Owner: _____

Company: _____ Policy No. _____

Face Amount: _____ Total Contributions: _____ Type: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

2. Annuitant: _____ Owner: _____

Company: _____ Policy No. _____

Face Amount: _____ Total Contributions: _____ Type: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

3. Annuitant: _____ Owner: _____

Company: _____ Policy No. _____

Face Amount: _____ Total Contributions: _____ Type: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

BUSINESS INTERESTS

1. Company and Description of Interest: _____

Present Value: _____ Debt: _____ How Titled: _____

2. Company and Description of Interest: _____

Present Value: _____ Debt: _____ How Titled: _____

3. Company and Description of Interest: _____

Present Value: _____ Debt: _____ How Titled: _____

4. Company and Description of Interest: _____

Present Value: _____ Debt: _____ How Titled: _____

5. Company and Description of Interest: _____

Present Value: _____ Debt: _____ How Titled: _____

NOTES AND ACCOUNTS RECEIVABLE

1. Owed By: _____ How Titled/Holder: _____

Name of Joint or Co Owner/Holder: _____

Current Balance: _____ Terms: _____

Maturity Date: _____ Is there a written note? Yes: ___ No: ___

Collateral security? Yes ___ No ___ If yes, Describe: _____

2. Owed By: _____ How Titled/Holder: _____

Name of Joint or Co Owner/Holder: _____

Current Balance: _____ Terms: _____

Maturity Date: _____ Is there a written note? Yes: ___ No: ___

Collateral security? Yes ___ No ___ If yes, Describe: _____

3. Owed By: _____ How Titled/Holder: _____

Name of Joint or Co Owner/Holder: _____

Current Balance: _____ Terms: _____

Maturity Date: _____ Is there a written note? Yes: ___ No: ___

Collateral security? Yes ___ No ___ If yes, Describe: _____

OIL, GAS AND OTHER MINERAL INTERESTS (mineral rights, leases, working interests, royalties)

1. Description and Location (include County and State): _____

Present Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

2. Description and Location (include County and State): _____

Present Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

3. Description and Location (include County and State): _____

Present Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

4. Description and Location (include County and State): _____

Present Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

PERSONAL EFFECTS AND MISCELLANEOUS ASSETS (items of significant value, such as vehicles, jewelry, antiques, artwork, collections, precious gems and metals, and transferable memberships)

1. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

2. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

3. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

4. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

5. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

6. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

7. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

8. Description: _____ Value: _____

How Titled: _____ Name of Joint or Co Owner: _____

DEBTS NOT PREVIOUSLY LISTED

1. Creditor: _____ Amount: _____

2. Creditor: _____ Amount: _____

OTHER INFORMATION

If you anticipate receiving an inheritance, from whom is it anticipated and in what approximate amount? _____

If you are the beneficiary of a trust, please provide a copy, and describe the trust and your interest in it: _____

If you are you receiving any needs-based government benefits (e.g., Medicaid, SSI), please describe: _____

If you have served in the Armed Forces, what branch? _____

If so, list the benefits to which you are entitled, and that your family may receive (e.g., life insurance, disability, retirement): _____

SUMMARY OF ASSET VALUES LESS SECURED DEBT

(From Previously Listed Financial Information)

	Sole	Joint Tenancy	Tenancy in Common	Totals
<u>Real Estate</u>	_____	_____	_____	_____
<u>Cash</u>	_____	_____	_____	_____
<u>Retirement Plans</u>	_____	_____	_____	_____
<u>Stocks and Bonds</u>	_____	_____	_____	_____
<u>Life Insurance</u>	_____	_____	_____	_____
<u>Annuities</u>	_____	_____	_____	_____
<u>Business Interests</u>	_____	_____	_____	_____
<u>Notes and A/R</u>	_____	_____	_____	_____
<u>Mineral Interests</u>	_____	_____	_____	_____
<u>Personal Effects</u>	_____	_____	_____	_____
<u>(Other Debts)</u>	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Signature

PLEASE RETURN TO:
Buchanan & Stouffer, P.C.
198 Union Boulevard, Suite 200
Lakewood, CO 80228
Phone: (303) 987-3800
Fax: (303) 987-0748

LIST OF ESTATE RELATED DOCUMENTS TO BE FURNISHED TO
BUCHANAN & STOUFFER, P.C.

REAL ESTATE: Copy of the warranty or quit claim deed by which title to each parcel of real property was acquired; contracts for purchase of real estate, land or building leases, and all other documents relating to real estate titles. Copies MUST show recording data and signatures. Unsigned copies and drafts are not adequate.

CASH AND CASH EQUIVALENTS: Copies of checking account and saving account monthly statements showing name(s) of owner(s) and account numbers. Include the name of the POD beneficiary, if any. Copies of certificates of deposit.

RETIREMENT PLANS: Name (and number, if applicable) of each retirement plan in which you are a participant, together with other data which describes your interest in the retirement plan, including current beneficiary of death benefits.

SECURITIES: Copy of the face of each stock or bond certificate, including bearer bonds and government bonds. If you have a "street name" or nominee account under which your broker keeps your securities and sends you a monthly statement, provide a copy of a recent statement, and include the name of the TOD beneficiary, if any.

LIFE INSURANCE AND ANNUITIES: Schedule showing, for each life policy or annuity, name of insurance or annuity company, policy or contract number, face amount, and names of insured or annuitant, current beneficiary, and owner.

BUSINESS INTERESTS: Copies of all joint venture agreements, partnership agreements, and similar arrangements. Copies of Articles of Incorporation for each closely held corporation in which you hold shares, together with copies of your stock certificate(s).

NOTES AND ACCOUNTS RECEIVABLE: Copies of all promissory notes payable to you by someone else, which show all essential terms. Include a copy of the deed of trust or other security document for any note which is secured.

INTERESTS IN OIL, GAS, OR OTHER MINERALS: Copies of all oil, gas, or hard mineral leases, assignments, deeds or reservations, pooling agreements, division orders, and all other documents relating to ownership by you of oil, gas, or other mineral interests.

MISCELLANEOUS ASSETS: Copies of title documents for all assets not listed above. These might include motor vehicle titles, grain receipts, livestock brands, and documentation concerning interests in trusts and estates.

NOTE: Accurate and complete information is very important to us in order to properly review your estate and make meaningful recommendations. In some cases, we may also need the requested information for the purpose of transferring title. We can only plan relative to those assets of which we are aware.

This review is for the sole purpose of our learning the nature, present value and form of ownership of your assets. We do not review the adequacy or validity of real estate titles. If asset transfers are accomplished by us, we transfer only such title and ownership as you appear to have on the basis of documents furnished.