

ESTATE PLANNING INFORMATION FOR SINGLE INDIVIDUAL
FOR

Prepared by:

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ESTATE PLANNING INFORMATION FOR SINGLE INDIVIDUAL

Date Completed: _____

Please attach additional pieces of paper as needed to answer each item. **Where requested, please designate ownership of assets: as your separate property or jointly-owned (family or nonfamily) property.** Ownership impacts the tax planning of the your estate. Indicate where anything is not applicable to you by marking "N/A".

A. FAMILY INFORMATION

1. Yourself:

(1) Full Name: _____

(2) Spelling of Usual Signature Name: _____

(3) Social Security Number: _____

(4) Birth Date: _____

(5) Home Address: _____

County: _____

(6) Telephone Number:

(a) Home: _____

(b) Office: _____

(7) Name and address of Employer: _____

(8) Citizenship: _____

(9) Previous marriage? _____

Children of previous marriage: _____

(10) Do you have a former spouse who is deceased?

(a) Name & Date-of-Death: _____

(b) Was an IRS Form 706 Estate Tax Return filed? _____

2. Prior out of Colorado residences: _____
(especially if in community property state)

3. **Children**: List all children. If a child lives with a former spouse, so indicate.

Name	Soc. Sec. No.	Birth Date
------	---------------	------------

a. _____

Address if different from yours: _____

b. _____

Address if different from yours: _____

c. _____
 Address if different from yours: _____

d. _____
 Address if different from yours: _____

e. _____
 Address if different from yours: _____

f. _____
 Address if different from yours: _____

Are any children deceased? _____ If yes, please list: _____
 Are any children age 18 and older spendthrifts or otherwise irresponsible? _____

6. **Grandchildren** (list 5 oldest)

	Name	Parent	Birth Date
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

7. **Your Parents:**

Provide names and addresses of Parents which are living.

B. ADVISORS:

Name, Address, Telephone Number:

1. Attorney: _____

2. Accountant: _____

3. Life Insurance/Financial Planner: _____

4. Stockbroker/Investment Advisor: _____

C. DISTRIBUTION OBJECTIVES AND PRESENT ESTATE PLAN:

1. Upon your death, how and to whom do you want your assets distributed?

Provision for Children at your Death: _____

Provisions for Others at your Death: _____

Gifts to Children during your lifetime: _____

Gifts to Charities: _____

2. Designation of Fiduciaries:

a. Personal Representative:

Please name a personal representative to administer your property which is not held in a trust: Name, Address, Social Security Number, & Telephone Number:

b. Agent for Durable Power of Attorney for Property:

Please name an Agent to make decisions for you regarding your property if you are incapacitated: (try to list a primary Agent and a successor Agent)
Name, Address, Social Security Number, & Telephone Number (preferably two agents):

c. Agent for Durable Power of Attorney for Health Care Decisions:

Please name an Agent to make health care decisions for you if you are incapacitated (try to list a primary Agent and a successor Agent):
Name, Address, Social Security Number, & Telephone Number (preferably two agents):

d. Guardian and Conservator of Minor Children:

If you have children under the age 18, please name a guardian and conservator for such minor children:
Name, Address, Social Security Number, & Telephone Number:

e. Trustee of any Trusts Established under Your Estate Plan:

Please name a trustee and a successor trustee for any trusts established under your estate plan:
Name, Address, Social Security Number, & Telephone Number:

3. Other Estate Planning Information:

a. If you die prematurely, should the property be held in trust until the children are of a more mature age such as age 25, 30, or 40, rather than distributed outright at age 21?

b. Is avoiding unnecessary estate taxation of great importance to you?

c. Is the minimizing of income taxes of great importance to you?

d. Do you contemplate making future gifts for the purpose of minimizing estate and income taxes or otherwise?

e. Do you wish to make bequests to your church or any other charitable organization?

f. Do you now have an existing will?

g. Have you created any trusts?

h. Are you now a trustee or beneficiary of any trust?

i. Do you now have a power of appointment under a will or a trust created by any other person which empowers you to direct where property goes upon your death?

j. Have you ever lived in any other state or a foreign country? If so, where and during what time period?

k. Have you inherited any assets or receive any gifts? _____

If yes, please identify: _____

If you expect to in the future, please describe: _____

1. Do you have a safe deposit box? If so, provide a general description of the contents.

m. Gift Information:

1. Have you ever filed any gift tax returns? If so, please provide a copy of returns, since this information is necessary for estate tax planning. (IRS Form 709)
2. For 1982 and thereafter, have you ever made any gifts which exceed \$10,000 to a single individual (including members of your family) or \$20,000 from both you and a former spouse?
3. For 1981 and before, have you ever made any gifts which exceeded \$3,000 from you or \$6,000 from both you and a former spouse?

D. ESTATE SUMMARY - ESTIMATED VALUE OF ESTATE (Correct ownership must be indicated for accurate estate planning).

	Your Property	Jointly- Owned Property
<u>1. ASSETS:</u> (from Attachments A - G)		
a. Cash and Bank Accounts from Attachment A	_____	_____
b. Notes, Stocks, Bonds from Attachment B	_____	_____
c. Real Estate from Attachment C	_____	_____
d. Life Insurance from Attachment D	_____	_____
e. IRA, Retirement from Attachment E	_____	_____
f. Closely-Held Business Interest from Attachment F	_____	_____
g. Miscellaneous from Attachment G	_____	_____
 TOTAL ASSETS:	 =====	 =====

2. LIABILITIES: (from Attachment H)
(List in each category only if greater than \$10,000 in that category)

	Yours	Joint
a. Promissory Notes	_____	_____
b. Loans on Insurance Policies	_____	_____
c. Tax Liabilities	_____	_____
d. Charitable Pledges	_____	_____
e. Credit Card Obligations	_____	_____
f. Other Obligations	_____	_____
 TOTAL LIABILITIES	 =====	 =====

<u>3. NET WORTH</u>		
TOTAL ASSETS - TOTAL LIABILITIES	=====	=====

E. COPIES OF DOCUMENTS TO BE ATTACHED BEFORE ESTATE PLANNING MAY BE COMPLETED:

(NOT necessary to bring these documents to an initial estate planning consultation).

1. Existing Wills.
2. Deeds to real property.
3. Life insurance policies.
4. Retirement plans.
5. Buy-sell or stock redemption agreements.
6. Previous trust documents.
7. Income tax returns for last year.
8. All Gift returns ever filed.
9. Business agreements and documents regarding interest held in corporation, partnerships, and sole proprietorships.
10. Postnuptial agreements.

ATTACHMENT A: CASH AND BANK ACCOUNTS

(Include IRA and retirement plan information on Attachment E, and not here).

	Bank Name	Yours	Joint
Cash:		_____	_____
Checking Account:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Savings Account:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TOTAL for this page		=====	=====

(Transfer to the Estate Summary on page 6)

ATTACHMENT C: REAL ESTATE: (Attach additional sheets as necessary).

A. Basic Information:	Parcel One	Parcel Two
1. Location	_____	_____
2. Type of Property (residential, commercial, land)	_____	_____
3. Ownership (You or Joint)	_____	_____
4. If joint property, contribution of purchase price by each joint tenant	_____	_____
5. Date acquired	_____	_____
6. Income Tax Cost Basis	_____	_____
7. Present Fair Market Value	_____	_____

B. Mortgage and Other Obligations on the Property:

1. Original Mortgage Amount	_____	_____
2. Current Amount of Mortgage	_____	_____
3. Maturity and Payment Schedules	_____	_____
4. Other Debt on the Property	_____	_____

C. TOTAL Net Value of All Real Estate:
Fair Market Value - Mortgage Obligations:

Yours: ; Joint:

(Transfer the amount of real estate owned to The Estate Summary on Page 6, entering the proper amount for Your Ownership and Joint ownership)

ATTACHMENT D: LIFE INSURANCE (Include Employer-Paid Insurance).

Information to Include Below: (ownership may be different from the life insured)

1. Policies owned by you on your own life.
2. Policies owned by others on the your life.
3. Policies owned by you on the lives of your children and others.

Insuring Your Life:

Owner	Company & Policy No.	Total Benefit	Annual Premium	Cash Surrender Value	Designated Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL on Your Life		=====	=====	=====	

Insuring Other Lives, Policies Owned by You: (Designate whose life is insured, such as children or parents).

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL on other lives		=====	=====	=====	
TOTAL value of all life insurance on this page		=====	=====	=====	

Total benefit owned by you: _____

Total benefit owned by others on your life: _____

(Transfer to the Estate Summary on Page 6, the total amount of life insurance benefit owned by you. Do not allocate by whose life is insured).

ATTACHMENT E: IRA, RETIREMENT, AND EMPLOYEE BENEFITS

Your Employer's name and address: _____

Type of Plan: (Show lump sum payable upon death, since this amount is subject to estate tax).

	Benefit
1. Pension	_____
2. Profit Sharing	_____
3. Other Deferred Compensation	_____
4. IRA (personal)	_____
5. Incentive Stock Plan	_____
TOTAL	=====

(Transfer to the Estate Summary on page 6)

ATTACHMENT F: CLOSELY-HELD BUSINESS INTERESTS (Businesses owned by you).

A. Basic Information:

- 1. Name of Business _____
- 2. Business Address _____
- 3. Type of Business Organization _____
(Proprietorship, C Corp., S Corp., Partnership, Limited Liability Company)
- 4. Business advisors, accountants _____

B. Capitalization (if corporation):

	Common	Preferred
Outstanding	_____	_____
Authorized	_____	_____
Dividend Rate	_____	_____

C. Ownership (all organizations):

	Common	Preferred	Other
You	_____	_____	_____
Children	_____	_____	_____
Unrelated Parties	_____	_____	_____

D. Buy-Sell Agreement:

- 1. Does a buy-sell agreement exist? _____
- 2. If so, what type? _____
(cross-purchase, stock redemption, combination)
- 3. How funded, and if so, what amount? _____
- 4. Method for determining value _____
(book value, earnings multiple, appraisal, agreed value)

E. Other Commitments of the Business:

- 1. Stock option agreement _____
- 2. Deferred compensation agreement _____
- 3. Other employee benefit plans _____
- 4. Key-person insurance _____

F. Anticipated Disposition of Stock: (assuming no buy-sell agreement)

G. Estimated total value of business and method used to determine: _____

(Transfer to the Estate Summary on page 6)

ATTACHMENT G: MISCELLANEOUS ASSETS

	You	Joint
1. Personal Effects:		
a. Home Furnishings	_____	_____
b. Jewelry	_____	_____
c. Furs/Clothing	_____	_____
2. Other Tangible Personal Property:		
a. Automobiles	_____	_____
b. Collections (art, coin, etc)	_____	_____
c. Other (boats, aircraft, etc.)	_____	_____
3. Patent, Copyright, Trademark, other Royalties:	_____	_____
4. Mineral Interests:		
a. Oil and Gas	_____	_____
b. Coal	_____	_____
c. Other	_____	_____
5. Estates and Trusts:		
a. Anticipated beneficiary distribution under will or trust	_____	_____
b. Powers of Appointment General or Limited	_____	_____
c. Cemetery Plot	_____	_____
 TOTAL for this page	 =====	 =====

(Transfer to the Estate Summary on page 6)

ATTACHMENT H: PERSONAL LIABILITIES (Other than real estate mortgages which should be shown on Attachment C).

Only list liabilities which are greater than \$10,000; and indicate whether Owed by Yourself only or a Joint Liability.

	Owed By	Owed to	Amount
1. Promissory Notes	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2. Loans on Insurance Policies	_____	_____	_____
	_____	_____	_____
3. Tax Liabilities	_____	_____	_____
	_____	_____	_____
4. Charitable Pledges	_____	_____	_____
	_____	_____	_____
5. Credit Card Obligations	_____	_____	_____
	_____	_____	_____
6. Other Obligations	_____	_____	_____
_____	_____	_____	_____
	_____	_____	_____
TOTAL for this page			=====

Yourself: _____; Joint: _____

(Transfer the amount of liabilities owed to The Estate Summary on Page 6, entering the proper amount for Your Obligations and Joint Obligations).

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GENERAL INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

The estate plan which is recommended to you will be based on our analysis of the information which you provide.

Therefore, the information which you provide should be as comprehensive and detailed as possible. Providing this information may require a significant amount of your time.

Some of the information requested will not be applicable to your personal situation. In particular, one or more of the Attachments A - H may not apply to you. You should indicate where anything is not applicable to you by marking "N/A".

Although the computations regarding the ESTATE SUMMARY on page 6 can be complex, you should attempt to complete as much of the ESTATE SUMMARY as you are able to.

A follow up office conference may address any additional clarification needed.

Thank you for investing the time to complete this questionnaire.