

ESTATE PLANNING QUESTIONNAIRE

(PLEASE COMPLETE THIS PACKET IN INK)

Please bring this questionnaire with you to the initial consultation.

IF YOU DO NOT HAVE ACTUAL VALUES ENTER AN ESTIMATE AND ENTER AN
"E" NEXT TO ANY ESTIMATED VALUE

WE LOOK FORWARD TO SEEING YOU!!!

LEAVE ANY QUESTIONS THAT DO NOT APPLY BLANK

All Information Provided Is Strictly Confidential

Law Office of Julia Griffith McVey, P.C.
Attorney and Counselor at Law
12600 W. Colfax Ave., Suite C-400
Lakewood, CO 80215
Ph: 303-238-1707, Fax: 303-232-5161
E-mail www.mcveylaw.com

PERSONAL INFORMATION

Date: _____

Client One Signature Name _____
(Name most often used to sign and title property and accounts)

Also Known As _____
(Other names used)

Birth Certificate Name _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ (it is okay to communicate with me via E-mail)

Married: Date of Marriage _____ - Divorced Widowed Single

Cohabiting: domestic Partnership Registration Filed? _____

Beneficiary Agreement Filed? _____

What County? _____ (If divorced, Widowed or Single, skip to next page)

Client Two Signature Name _____
(Name most often used to sign and title property and accounts)

Also Known As _____
(Other names used)

Birth Certificate Name _____

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____ Business Telephone _____

Occupation _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ (it is okay to communicate with me via E-mail)

CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

(Use full legal name, For children, note under relationship if a client is not a biological or adoptive parent.)

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDCHILDREN

(Use full legal name.)

Name

Birth date

Relationship

ADVISORS

Name

Telephone

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

IMPORTANT FAMILY QUESTIONS

CLIENT ONE

CLIENT TWO

Do you have a will, trust or other estate planning document: please furnish copies

Yes No

Yes No

Are you making payments pursuant to a divorce or property settlement order? Please furnish copies

Yes No

Yes No

If married have you and your spouse signed a pre- or post-marriage contract? Please furnish copies

Yes No

Yes No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? if yes, please describe below

Yes No

Yes No

Are there any frozen stored sperm, eggs or embryos that might create future children or that should be disposed of in a will?

Yes No

Yes No

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	CLIENT ONE	CLIENT TWO
Do you have a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
While married have you acquired any property in Alaska (), Arizona (), California (), Idaho (), Louisiana (), Nevada (), New Mexico (), Texas (), Washington (), or Wisconsin ()? Please check the box after any of these state you have resided in while married.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you (or your partner) signed and recorded a beneficiary agreement? If yes, In what county recorded? Please provide copy of the agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you (or you partner) ever filed federal or state gift tax returns? Please furnish copies of these returns.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you (or your partner) currently the beneficiary of anyone else's trust? If so, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you (or your partner or any of your descendants or your parents) given up a child in an adoption?		
Have you (or your partner, your descendants or your parents) adopted a child?		

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.
 (USE THE BACK OF THIS SHEET OR ATTACH ADDITIONAL SHEETS IF NEEDED)

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME	CLIENT ONE	CLIENT TWO
Earned monthly income from Work:	_____	_____
Monthly Social Security Income:	_____	_____
Monthly Pension Income:	_____	_____
Other Monthly Income:	_____	_____

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land. (Please list manner in which title held- Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	TOTAL	_____	_____

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together.
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Company/Policy Number	Amount	Insured	Owner	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS, IRA, SEP, 401 (K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests and the estimated value of the interests.

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail.

Description _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL

SUMMARY OF VALUES

ASSETS	AMOUNT*		
	Client One	Client Two	Total Value
Real Property			
Furniture and Personal Effects			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money Owed to You			
Anticipated Inheritance, Etc.			
Other Assets			
TOTAL ASSETS:			

** For Jointly owned property enter ½ value in client one’s column and ½ value in client two’s column.

Persons To Act For You- If You Are Unable

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number	Relationship
---------------------------------------	---------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Guardian For Pets:

FINANCIAL DECISION MAKERS

During Life: Who would you want to handle your finances during your life if you were unable to do so?

Client One's Agent (s)

Name, Address and Phone Number	Relationship
---------------------------------------	---------------------

_____	_____
_____	_____
_____	_____
_____	_____

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Client Two's Agent (s)
Name, Address and Phone Number

Relationship

Financial Decision Makers

At Death: After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries? (This individual is called the "Personal Representative" and was formerly known as the "Executor.")

Client One's Personal Representative (s)
Name, Address and Phone Number

Relationship

Client Two's Personal Representative (s)
Name, Address and Phone Number

Relationship

HEALTH CARE DECISION MAKERS

Health Care: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Client One's Agent (s) Name, Address, and Phone Number	Relationship
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Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Client Two's Agent (s) Name, Address, and Phone Number	Relationship
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Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Do you want to provide that your organs and tissues should be made available for transplant purposes?

BENEFICIARIES

List the persons or entities to which you wish to make specific gifts upon your death.

List the persons or entities to which you wish to leave the rest of your estate after specific gifts (if any) are made.
