

OLSEN & TRAEGER, LLP

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ESTATE PLANNING INFORMATION

I. PERSONAL DATA

Date: _____

Full Name: _____

Customary signature on legal documents: _____

Any other names or forms of names used on legal documents: _____

County: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Other Phone: _____

E-Mail: _____ & _____

Occupation: _____

Website: _____

Prefer to be called: Home Office Cell Other

Prefer correspondence sent: Home Office

Place of Birth: _____

Date of Birth: _____

U.S. Citizen: Yes No If not U.S. Citizen, what country(ies) _____

Social Security Number (optional): _____

Married: Yes No Significant Other (S.O.) Yes No

If Married, Date: _____

Life partner (L.P.) Yes No

Health status: _____

Insurable? Yes No

Durable Power of Attorney? Yes No

Medical Durable Power of Attorney? Yes No

If married or have a significant other or life partner, have a spouse (significant other or life partner) complete the following:

Full Name: _____

Customary signature on legal documents: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Other Phone: _____

Prefer to be called: Home Office Cell Other

E-Mail: _____ & _____

Occupation: _____

Website: _____

Place of Birth: _____

Date of Birth: _____

U.S. Citizen: Yes No If not U.S. Citizen, what country(ies) _____

Social Security Number (optional): _____

Health status: _____

Insurable? Yes No

Durable Power of Attorney? Yes No

Medical Durable Power of Attorney? Yes No

If presently married, indicate whether:

- premarital agreement
- postmarital agreement
- contract to will

If presently not married, indicate whether:

- never married
- previously married

If previously married, indicate whether:

- prior marriage ended in divorce
- prior marriage ended with death of spouse
- contract to will

If spouse (significant other or life partner) was previously married, indicate whether prior marriage ended by:

Death Divorce

If you have children of the current marriage, complete the following for each child:

Full Name *Date of Birth* *Address, if not living at home*

Are you, your spouse (significant other or life partner) and children citizens of the USA?

Yes No

Do you or your spouse (significant other or life partner) have any children born prior to marriage or by a previous marriage? Yes No

If you have children born prior to your current marriage or by previous marriage or relationship, complete the following for each child:

Full Name *Date of Birth* *Address, if not living at home*

Where your spouse (significant other or life partner) has children born prior to current marriage or by previous marriage or relationship, complete the following for each child:

Full Name *Date of Birth* *Address, if not living at home*

Do either of you (significant other or life partner) have a child with any physical, mental, or emotional disability? Yes No

II. ACQUISITION OF GENERAL FINANCIAL DATA

DESCRIPTION OF INCOME AND ASSETS

Income

	<i>Husband (S.O./L.P.)</i>	<i>Wife (S.O./L.P.)</i>	<i>Joint</i>
Salary, Commission & Bonus	\$	\$	\$
Dividends and Interest	\$	\$	\$
Net Real Estate Income	\$	\$	\$
Partnership Income	\$	\$	\$
Other Income	\$	\$	\$

Current Value of Assets

Liquid Assets

	<i>Husband (S.O./L.P.)</i>	<i>Wife (S.O./L.P.)</i>	<i>Joint</i>
Savings Accounts	\$	\$	\$
Checking Accounts	\$	\$	\$
Cert. of Deposit/ Money Mkt. Accts.	\$	\$	\$
US Govt. Securities	\$	\$	\$
Municipal Bonds	\$	\$	\$
Marketable Stocks	\$	\$	\$
Ground Rents	\$	\$	\$
Mortgages	\$	\$	\$

Notes and Accounts Receivable	\$	\$	\$
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Are either of you or your spouse (significant other or life partner) beneficiaries under any trust?

Yes No

Other Assets

	<i>Husband (S.O./L.P.)</i>	<i>Wife (S.O./L.P.)</i>	<i>Joint</i>
Residence	\$	\$	\$
Vacation Homes	\$	\$	\$
Automobiles	\$	\$	\$
Other Tangible Personal Property	\$	\$	\$
Tangible Personal Items of Particular Value	\$	\$	\$
Investment Real Estate	\$	\$	\$
Interest in Business Partnership	\$	\$	\$
Interest in Investment Partnership	\$	\$	\$
Stock or Other Interest in Closely Held Business	\$	\$	\$
Vested Interest in Pension and Profit-Sharing Plans	\$	\$	\$
IRA/401K or other Retirement funds	\$	\$	\$
Other Assets Not Listed	\$	\$	\$

List the states, if other than Colorado, or countries where real estate, or other assets, are located:

Liabilities

	<i>Husband (S.O./L.P.)</i>	<i>Wife (S.O./L.P.)</i>	<i>Joint</i>
Current Accounts	\$	\$	\$
Unsecured Notes Payable to Banks	\$	\$	\$
Notes Payable to Others	\$	\$	\$
Mortgage on Residence	\$	\$	\$
Other Mortgages	\$	\$	\$
Other (credit card, etc.)	\$	\$	\$

List any contingent liabilities below:

III. DATA RELATING TO CLOSELY-HELD BUSINESS INTERESTS

For each such interest, complete:

1. Type of interest:

Sole owner Partnership Corporation LLC LLP

Description of product or service: _____

Percentage of ownership: _____

Fair market value: _____

Is there a buy/sell or other shareholders agreement:

Yes No

If yes, is there Key Man Insurance? Yes No

If yes, is it funded? Yes No

2. Type of interest:

Sole owner Partnership Corporation

Description of product or service: _____

Percentage of ownership: _____

Fair market value: _____

Is there a buy/sell or other shareholders agreement:

Yes No

If yes, is it funded? Yes No

3. Type of interest:

Sole owner Partnership Corporation

Description of product or service: _____

Percentage of ownership: _____

Fair market value: _____

Is there a buy/sell or other shareholders agreement:

Yes No

If yes, is it funded? Yes No

IV. PROPERTY DISPOSITION

A. IMMEDIATE FAMILY- Describe your general ideas of how you would like your property to be distributed, either outright or in trust, for the benefit of your spouse (significant other or life partner) and/or children in the event of your death.

B. SPECIFIC DEVICES- Are there any members of your family, relatives, friends or charities to whom you would like to leave specific gifts?

<u>Name and Address</u>	<u>Relationship</u>	<u>Item or Specific Amount</u>
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C. SPECIAL FAMILY CIRCUMSTANCES- Are there any members of your family who may need special protection in the event of your death, because of age or disability, special circumstances, prior marriages, etc.? _____

D. PERSONAL REPRESENTATIVE (EXECUTOR)- If it should be necessary to have a probate court proceeding as to all or any part of your estate, whom would you prefer as personal representative?

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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1.

2.

3.

I. MEDICAL DURABLE POWER OF ATTORNEY – Who would you like to make your medical decisions if you are unable to do so?

Name Relationship Address

1.

2.

3.

V. MISCELLANEOUS DATA

(a) Prior to January 1, 1982, did you make a gift of cash or property with a value in excess of \$3,000.00 to any one person during a single calendar year? Yes No

On or after January 1, 1982, have you made such a gift in excess of \$10,000.00?
 Yes No

On or after January 1, 2002, have you made such a gift in excess of \$11,000.00?
 Yes No

On or after January 1, 2006, have you made such a gift in excess of \$12,000.00?
 Yes No

If so, please provide details and copies of any gift tax returns that were filed.

(b) If you or your spouse (significant other or life partner) have any of the following documents, please furnish the original or a photographic copy:

1. Will(s)
2. Trusts that you have created
3. Trusts of which you are or may be a beneficiary
4. Separation or divorce agreement
5. Prenuptial agreements or marriage (postnuptial) contracts
6. Deeds to real estate owned by you
7. Deeds of Trust or mortgages on real property owned by you
8. Shareholders agreements of which you are a party

(c) Please list those persons upon whom you depend for business or financial advice in the following categories:

Name	Address	Telephone No.
Accountant	_____	_____
Trust Officer	_____	_____
Insurance Agreements	_____	_____
Financial Advisor	_____	_____
Other (state capacity)	_____	_____

(d) Please list the location and contents of any safe deposit box to which you have access. If any contents do not belong to you, please identify such items.

VI. ADDITIONAL COMMENTS

THIS DOCUMENT PREPARED BY

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