



*PERSONAL
INFORMATION
FORM*

CONFIDENTIAL

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STEP
1

BASIC BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Interview Date: ___/___/___ Atty: _____

Name (as used in signature) _____

Also Know As _____ Prefer to be called _____
(Other names used)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

Email Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes, date US Citizen?

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Do you have a Revocable Living Trust? Yes No

Date of Marriage Existing Pre- or Postnuptial Agreement? Yes No Date:

If married, have you lived in any of the following states while married to each other? (Mark all that apply) Arizona
California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

Client 2 Information

Name (as used in signature) _____

Also Know As _____ Prefer to be called _____
(Other names used)

Birth date _____ Age: _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

Email Address _____ Yes it is okay to communicate with me via my E-mail address.

Never Married Married Widowed Divorced: if yes, date US Citizen?

Are either of your parents still living? Yes No Are either of your grandparents still living? Yes No

Do you have a Revocable Living Trust? Yes No

Firearms Do you own any firearms? No Yes If yes, what type?

Pets Do you have any pets? No Yes If yes, what type?

Insurance

Long Term Care? No Yes If yes, Company: _____

Umbrella Ins.? No Yes If yes, Company: _____

With uninsured/underinsured coverage?

CHILDREN, GRANDCHILDREN AND OTHER POTENTIAL "INDIVIDUAL" BENEFICIARIES

Identify all children and grandchildren. Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary).

If you have no children, please provide contact information for each individual beneficiary. Also, cross out the word CHILD and indicate the nature of your relationship to the beneficiary. Please copy and attach additional pages if you have more than five beneficiaries.

Child 1 *Parent:* Husband Wife Joint *Special Needs:* Medical Educational Financial
 Full Legal Name _____ DOB _____ Soc. Sec. # _____ Sex M F
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name, age and gender): _____

Child 2 *Parent:* Husband Wife Joint *Special Needs:* Medical Educational Financial
 Full Legal Name _____ DOB _____ Soc. Sec. # _____ Sex M F
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name, age and gender): _____

Child 3 *Parent:* Husband Wife Joint *Special Needs:* Medical Educational Financial
 Full Legal Name _____ DOB _____ Soc. Sec. # _____ Sex M F
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name, age and gender): _____

Child 4 *Parent:* Husband Wife Joint *Special Needs:* Medical Educational Financial
 Full Legal Name _____ DOB _____ Soc. Sec. # _____ Sex M F
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name, age and gender): _____

Child 5 *Parent:* Husband Wife Joint *Special Needs:* Medical Educational Financial
 Full Legal Name _____ DOB _____ Soc. Sec. # _____ Sex M F
 Address _____ City _____ State _____ Zip _____ Phone _____
 Married Divorced Widowed Single Spouse's Name: _____ Date Married _____
 Children (name, age and gender): _____

Do your children get along? Yes No

STEP**3****APPOINTMENTS—PEOPLE TO ASSIST YOU**

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Who do you nominate to serve as guardian for your minor children (if any)?

		Client 1 Responses	Client 2 Responses
Guardians	Initial Choice		
	Back Up # 1		
	Back Up # 2		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Client 1 Responses	Client 2 Responses
Financial Agents/ Disability Trustee	Initial Choice		
	Back Up # 1		
	Back Up # 2		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		Client 1 Responses	Client 2 Responses
Health Care Agents	Initial Choice		
	Back Up # 2		
	Back Up # 3		

**** Please provide the address and contact information for your Healthcare successor(s).**

If you were deceased, who would you choose to administrate and distribute your estate?

		Client 1 Responses	Client 2 Responses
Estate Fiduciary Personal Representative	Initial Choice		
	Back Up # 2		
	Back Up # 3		

STEP**4****POTENTIAL "CHARITABLE" BENEFICIARIES**

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non profit organizations for discussion purposes.

Name of Charity or Non-Profit Organization**Address**

1. _____

2. _____

3. _____

4. _____

STEP**5****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant many need to be consulted relative to income tax matters.

Name**Telephone**

Auto/Home Insurance Agent _____

I would recommend this person to my friends/family: Yes No

Tax Advisor (CPA, EA, etc.) _____

I would recommend this person to my friends/family: Yes No

Family Attorney _____

I would recommend this person to my friends/family: Yes No

Life Insurance Agent _____

I would recommend this person to my friends/family: Yes No

Financial Advisor _____

I would recommend this person to my friends/family: Yes No

Stock Broker _____

I would recommend this person to my friends/family: Yes No

Banker _____

I would recommend this person to my friends/family: Yes No

Other Advisor _____

I would recommend this person to my friends/family: Yes No

May we contact your listed advisors? Yes No

STEP**6****CONCERNS & ANXIETIES**

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

Level of Concern (if any)

None Low Medium High

Tax Concerns

Risk of the IRS “inheriting” half the estate when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets				

Family Concerns

Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, Lawsuits, to mismanagement of the money or to a divorcing spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability Concerns

Risk of loss of control over your assets in event of your disability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it’s best to cease such efforts and die peaceably and without pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an unnecessary conservatorship over an incapacitated adult child in order to make health care decisions for that child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Creditor Concerns

Risk of lawsuits against you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of your assets to a nursing home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a co-owner’s creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post-Death Concerns

Risk of unnecessary costs and delays associated with the estate passing through probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a “fire sale” in order to create the liquidity needed to pay taxes and expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the person(s) charged with managing your affairs after you’ve passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP**7****ASSET ASSESSMENT**

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer.

Assets	Client 1		Client 2		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts (i.e. checking, savings, CD, Money Market)						
Investment Accounts (i.e. brokerage accounts)						
Bonds (not held in an investment account)						
Stocks (not held in an investment account)						
Company Stock Options						
Personal Effects (i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other “toys”, etc.)						
Retirement Plans (401k, IRAs, etc.)						
Pension Plans						
Life Insurance Policies (death value)						
Annuities						
Partnership & LLC Interests						
Corp. Business Interests (S-Corp or LLC)						
Sole Proprietorship Interests						
Oil, Gas, and Mineral Interests						
Monies Owed to You (promissory notes)						
Personal Residence						
Other Colorado Real Property						
Other Out-of-State Real Property						
Other Assets						
Anticipated Inheritance, Gift, or Judgment						
TOTAL ASSET VALUE						

Liabilities						
Loans Payable						
Accounts Payable						
Real Estate Mortgages						
TOTAL LIABILITIES (\$\$\$)						

NET ESTATE (\$\$\$) (Total Assets minus Total Liabilities)						
--	--	--	--	--	--	--

COMBINED NET ESTATE (\$\$\$)
(Client Net + Spouse Net + Joint Net)

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ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

About Your Goals & Objectives

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Affirmation: the undersigned hereby states and affirms that the information contained in this Confidential Estate Planning Questionnaire is an accurate and complete record of all assets, liabilities and account information, and that the Law Offices of Davis Schilken, P.C. (the "Firm") will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

Client 1: _____

DATE: ____/____/____

Client 2: _____

DATE: ____/____/____

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
8. Last 3 years of personal income tax returns.
9. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

Congratulations on completing this questionnaire.

We appreciate the opportunity to work with you on your estate plan.