

# ESTATE PLANNING QUESTIONNAIRE

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**AMBLER | KEENAN | MITCHELL | JOHNSON**  
950 South Cherry Street, Suite 1650  
Denver, Colorado 80246  
(303) 407-1542  
[www.Ambler-Keenan.com](http://www.Ambler-Keenan.com)

## PRIVACY NOTICE

AMBLER | KEENAN | MITCHELL | JOHNSON knows that the privacy of the personal information that we receive about you is important to you. We understand that you trust us to protect the confidentiality and security of that information. The information that we collect about you is used only to provide the legal services that you request from us. Although there is a new federal law designed to protect the privacy of nonpublic personal information about consumers, we, as attorneys, have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by this new law.

### INFORMATION WE COLLECT ABOUT YOU

AMBLER | KEENAN | MITCHELL | JOHNSON collects personal information about you only in connection with providing you with the legal services that you request. The types of personal information that we collect vary according to the services we perform for you, and may include:

- Your name, address, Social Security number, birth dates, family members, assets, liabilities, and other financial information

### HOW WE HANDLE YOUR INFORMATION

AMBLER | KEENAN | MITCHELL | JOHNSON does not disclose any public or nonpublic personal information about you that you have provided to us or to anyone outside of our firm except as authorized by you or required by law. For example, with your consent, we may disclose personal information to a third party, such as an appraiser or accountant, who is assisting us in providing services to you. We do not sell client information to anyone or disclose client information to marketing companies.

### HOW WE PROTECT YOUR INFORMATION

We restrict access to public and nonpublic personal information about you that you have provided to us to those AMBLER | KEENAN | MITCHELL | JOHNSON attorneys and staff members who need to know the information. All AMBLER | KEENAN | MITCHELL | JOHNSON attorneys and employees are required to maintain the confidentiality of all nonpublic personal information about you. We maintain physical, electronic, and procedural safeguards that comply with both federal law and our more stringent professional standards to protect the personal information that you have provided to us.

*I authorize AMBLER | KEENAN | MITCHELL | JOHNSON to occasionally mail, fax or e-mail information to me. I understand that I can unsubscribe to communication from the firm at any time. You may contact me at the e-mail address listed on the following page.*



CLIENT A Signature: \_\_\_\_\_

CLIENT B Signature: \_\_\_\_\_

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Referred to AMBLER | KEENAN | MITCHELL | JOHNSON for Estate Planning by: \_\_\_\_\_

### NAMES OF YOUR ADVISORS:

CPA: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial Planner: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Upon completion of your Estate Plan, may we send these advisors updated beneficiary designations and/or other information?*

YES  NO

**SECTION 1: PERSONAL INFORMATION**

**Date:** \_\_\_\_\_

**CLIENT A'S** full legal name (please print): \_\_\_\_\_

Print your name the way you sign important documents: \_\_\_\_\_

Do you use different names, including middle names or initials? Please print any such names:  
\_\_\_\_\_

**CLIENT B'S** full legal name (please print): \_\_\_\_\_

Print your name the way you sign important documents: \_\_\_\_\_

Do you use different names, including middle names or initials? Please print any such names:  
\_\_\_\_\_

Relationship:     Married     Partnered     Civil Union     Single     Spouse Deceased

Name and date of death of deceased spouse (if applicable): \_\_\_\_\_

Home address of Client(s): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number of Client(s): \_\_\_\_\_

**CLIENT A** cell phone: \_\_\_\_\_

**CLIENT B** cell phone: \_\_\_\_\_

**CLIENT A** day phone: \_\_\_\_\_

**CLIENT B** day phone: \_\_\_\_\_

**CLIENT A** e-mail: \_\_\_\_\_

**CLIENT B** e-mail: \_\_\_\_\_

**CLIENT A** occupation: \_\_\_\_\_

**CLIENT B** occupation: \_\_\_\_\_

**CLIENT A** date of birth: \_\_\_\_\_

**CLIENT B** date of birth: \_\_\_\_\_

List all children, including deceased children, using *full legal names*, of your current and prior relationships.

NAME	DATE OF BIRTH	PARENT(S)
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT
_____	_____	<input type="checkbox"/> CLIENT A <input type="checkbox"/> CLIENT B <input type="checkbox"/> JOINT

## SECTION 2: DISTRIBUTION OF ASSETS

*This section is designed to help you think about how you wish to distribute your assets. In our initial consultation, the thoughts you provide here will provide us with a basis from which to discuss the details and design of your future Estate Plan.*

### DISTRIBUTION OF YOUR ESTATE UPON YOUR DEATH

Please briefly outline your thoughts on *how* and *to whom* your assets should be divided and distributed, remembering to include any charitable gifts and gifts to your friends. Please consider whether you desire the assets to be held in trust for your beneficiaries, or whether the assets should be distributed outright and free of trust. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: APPOINTMENTS AND NOMINATIONS

*This section is designed to help you think about the person(s) you'd like to appoint to represent you in various capacities. Please use full legal names with middle initials.*

### GUARDIANS FOR YOUR MINOR OR INCAPACITATED CHILDREN:

1. \_\_\_\_\_
2. \_\_\_\_\_

**PERSONAL REPRESENTATIVE:** The person who collects all of your assets, pays all bills, and makes distributions to the beneficiaries of your Estate, also known as the Executor. Please list, in the order in which they would serve, three choices for your Personal Representative:

**CLIENT A:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CLIENT B:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TRUSTEE:** The person, bank, or corporation who manages the assets of any trusts and makes distributions to the beneficiaries. Please list, in the order in which they would serve, three choices for your Trustee (if applicable):

**CLIENT A:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CLIENT B:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PROPERTY POWER OF ATTORNEY AGENT:** The person who makes financial decisions for you if you are alive and unable to act. Please list, in the order in which they would serve, three choices for your Property Power of Attorney Agent:

**CLIENT A:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**RELATIONSHIP TO YOU:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CLIENT B:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**RELATIONSHIP TO YOU:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY AGENT:** The person who makes medical decisions for you if you are unable to act. Please list, in the order in which they would serve, three choices for your Medical Power of Attorney Agent:

**CLIENT A:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CLIENT B:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SECTION 4: LIVING WILL**

*This section is designed to help you think about the decisions that need to be made if you have a terminal medical condition that is not curable or reversible or if you are in a persistent vegetative state.*

**A. Terminal Condition.** If two (2) doctors declare that you have a terminal medical condition and you are unable to receive information or communicate:

- |  | <b>CLIENT A:</b>         | <b>CLIENT B:</b>         |
|--|--------------------------|--------------------------|
| 1. Life-sustaining procedures shall be withdrawn, or                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Life-sustaining procedures shall be continued for ___(A)/___(B) days,<br>or | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Life-sustaining procedures shall be continued indefinitely.                 | <input type="checkbox"/> | <input type="checkbox"/> |

Once life support procedures end, as indicated above, please choose one of the following options regarding artificial nourishment and hydration:

- |   | <b>CLIENT A:</b>         | <b>CLIENT B:</b>         |
|---|--------------------------|--------------------------|
| 1. They shall be withdrawn, or                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. They shall be continued for ___(A)/___(B) days, or | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. They shall be continued indefinitely.              | <input type="checkbox"/> | <input type="checkbox"/> |

**B. Persistent Vegetative State.** If two (2) doctors declare that you are in a persistent vegetative state:

- |  | <b>CLIENT A:</b>         | <b>CLIENT B:</b>         |
|--|--------------------------|--------------------------|
| 1. Life-sustaining procedures shall be withdrawn, or                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Life-sustaining procedures shall be continued for ___(A)/___(B) days,<br>or | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Life-sustaining procedures shall be continued indefinitely.                 | <input type="checkbox"/> | <input type="checkbox"/> |

Once life support procedures end, as indicated above, please choose one of the following options regarding artificial nourishment and hydration:

- |   | <b>CLIENT A:</b>         | <b>CLIENT B:</b>         |
|---|--------------------------|--------------------------|
| 1. They shall be withdrawn, or                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. They shall be continued for ___(A)/___(B) days, or | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. They shall be continued indefinitely.              | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5: WISHES REGARDING LAST REMAINS**

*Please indicate your wishes regarding the disposition of your last remains and your wishes regarding any services that may be held.*

**CLIENT A:**

Please list the people you wish to appoint to make decisions regarding the disposition of your remains and the arrangement of any services, in the order in which they would serve:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

You wish to be:  Buried  Cremated  Agent’s Discretion

Do you wish to specifically request a type of service, or let your agent plan at their discretion?

Funeral  Memorial Service  Agent’s Discretion  No Services

Special Instructions: \_\_\_\_\_

**CLIENT B:**

Please list the people you wish to appoint to make decisions about the disposition of your remains and the arrangement of any services, in the order in which they would serve:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

You wish to be:  Buried  Cremated  Agent’s Discretion

Do you wish to specifically request a type of service, or let your agent plan at their discretion?

Funeral  Memorial Service  Agent’s Discretion  No Services

Special Instructions: \_\_\_\_\_

**SECTION 6: ASSETS**

Please provide the requested financial information in order to help us determine an appropriate Estate Plan for your circumstances.

<b>ASSETS</b>	<b>CLIENT A Property</b>	<b>CLIENT B Property</b>	<b>Jointly Held Property</b>
Checking & Savings	\$	\$	\$
Money Market Funds			
CDs			
Stocks & Stock Funds			
Taxable Bonds & Bond Funds			
Annuities			
Limited Partnerships			
Business Interests (Fair Market Value)			
Life Insurance (Death Benefit)			
Personal Residence			
Other Real Property			
Tangible Personal Property			
<input type="checkbox"/> Traditional IRAs <input type="checkbox"/> Roth IRAs			
<input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Other: _____			
Other:			
<b>TOTAL ASSETS:</b>	\$	\$	\$
<b>LIABILITIES</b>	<b>CLIENT A</b>	<b>CLIENT B</b>	<b>Jointly Held</b>
Credit Card Debt	\$	\$	\$
Margin Debt			
Personal Loans			
Home Mortgage			
Other Real Estate Mortgage			
Auto Loans			
Business Loans			
Partnership Notes			
Other Long-Term or Short-Term Debt			
<b>TOTAL LIABILITIES:</b>	\$	\$	\$
<b>NET WORTH:</b> (Total assets less total liabilities)	\$	\$	\$

 **Annual Household Income: \$** \_\_\_\_\_



**SECTION 7: OTHER RELEVANT INFORMATION**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are both you and your spouse/partner a citizen of the United States?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or your spouse/partner ever served in the U.S. military service?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If married, have you and your spouse lived together in Arizona, Idaho, California, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever filed a gift tax return?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you own real estate in more than one state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you own a timeshare?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a prenuptial, postnuptial or cohabitation agreement?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you anticipate receiving a substantial inheritance of \$500,000 or more in the next 5-10 years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are either you or your spouse/partner the trustee or beneficiary of a trust?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are either you or your spouse/partner a custodian under the UGMA* or UTMA**?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you wish to make charitable gifts at your death?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do either you or your spouse/partner have any major health considerations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any of the following considerations? <input type="checkbox"/> prior marriage <input type="checkbox"/> support or property settlement obligations <input type="checkbox"/> disabled children <input type="checkbox"/> beneficiaries with special concerns
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you concerned about the privacy of your affairs at death?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a family member you wish to disinherit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you concerned about your children's marriages?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would you or your parents like to prepare for long term or nursing home care?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you concerned about your parents' estate planning?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you pre-paid your funeral/burial arrangements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you concerned about the transfer and survival of your business?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have pets that need protection at your death?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you updated your beneficiary designations in the last three years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever signed a Beneficiary Deed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any frozen sperm, eggs, embryos, or cord blood in storage?

\*Uniform Gifts to Minors Act \*\*Uniform Transfer to Minors Act