

**ESTATE PLANNING INTAKE FORM FOR
LAW OFFICES OF PETER W. BULLARD, P.C. © 2016
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JOINT CLIENTS

(Please use reverse side or add additional pages if needed)

Date Form Completed: _____

1. PERSONAL DATA

Full Name: _____

Second Client's Name: _____

Customary signature on legal documents: _____

Second client's signature: _____

Home Address: _____ Phone: _____

_____ E-mail: _____

Business Address: _____ Phone: _____

_____ E-mail: _____

Occupation and Employer: _____

Second Client's Occupation and Employer: _____

Brief Summary of Education: _____

Second Client's Summary of Education: _____

Brief Summary of Work History: _____

Second Client's Summary of Work History: _____

Prefer to be **called** at: Home Office Prefer **correspondence** sent to: Home Office

Place of Birth: _____

Second Client's Place of Birth: _____

Date of Birth: _____

Second Client's Date of Birth: _____

Social Security Number: _____

Second Client's Social Security Number: _____

Married: Yes No

If Married, Where: _____ and When _____

Have you signed a marital (“prenuptial” or “postnuptial”) agreement? Yes No

Have you ever considered yourself to be married under common law? Yes No

Have you ever entered into a civil union? Yes No

Health status: _____

Second Client's Health status: _____

Indicate whether: previously married?

Second Client: previously married?

If first client married previously, state name of former spouse _____ and whether:

prior marriage ended in divorce and if so, date: _____

If so, is there a divorce order or agreement that affects you now? Yes No?

prior marriage ended with death of spouse and if so, date: _____

For second client if married previously, state name of former spouse _____ and whether:

prior marriage ended in divorce and if so, date: _____

prior marriage ended with death of spouse and if so, date: _____

If so, is there a divorce order or agreement that affects you now? Yes No?

If there are children of the current marriage, complete the following for each child:

Full Name	Date Of Birth	Address, if not living at home
_____	_____	_____
_____	_____	_____

Briefly describe the marital status, educational level and employment of your children: _____

If there are children of a prior marriage, complete the following for each child:

Full Name	Date Of Birth	Address, if not living at home
_____	_____	_____
_____	_____	_____

Briefly describe the marital status, educational level and employment of your children of a prior marriage: _____

If there are grandchildren, complete the following for each grandchild:

Full Name & Parent	Date Of Birth	Address, if not living with Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe the marital status, educational level and employment of your grandchildren: _____

Clients' Parents' names and addresses (indicate whose parents):

Clients' brothers' and sisters' names and addresses (indicate whose brother or sister):

Are first and second client and children citizens of the U.S.A.?
_____ Yes _____ No If not explain: _____

Does any child have any physical, mental, or emotional disability?
_____ Yes _____ No If so, please describe: _____

Do you have wills or trusts now?_____. If so, where are the originals located?
_____. When were they signed?_____.

What state were you living in at the time?_____. (Please bring
copies of your wills or trusts with you when we meet, or originals if you have them.)

Please describe in your own words your goals for your estate planning. For example, what your
planning should accomplish for yourselves, children, other heirs, and charities.

To whom do you want your property to go at your death?

First client dies, second client and children survive: _____

Second client dies, first client and children survive: _____

First and second clients both die, children survive: _____

All die: _____

Other Wishes: _____

Whom do you want to be your Personal Representative? (Names and addresses) (This is the person or institution that makes sure your will is complied with; the spouse is usually the first choice; if you wish, you can name a bank with a trust department as Personal Representative):

1st choice: _____

2nd choice: _____

3rd choice: _____

Whom do you want to be the Guardian? (Names and addresses) (This is the person who acts as substitute parents for your children under 18 years old. The other parent is usually the first choice):

1st choice: _____

2nd choice: _____

3rd choice: _____

Whom do you want to be your Trustee? (Names and addresses) (If your will includes a trust, or if you have your plan in a living trust, the Trustee is the person or institution that takes care of and distributes the assets of the trust for your beneficiaries, e.g. your children; if you wish, you can name a bank with a trust department or a trust company as Trustee. Whether a spouse should be the first choice depends on the purposes of the trust):

1st choice: _____

2nd choice: _____

3rd choice: _____

Names of your banks (you may want to name a bank as Personal Representative or Trustee; if so, it must be a bank with a trust department; you do not have to have an account with such a bank to do so): _____

Deadlines, if any, for signing the wills, trust and other documents: _____

The best day and time of the week for you to come in to sign your wills or trusts: _____

Are you presently a guardian, personal representative, executor, trustee, holder of a power of attorney, or a fiduciary of any other description? _____. If so, please describe briefly the nature of the position(s) you hold: _____

Do you have any specific question about or any other item you would like in your wills or trusts?

You should each have durable powers of attorney in place, one for financial matters and the other for medical and personal care issues, in case you become incapacitated. If you have these documents:

Whom do you want to be your agent for your financial affairs? (Names and addresses) (The spouse is usually the first choice. It is best if you both have the same choices for successors):

1st choice: _____
2nd choice: _____
3rd choice: _____

Whom do you want to be your agent for your medical and personal care issues? (Names and addresses) (The spouse is usually the first choice. You do not need to have the same choices for successors for these documents):

1st choice: _____
2nd choice: _____
3rd choice: _____

Colorado allows you to have a form separate from your wills to declare in writing how your remains are to be disposed of, what ceremonies will take place after your death, and who is to be in charge of both. This is called a "declaration instrument". Whom do you want to be your designee to make these decisions? (Names and addresses)

1st choice: _____
2nd choice: _____
3rd choice: _____

How did you happen to contact this firm? _____

If Internet, what source? _____

If yellow pages, which phone book: Fort Collins: _____ Loveland: _____ Other (describe): _____

If you were referred by someone, by whom: _____

Other source: _____

Do we have your permission to thank the person who referred you to us? YES _____ NO _____

Signatures of Clients

First Client

Date

Second Client

Date

PLEASE COMPLETE THE ATTACHED FINANCIAL INFORMATION

GENERAL FINANCIAL DATA

DESCRIPTION OF YOUR INCOME AND ASSETS

	Income (Annual)		
(Round To nearest \$1,000)	1st Client	2nd Client	Joint
Salary, Commission & Bonus	\$ _____	\$ _____	\$ _____
Dividends and Interest	\$ _____	\$ _____	\$ _____
Net Real Estate Income	\$ _____	\$ _____	\$ _____
Partnership Income	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Current Value of Assets

(You may if you wish combine investments into one category with an explanation)

(Round To Nearest \$1,000)

Liquid Assets	1st Client	2nd Client	Joint
Bank Accounts – Checking	\$ _____	\$ _____	\$ _____
– Savings	\$ _____	\$ _____	\$ _____
Money Market	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Investments* - U.S. Gov't Securities	\$ _____	\$ _____	\$ _____
- Municipal Bonds	\$ _____	\$ _____	\$ _____
- Marketable Stocks	\$ _____	\$ _____	\$ _____
- Marketable Bonds	\$ _____	\$ _____	\$ _____
- Annuities	\$ _____	\$ _____	\$ _____
- Mutual Funds	\$ _____	\$ _____	\$ _____
- Other	\$ _____	\$ _____	\$ _____
Retirement Assets* - IRA's	\$ _____	\$ _____	\$ _____
- 401K	\$ _____	\$ _____	\$ _____
- Pension	\$ _____	\$ _____	\$ _____
- Profit-Sharing	\$ _____	\$ _____	\$ _____
- Other	\$ _____	\$ _____	\$ _____
Leases	\$ _____	\$ _____	\$ _____
Mortgages (Owed to you)	\$ _____	\$ _____	\$ _____
Notes and Accounts Receivable (Owed to you)	\$ _____	\$ _____	\$ _____
Other Liquid Assets	\$ _____	\$ _____	\$ _____
Total Liquid Assets	\$ _____	\$ _____	\$ _____

*** List any investment accounts and bring copies if possible.**

Non-Liquid Assets	1st Client	2nd Client	Joint
Residence	\$ _____	\$ _____	\$ _____
Vacation Homes	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Other Tangible Personal Property	\$ _____	\$ _____	\$ _____
Investment Real Estate	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Business Interests (Describe P. 8)	\$ _____	\$ _____	\$ _____
Other Non-Liquid Assets (describe)	\$ _____	\$ _____	\$ _____
Total Non-Liquid Assets	\$ _____	\$ _____	\$ _____

1st Client's Life Insurance

Whole-Life or Universal Life Policies

Cash Value	Insured	Company	Policy #	Owner	Beneficiary	Amount (Death Benefit)	Loans
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Insurance Benefits Payable at Death \$ _____

Term Policies

Insured	Company	Policy #	Owner	Beneficiary	Amount (Death Benefit)	Loans
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Insurance Benefits Payable at Death \$ _____

2nd Client's Life Insurance

Whole-Life or Universal Life Policies

Cash Value	Insured	Company	Policy #	Owner	Beneficiary	Amount (Death Benefit)	Loans
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Insurance Benefits Payable at Death \$ _____

Term Policies

Insured	Company	Policy #	Owner	Beneficiary	Amount (Death Benefit)	Loans

Total Insurance Benefits Payable at Death \$ _____

Closely-held Business Interests

For each such interest, complete:

Type of interest:

_____ Sole owner _____ Partnership _____ Corporation _____ Other

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 the agreement funded (e.g. with insurance)? _____ Yes _____ No

Total Business Interests 1st Client \$ _____ 2nd Client \$ _____ Joint \$ _____

Summary of Assets

	1st Client	2nd Client	Joint
Total Liquid Assets	\$ _____	\$ _____	\$ _____
Total Non-Liquid Assets	\$ _____	\$ _____	\$ _____
Total Insurance (Death Benefits)	\$ _____	\$ _____	
Total Business Assets	\$ _____	\$ _____	\$ _____
Grand Total All Assets	\$ _____	\$ _____	\$ _____

Liabilities

	1st Client	2nd Client	Joint
Current Accounts	\$ _____	\$ _____	\$ _____
Notes Payable to Banks	\$ _____	\$ _____	\$ _____
Notes Payable to Others	\$ _____	\$ _____	\$ _____
Mortgage on Residence	\$ _____	\$ _____	\$ _____
Debts of Others You Guaranteed	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
Grand Total All Liabilities	\$ _____	\$ _____	\$ _____

	Net Estate			Totals
	1st Client	2nd Client	Joint	
Total Assets	\$ _____	\$ _____	\$ _____	\$ _____
Total Debts	\$ _____	\$ _____	\$ _____	\$ _____
Net Estate	\$ _____	\$ _____	\$ _____	\$ _____

List addresses where all real estate is located:

List the beneficiaries of your pension and other benefit plans, annuities, IRA's and any other asset where a beneficiary is named:

Annuities _____

IRA's _____

401K's _____

Pension _____

Profit-Sharing _____

Other _____

Do you have long-term care insurance? If so, please describe it:

Long-Term Care Policies

Insured	Company	Policy #	Premiums	Terms
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Do you have any other assets not listed? If so, please describe them:

Do you expect to receive an inheritance or other gift? If so, please describe:
