

WADE ASH

WADE ♦ ASH ♦ WOODS ♦ HILL & FARLEY, P.C.

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DISCLAIMER

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The following memorandum is representative of the types of information we provide to clients when we prepare estate planning documents for them. However, this material may not be used by every attorney in the firm in every case. The attorneys at Wade Ash view each case as uniquely different and, therefore, the information we provide to our clients may be substantially different depending on the client's needs and the nature and extent of their assets.

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE (MARRIED)

NOTE: Please take care in providing the following information. We will rely on this information, especially as to the ownership and your best estimate as to the value of assets. If you need assistance in confirming ownership valuation or beneficiary designation information, we would be glad to help.

Date: _____

I.

PERSONAL DATA

A. General Information

Name(s):

Home address: Street

City	State	Zip
County of residence:	Home telephone: ()	
Home fax: ()	Home e-mail:	
Marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> other _____		

B. Personal Information About Husband	
Principal name (as it should appear on legal documents and as it appears on title to property held):	
Other versions of your name:	
Date of birth:	Social Security No. - -
U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of:	
Business or profession:	
Name of company:	
Business address: Street	
City	State Zip
Business telephone: ()	Business fax: ()
Business e-mail:	Cell phone no.
Previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of health:	

C. Personal Information About Wife	
Principal name (as it should appear on legal documents and as it appears on title to property held):	
Other versions of your name:	
Date of birth:	Social Security No. - -
U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, citizen of:	
Business or profession:	

Name of company:		
Business address: <small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>
Business telephone: ()		Business fax: ()
Business e-mail:		Cell phone no.:
Previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Condition of health:		

D. Referred by _____

E. Children:

Child 1 name:		
Date of birth:	Social Security No. - -	
Address: <small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>
Telephone no.:		
Child of: <input type="checkbox"/> this marriage <input type="checkbox"/> husband only <input type="checkbox"/> wife only adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Biological Parent of Child (if applicable):		

Child 2 name:		
Date of birth:	Social Security No. - -	
Address: <small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>
Telephone no.:		
Child of: <input type="checkbox"/> this marriage <input type="checkbox"/> husband only <input type="checkbox"/> wife only adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Biological Parent of Child (if applicable):		

Child 3 name:		
Date of birth:	Social Security No. - -	
Address: <small>Street</small>		
<small>City</small>	<small>State</small>	<small>Zip</small>
Telephone no.:		

Child of: <input type="checkbox"/> this marriage <input type="checkbox"/> husband only <input type="checkbox"/> wife only adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Biological Parent of Child (if applicable):

Child 4 name:	
Date of birth:	Social Security No. - -
Address: <small>Street</small>	
City	State Zip
Telephone no.:	
Child of: <input type="checkbox"/> this marriage <input type="checkbox"/> husband only <input type="checkbox"/> wife only adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Biological Parent of Child (if applicable):	
Child 5 name:	
Date of birth:	Social Security No. - -
Address: <small>Street</small>	
City	State Zip
Telephone no.:	
Child of: <input type="checkbox"/> this marriage <input type="checkbox"/> husband only <input type="checkbox"/> wife only adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Biological Parent of Child (if applicable):	

Are there any frozen and stored sperm, eggs or embryos that might create future children, or that should be disposed of in the Will? Yes No

If yes, please provide a copy of the contract with depository.

F. Other intended beneficiaries:

Name	Address	Relationship

G. Particulars as to family: (special needs, circumstances, or problems of particular members, adoptions, prior marriages, etc.)

H. In a generic reference to a person's spouse, do you want to include civil unions and domestic partners?
Yes No Other: _____

I. List any charitable beneficiaries:

J. Names, addresses and phone numbers of advisors:

Accountant: _____

Financial planner: _____

Insurance agent: _____

Investment advisor: _____

Trust officer: _____

Other: _____

II.

ASSETS AND LIABILITIES

A. Real estate: (including oil and other mineral interests)

Description & Location	Mortgage Amount	Gross Value	Ownership: (Husband, Wife or Joint*)

* NOTE: Property co-owned by you may be either as tenants in common (in which case each of your one-half interest passes under your will) or as joint tenants with right of survivorship (in which case your interest passes automatically at death to the surviving joint tenant). Special language is required to create a joint tenancy. Ownership simply in the names of husband and wife creates a tenancy in common.

B. Life insurance and non investment type annuities:

Name of Company Policy No. & Type	Owner of Policy	Face Amount	Name of Insured	Designated Beneficiaries (Primary and Contingent)

NOTE: If your estate plan may involve gifts of life insurance policies to attempt to remove them from your taxable estate, we will also need the present cash surrender value of each policy and the annual amount of premiums payable on each policy.

C. Checking and savings accounts:

Name of Bank & Location	Account Type	Typical Balance	Ownership: (Husband, Wife, Joint or POD*)

D. Government bonds: (federal, state, and municipal)

Type	Amount	Ownership

E. Corporate stocks and bonds (including mutual funds and investment type annuities):

Name of Company	Type and No. of Shares	Current Quotes	Value	Ownership

F. Notes and mortgages payable to you; accounts receivable owned by you:

Debtor	Type	Value	Ownership

G. Business interests: (closely held stock, partnership interests, etc.)

Description	Value	Ownership

H. Personal and household property: (including household articles, autos, jewelry, furs, sporting goods, art objects, collections, etc.)

Description	Value	Ownership

Description	Value	Ownership

I. Trusts, Powers of Appointment, Expectancies:

Description	Value	Ownership

J. Pension and Retirement Benefits: (including IRA, 401(k) plans, “qualified plans” and social security coverage)

Description	Value	Ownership	Beneficiary Designation

K. Other Assets: (including copyrights, patent rights, royalties, sports tickets, transferable club memberships, etc.)

Description	Value	Ownership

L. Liabilities: (including personal, business and life insurance loans, mortgages, notes, etc.)

Description	Creditor	Amount

M. Summary of Assets and Liabilities:

Description:	Husband	Wife	Joint*
7. Real estate			
8. Life insurance			
9. Checking and savings accounts			
10. Government bonds			
11. Corporate stocks and bonds			
12. Notes, mortgages and A/R			
13. Business interests			
14. Personal and household property			
15. Trusts, powers, expectancies			
16. Pension and retirement benefits			
17. Other assets			
Totals	\$	\$	\$
Less liabilities	\$	\$	\$
Net assets	\$	\$	\$

Description:	Husband	Wife	Joint*
Grand total			

*NOTE: The value of assets co-owned by husband and wife as tenants in common (as opposed to joint tenancy - see note on page 3) should be posted one-half to the husband's column and one-half to the wife's column.

N. Safety deposit box:

Bank	Box No.	Location of Key	Name or Names in which Rented

O. Community property:

Did you ever live in a community or marital property state (Louisiana, Texas, New Mexico, Arizona, California, Nevada, Washington, Idaho or Wisconsin)?

Yes No

If yes, please provide the dates of residence.

On a separate sheet, please list which of the family assets were acquired in that state during your period of residence.

III.

GIFT TRANSFERS

A. Taxable transfers:

Have you made gifts which may be reportable for gift tax purposes (or any more than \$10,000)?

Yes No Don't know

B. Returns:

Have you filed any gift tax returns?

Yes No

If yes, please attach copies of the returns.

IV.

EXISTING DOCUMENTS

Do you presently have:

- 1. A financial power of attorney? _____
- 2. A health care power of attorney? _____
- 3. Wills? _____
- 4. Revocable or irrevocable trusts? _____
- 5. Living will? _____
- 6. Pre-nuptial or post-nuptial contract? _____
- 7. If divorced, dissolution of marriage agreement or court order? _____

If so, please provide us with copies of these documents.

PROPOSED DESIGNATION OF PERSONAL REPRESENTATIVE, ETC.

A. Personal representative (executor) of your estate (primary and backup):

B. Personal guardian or guardians for minor children (primary and backup):

C. Holder of your financial power of attorney (primary and backup):

D. Holder of your health care power of attorney (primary and backup):

E. Trustee for any assets held in trust for minor children or other beneficiaries (primary and backup):

Signature

Signature