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ESTATE PLANNING AND WILL INFORMATION FORM

1. Testator/Testatrix (Person Making Will)

- a. Full name _____
- b. U.S. Citizen? _____
- c. Spouse or Partner's Name _____
- d. U.S. Citizen? _____
- d. Street Address _____
- e. City _____ State _____ Zip Code _____
- e. Telephone _____ Work Telephone _____
- f. E-mail _____

2. Children. (Please list all children. If you do not plan to provide for a child in your will, the child must be specifically omitted by name.)

<u>Name</u>	<u>Date of Birth</u>	<u>Married Name</u>	<u>Address</u>

- a. Are any children not children of both you and your spouse? Please list children and describe relationship.

b. Have any children received an advance on their inheritance or are any children financially indebted to you?

c. Is there any reason to treat your children other than equally?

d. Are any of the children spendthrifts?

e. Are any children under a disability?

3. **Grandchildren.** If any child predeceases parents, should his/her share pass through to his/her children? _____

4. **Guardian.** Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

a. First Choice: _____
Address: _____
Relationship (if any) _____

b. Alternate: _____
Address: _____
Relationship (if any) _____

5. Who should be the **custodian** of any amount that may become distributable to minor beneficiaries? The custodian is the person who will handle a minor's finances until age 18. The custodian may be the same as the guardian, but need not be the same person.

a. First Choice: _____
Address: _____
Relationship (if any) _____

b. Alternate: _____
Address: _____
Relationship (if any) _____

6. Do you wish to have a **trust** established for the benefit of your spouse and/or children?
_____ If so, please answer the following:

a. Who should be the trustee or trustees (more than one can act together)?

i. First Choice: _____
Address: _____
Relationship (if any) _____

ii. Alternate: _____
Address: _____
Relationship (if any) _____

b. How and when should the trust assets be distributed? (medical need, life events like marriage, education, etc., and/or specific age)

c. Ages for final distribution of all trust assets (for example 1/2 each at age 25 and 30).

d. Ages for distribution of trust assets to grandchildren.

7. How should your estate be distributed if your spouse and/or descendants do not survive you? (Example: one half to your heirs, half to your spouse's heirs, charity, etc. Keep in mind that the survivor of you and your spouse may have all of your joint assets at the time of death)

8. If you do not have children, please indicate to whom your estate should pass (beyond a spouse, if any) and what share to each person:

9. **Personal Representative.** Who should be Personal Representative (Executor) of your estate? (A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

a. First Choice (spouse or partner is normally named first)

Address: _____

Relationship (if any) _____

b. Alternate: _____

Address: _____

Relationship (if any) _____

10. **Homestead:**

a. Homestead Address: _____

b. Names of All Owners and how is property held (joint tenancy, tenancy in common, etc.): _____

c. Your wishes for disposition upon your death: _____

11. Do you own any **other real estate** interests? If so, please list the following:

a. Address/Legal Description: _____

b. Names of All Owners and how is property held (joint tenancy, tenancy in common, life estate, etc. if you know): _____

c. Your wishes for disposition upon your death: _____

12. **Personal Property.** Describe and give a value of any items of substantial value, such as automobiles, art, jewelry, etc. of which you wish to dispose in your will

Description

To Whom Should it Go

13. Do you wish to make reference in your will to a **separate list** of any specific bequests of items of personal property? (The advantage of such a list is that under Colorado law, it may be changed without changing your will.) _____

14. Do you have a special interest, church affiliation, alma mater, etc. to which you wish to make **charitable bequests**? _____
15. Do you have a **safe deposit box**? If so, where? _____
Who has access? _____
16. Do you expect any **inheritance** or income in the near future that could significantly increase your estate? _____
17. Do you have any **other assets** not already listed, such as business partnerships, copyrights or patents, that may be a part of your estate? _____

18. Is there **any other provision** that you would like made in your will that has not been dealt with on this form? _____

19. Are you interested in preparing a **Power of Attorney** granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? Who should be your agent?
- a. First Choice (usually spouse or partner): _____
Address: _____
Relationship (if any) _____
- b. Alternate: _____
Address: _____
Relationship (if any) _____
20. Are you interested in preparing a **Health Care Power of Attorney** granting another person the power to make medical decisions on your behalf if you become incompetent or unable to sign your name? Who should be your agent?
- a. First Choice (usually spouse or partner): _____
Address: _____
Relationship (if any) _____
- b. Alternate: _____
Address: _____
Relationship (if any) _____
21. Are you interested in preparing a **Declaration as to Medical Treatment** (Living Will) stating your preferences for health care if you are in a terminal condition? _____

a. How many days after you have been unconscious, comatose, or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person should your living will take effect if you have been diagnosed with a terminal condition? _____

b. If artificial nourishment is the only procedure being provided, how long should it be continued? _____

c. If there is a living will and a health care power of attorney, which of them should prevail if there is a conflict? _____

22. Do you have a premarital or marital agreement with your spouse? _____

23. So you have obligations under an **order for support** or a **decree of dissolution**? If so, please attach order or decree. _____

24. Do you have any special requests regarding **organ donation**? If so, what are your wishes?

WHEN YOU HAVE COMPLETED THIS FORM, PLEASE CONTACT ME TO
SCHEDULE A TIME TO MEET.