

# ESTATE PLANNING INFORMATION FORM



**THE COHEN LAW FIRM, P.C.**  
LEGAL, TAX & BUSINESS ADVISORS

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DATE: \_\_\_\_\_

## PERSONAL DATA

1. **Name** (including variations used in the titles to your property):

Husband: \_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_

2. **Home Address:**

Physical: \_\_\_\_\_

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

Mailing (If Different): \_\_\_\_\_

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

**Home Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

3. **Birthdate:** Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

4. **Citizenship:** Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

5. SSN: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

6. Date of Marriage: \_\_\_\_\_

7. Previous Marriage Husband: Wife:  
Yes  No  Yes  No

If yes, and if you are divorced, please bring a copy of the divorce decree to the office conference.

8. Marital Agreements? Husband: Wife:  
Yes  No  Yes  No

If yes, please bring a copy of the marital agreements to the office conference.

9. Present Employer:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

10. Any Current Health Issues (Please list):

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**CHILDREN**

(Include any deceased children and specify whether any of your children are from a prior marriage):

<u>Name</u>	<u>Date of Birth</u>	<u>Marital Status</u>	<u>Number of Their Children</u>	<u>Birth Dates</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Do any members of your family have any special needs for support or medical care (Please List)?**

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**FINANCIAL DATA**

**Do you currently work with a Financial/Investment Advisor?**      Yes       No

If yes, please list Contact Information: \_\_\_\_\_

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If no, are you interested in speaking with a Financial/Investment Advisor to review your current taxable and qualified retirement investment accounts?      Yes       No

**Do you currently work with an Insurance Agent/Broker?**      Yes       No

If yes, please list Contact Information: \_\_\_\_\_

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If no, are you interested in an receiving an insurance checkup which would include a review of your life, disability, health, long term care, home, auto, personal property, umbrella, domestic help, and non-profit board insurance?      Yes       No

**INCOME:**

**1.    Salary or wages (Yearly):**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**2. Dividends, interest, or other unearned income (Yearly):**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**3. Other sources of yearly income (Please List):**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

**ASSETS:**

**1. Real property** (please provide a copy of the deed(s) for each property. If there are two or more owners, specify whether the property is titled in joint tenancy or tenancy in common):

<u>Address or Description</u>	<u>Owner</u>	<u>Current Market Value</u>	<u>Mortgage Balance</u>	<u>Date Acquired</u>
_____				
_____				
_____				
_____				

**2. Retirement Plans** (check if applicable and provide copy of plan agreement):

<u>Company/ Employer</u>	<u>Account Number</u>	<u>Approximate Balance</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
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401(k): \_\_\_\_\_

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IRA(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Roth IRA(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Keogh: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_

Pension: \_\_\_\_\_

Veterans Benefits: \_\_\_\_\_

§529 Education Plans or Educational IRAs: \_\_\_\_\_

Other (Please List): \_\_\_\_\_  
\_\_\_\_\_

**3. Securities (not held in qualified retirement plans):**

**a. Stocks** (if there are two or more owners specify whether the stocks are titled in joint tenancy or tenancy in common):

<u>Name of Security</u>	<u>Current Fair Market Value</u>	<u>Date Acquired</u>	<u>Owner(s)</u>	<u>POD/TOD Beneficiary</u>
_____				
_____				
_____				

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**b. Bonds** (if there are two or more owners specify whether the bonds are titled in joint tenancy or tenancy in common):

<u>Corp. Name or Gov't Inst.</u>	<u>Current Fair Market Value</u>	<u>Date Acquired</u>	<u>Owner(s)</u>	<u>POD/TOD Beneficiary</u>
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**c. Mutual Funds** (if there are two or more owners specify whether the funds are titled in joint tenancy or tenancy in common):

<u>Company Name</u>	<u>Current Market Value</u>	<u>Date Acquired</u>	<u>Owner(s)</u>	<u>POD/TOD Beneficiary</u>
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**4. Savings accounts, checking accounts, certificates of deposit** (if there are two or more owners specify whether the accounts are titled in joint tenancy or tenancy in common):

<u>Institution</u>	<u>Type of Account</u>	<u>Approximate Balance</u>	<u>Account Owner(s)</u>	<u>POD Beneficiary</u>
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**5. Life Insurance** (individual or group, single life or joint/survivor):

<u>Company Name</u>	<u>Term, Whole Life, Group or other</u>	<u>Face Amount</u>	<u>Name of Insured(s)</u>	<u>Owner(s)</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
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**6. Annuities:**

<u>Company Name</u>	<u>Policy No.</u>	<u>Face Amount</u>	<u>Total Contributions</u>	<u>Owner(s)</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>
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**7. Business interests** (check if applicable and bring a copy of Partnership, LLC Operating, Bylaws and/or Shareholder's Agreement to the office conference).

<u>Name of Business</u>	<u>Owner</u>	<u>% Owned</u>	<u>Value</u>
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Sole Proprietorship: \_\_\_\_\_

Close Corporation (C or Sub S): \_\_\_\_\_

General Partnership: \_\_\_\_\_

Limited Partnership: \_\_\_\_\_

Limited Liability Company: \_\_\_\_\_

Other: \_\_\_\_\_

**8. Personal property of unusual value and any other significant assets (including promissory notes):**

<u>Item</u>	<u>Owner</u>	<u>Approximate Value</u>
_____		
_____		
_____		
_____		

**9. Possible inheritances:**

<u>Person</u>	<u>Relationship</u>	<u>Estimated Amount</u>
_____		
_____		
_____		

**10. Do you have a safety deposit box?      Yes       No**

Institution: \_\_\_\_\_

Name(s) of box owner(s): \_\_\_\_\_



**11. Please check the community property states in which you have lived since you have been married:**

- |            |                          |            |                          |
|------------|--------------------------|------------|--------------------------|
| Alaska*    | <input type="checkbox"/> | Nevada     | <input type="checkbox"/> |
| Arizona    | <input type="checkbox"/> | New Mexico | <input type="checkbox"/> |
| California | <input type="checkbox"/> | Texas      | <input type="checkbox"/> |
| Idaho      | <input type="checkbox"/> | Washington | <input type="checkbox"/> |
| Louisiana  | <input type="checkbox"/> | Wisconsin  | <input type="checkbox"/> |

\*elective community property

**LIABILITIES** (other than mortgages listed under real property and current credit card balances):

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**ESTATE PLANNING QUESTIONNAIRE**

**1. Please indicate whether you have executed any prior estate planning documents (please provide a copy of any prior documents):**

- |                                  | Husband:   | Wife:  |
|----------------------------------|--|--|
| Will                             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Memorandum for Personal Property | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Revocable/Living Trusts          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Durable Power of Attorney        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Medical Power of Attorney        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Living Will                      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |



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**7. Contingent disposition clause in the event that all named beneficiaries predeceases you or dies in a common accident:**

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**8. If you have minor children, who would you like to nominate as guardian for them (Please list name and address of each guardian)?**

Initial Guardian(s): \_\_\_\_\_

Successor Gurdian(s): \_\_\_\_\_

**9. Desires concerning disposition of assets held in trust for children/grandchildren (Please list years of age for disposition, and any other conditions)**

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**10. Who would you like to nominate as personal representative (executor) and of your estate (Please list name and address of each personal representative)?**

Initial Personal Representative: \_\_\_\_\_

Successor Personal Representative: \_\_\_\_\_

**11. Who would you like to nominate as trustee of any trusts under your will (Please list name and address of each trustee)?**

Initial Trustee(s): \_\_\_\_\_

Successor Trustee(s): \_\_\_\_\_

**12. Who would you like to nominate as agent under your durable power of attorney (Please list name and address of each agent)?**

Initial Agent: \_\_\_\_\_

Successor  
Agent: \_\_\_\_\_

**13. Who would you like to nominate as agent under your medical power of attorney (Please list name and address of each agent)?**

Initial Agent: \_\_\_\_\_

Successor  
Agent: \_\_\_\_\_

**14. Memorial wishes:**

**A. Husband**

Burial: Yes  No

Cremation: Yes  No

Prior or prepaid arrangements: Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

**B. Wife**

Burial: Yes  No

Cremation: Yes  No

Prior or prepaid arrangements: Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

