

Attorney at Law

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## Confidential Estate Planning Questionnaire

During our meeting, we will discuss our recommendations for your estate planning, and in most cases, we will provide you with a flat fee quote to complete the documents. Here are the documents which we may discuss during our meeting:

1. Will – Distributes your property at your death, and selects the person in charge of that process.
2. Financial Power of Attorney – Names “agents” to manage your property if you are unable to do so yourself while alive
3. Medical Power of Attorney – Names “agents” to make medical decisions if you are unable to do so yourself while alive
4. Living Will – Gives binding, advance directions as to whether life support and artificial nourishment should be continued in end-of-life scenarios
5. Declaration of Disposition of Last Remains – Gives directions as to cremation/burial and your final resting place
6. Revocable Living Trust – If recommended, will hold your property during your life and distribute it upon your death without the need for probate
7. Deeds (Warranty Deed, Quitclaim Deed, or Beneficiary Deed) – These relate to the ownership of your real property. We will discuss whether any changes should be made to the titling of your real property

The information that we gather in this document is intended to help us guide you through the important decisions you will make during the estate planning process. This guide asks many questions regarding your finances. *We do not* need exact dollar amounts; estimations are adequate. It is important that you use this process to think about what your resources are, and it is important for us to know this information to properly advise you on how to manage those resources upon your incapacity or death. We use this information so that we can have informed discussions with you and make sure that your estate plan is cohesive and comprehensive.

**I. Who Are You?**

A good estate plan begins with an understanding of who you are and what preferences, commitments, and obligations you have.

What is your legal name? \_\_\_\_\_ Date of Birth? \_\_\_\_\_

Do you use other names? If so, what are they? \_\_\_\_\_

Where do you live?

Where do you work?

Street: \_\_\_\_\_

Employer: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Are you a United States citizen? Y N

Are you: Single Married Widowed Divorced Separated

If married, what is your spouse's name: \_\_\_\_\_

Is your spouse a United States citizen? Y N Spouse's birthdate: \_\_\_\_\_

Have you (or your spouse) been married before? You \_\_\_\_\_ (Spouse \_\_\_\_\_)

Do you (or your spouse) have children by a previous marriage? You \_\_\_\_\_ (Spouse \_\_\_\_\_)

Do you have a Will? \_\_\_\_\_ If so, when was it made? \_\_\_\_\_

Does your spouse have a Will? \_\_\_\_\_ If so, when was it made? \_\_\_\_\_

Does anyone hold Power of Attorney for you? If so, who? \_\_\_\_\_

For your spouse? If so, who? \_\_\_\_\_

Do you (or your spouse) have a Living Will? You \_\_\_\_\_ (Spouse \_\_\_\_\_)

Are there any unusual circumstances you need to plan for in your Will?

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

Do you (or your spouse) anticipate *receiving* an inheritance which might affect the value of your estate?

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you want to include anything relating to your religion in your will; such as a statement of faith?

If so, please describe: \_\_\_\_\_

**When you leave, what is your Plan? Please think about backups, or successors.**  
Where do you want your property to go? These are your beneficiaries.

**SPOUSE 1**

Who do you want to see that the terms of your Will are followed?  
(This is a “Personal Representative.”)

Who do you want to care for your minor children, if any?(These are “Guardians.”)

Who do you want to manage money and property for your minor or young adult children, if any?  
(This is a “Trustee.”)

Who do you want to appoint as your agent for your Medical Power of Attorney?

Who do you want to appoint as your agent for your Financial Power of Attorney?

Is there anyone who may receive property through your estate plan who may have special needs or receive any public benefits due to disability?

Do you want to leave any percentage of your estate to charitable organizations?

Do you have any specific desires as to disposition of your remains?

**When you leave, what is your Plan? Please think about backups, or successors.**  
Where do you want your property to go? These are your beneficiaries.

## SPOUSE 2

Who do you want to see that the terms of your Will are followed?  
(This is a “Personal Representative.”)

Who do you want to care for your minor children, if any?(These are “Guardians.”)

Who do you want to manage money and property for your minor or young adult children, if any?  
(This is a “Trustee.”)

Who do you want to appoint as your agent for your Medical Power of Attorney?

Who do you want to appoint as your agent for your Financial Power of Attorney?

Is there anyone who may receive property through your estate plan who may have special needs or receive any public benefits due to disability?

Do you want to leave any percentage of your estate to charitable organizations?

Do you have any specific desires as to disposition of your remains?

***Who Are The People You Care About?***

(Use next page for Spouse's answers.)

	<b>Full Name (include Middle name)</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Date of Death</b>
<b>Spouse</b>				
<b>Children</b>				

**Other family members and friends who will be included in your documents and/or named to help with your affairs:**

<b>Relationship</b>	<b>Full Name (include Middle name)</b>	<b>Address or other contact info</b>	<b>Notes</b>

Other than family members, are there people or organizations you want to provide for in your Will?

(Include address) \_\_\_\_\_  
\_\_\_\_\_

**Spouse's Responses .**

	<b>Full Name (include Middle name)</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Date of Death</b>
<b>Spouse</b>				
<b>Children</b>				

Other family members and friends who will be included in your spouse's documents and/or named to help with your affairs:

<b>Relationship</b>	<b>Full Name (include Middle name)</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Date of Death</b>

Other than family members, are there people or organizations you want to provide for in your Will?

(Include address) \_\_\_\_\_  
 \_\_\_\_\_

**What do you own?**

Ownership: H=Husband

W=Wife

JT=Joint Tenancy

CP=Community Property

**Bank Accounts:**

Checking

Savings

Certificates of Deposit

Bonds

Notes, Mortgages, owed to you/spouse

Tangible Personal Property

Current Value

\*Owner

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Real Estate:**

State

Value

Mortgage

Equity

Owner

Residence

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

Other Real Estate

\_\_\_\_\_

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(including Mineral

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Rights)

\_\_\_\_\_

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\$ \_\_\_\_\_

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\_\_\_\_\_

**Retirement Plans:** 401(k), IRA (Indicate Roth and Traditional), 403(b), TSP, Pension, Profit Sharing

Owner

Type

Approximate Value

Beneficiary or Beneficiaries

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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**Life Insurance and/or Annuities:**

Company

Type

Face Amt

Insured

Beneficiary

Cash Value

Owner

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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**Non-Retirement Investment Accounts (Mutual Funds, Stock)**

Name of Company

Value

Owner

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

**Business Interests:**

Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Form of Business (Circle): Sole Proprietorship ; Sub-chapter S Corporation; Partnership;  
Professional Corporation; Corporation; Limited Liability Company (LLC)

Do you have business organizational documents? \_\_\_\_\_

Approximate Valuation: \_\_\_\_\_

Do you expect the business to continue after your death? \_\_\_\_\_

**Deferred Compensation Agreement:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe provisions and funding: \_\_\_\_\_

**Stock Bonus, Stock Option, or Thrift Plan:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe Provisions: \_\_\_\_\_

\_\_\_\_\_

**Firearms:**

We ask these questions because Colorado has firearms laws involving private transfers of firearms and firearm accessories which could affect the planning and administration of your estate.

Do you own firearms \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own any Title II Firearms (those regulated by the National Firearms Act which require an ATF Tax Stamp)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own any large capacity magazines (greater than 15 rounds) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Current Professional Advisors/Contacts:**

Financial Advisor: \_\_\_\_\_

Accountant/Taxes: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

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

Please let us know if you are interested in referrals to other advisors.