

ESTATE PLANNING – CLIENT INTAKE FORM**KIRCH ROUNDS & BOWMAN PC**

Marketplace Tower II, 3025 S. Parker Road, Suite 820
 Aurora, Colorado 80014
 Telephone: (303) 671-7726
 Fax: (303) 671-7679
 Email: lawoffice@dwkpc.net

INSTRUCTIONS: Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank.

Please be sure to complete the summary of assets on the final pages of this form. It is important that we get a comprehensive overview of your financial circumstances so that we can work with you to prepare an estate plan that best meets your needs. We will be relying on the information you provide to us with respect to such things as your family information, estate planning goals, assets you own, how your assets are titled, the value of your assets, and the amount of any debts against your assets. If the information provided to us is not correct, then the plan we prepare for you may not be appropriate or may not work as intended. Therefore, please make sure that all information you provide to us is accurate. If you are unsure about any of that information, please let us know so that we can help you make sure the information is correct.

Once you have completed the form, please mail, fax, email, or drop the form by our office. A member of our firm will be in contact with you to discuss the form.

I. CLIENT INFORMATION

Do you want estate plans prepared for both you and your spouse (if married)? ☐ Yes ☐ No

Client #1 (You): full legal name: _____

Client #2 (Your spouse, if applicable): full legal name: _____

Street address: _____

City, state, and zip: _____

County of residence: _____

Telephone: Home: _____ Cell: _____ Work: _____

Facsimile: _____

Email: _____

Marital status: _____ Date of marriage: _____

Date of birth: You: _____ Your spouse: _____

Citizenship: You: _____ Your spouse: _____

Have you or your spouse been married previously? ☐ Yes ☐ No

▪ If yes, do you have any continuing obligations from a prior divorce? ☐ Yes ☐ No

▫ If so, please describe: _____

Do you/your spouse have current Wills? ☐ Yes ☐ No

▪ If yes, **please bring all originals to our appointment.**

If you or your spouse have ever lived in any of the following states, please check which states and provide the dates of residence for each state below:

<u>Dates of residence</u>	<u>Dates of residence</u>
<input type="checkbox"/> 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: _____

II. FAMILY INFORMATION

Please list the legal names and birthdays of all your and your spouse's children, and the number and age of each child's own children (if any). Please include the names of any deceased children of you or your spouse, and whether such deceased child had any children.

Spouse #1 (You):

Child: Full Name	Child: Date of Birth	Grandchildren: # and Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Spouse #2 (Your Spouse, if applicable): *(if different from yours)*

Child: Full Name	Child: Date of Birth	Grandchildren: # and Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Are there any instances of adoption in your family (including adoption of a child by a grandparent, a parent, a stepparent, you, or another family member)? ☐ Yes ☐ No

If yes, please describe: _____

III. ESTATE PLANNING INFORMATION

1. Nomination of Fiduciaries

- ❖ A **personal representative** (or “executor”) is the person who manages your assets after your death, coordinates with the probate court, and distributes your estate according to your Will. Who would you like to be your personal representative?

<u>Legal Name</u>	<u>Relationship to You</u>	<u>Address (if not a relative)</u>
1. _____		
2. _____		
3. _____		

- ❖ A **trustee** is the person who will manage assets after your death for any minor children, minor grandchildren, disabled beneficiaries of your estate, or your surviving spouse, as applicable. A trustee may also be appointed to manage your assets during your own lifetime in certain circumstances. Who would you like to be your trustee?

<u>Legal Name</u>	<u>Relationship to You</u>	<u>Address (if not a relative)</u>
1. _____		
2. _____		
3. _____		

- ❖ A **guardian** is the person who will take care of your minor children after your death. Who should be the guardian of your minor children (if applicable)?

<u>Legal Name</u>	<u>Relationship to You</u>	<u>Address (if not a relative)</u>
1. _____		
2. _____		
3. _____		

Do you want to exclude a former spouse from acting as guardian? ☐ Yes ☐ No

- If so, please provide name of former spouse: _____

- ❖ A **Durable Financial Power of Attorney** authorizes someone to act on your behalf for **financial** decisions during your lifetime. Who would you like to name as your agent to act on your behalf?

Legal Name

Relationship to You

Address (if not a relative)

1. _____
2. _____
3. _____

Would you like two or more of the above-named agents to be co-agents, each with the ability to act individually and without the joinder of the other co-agent(s)? (*This can provide increased flexibility in the event the first-named agent is unable to act, but could cause undesired complications if the co-agents cannot agree as to decisions regarding your financial and/or legal affairs.*) ☐ **Yes** ☐ **No**

- ❖ A **Medical Durable Power of Attorney** authorizes someone to act on your behalf for **medical** decisions during your lifetime. Who would you like to name as your agent to act on your behalf?

Legal Name

Relationship to You

Address (if not a relative)

☐ Same agents as listed above

1. _____
2. _____
3. _____

Would you like two or more of the above-named agents to be co-agents, each with the ability to act individually and without the joinder of the other co-agent(s)? (*This can provide increased flexibility in the event the first-named agent is unable to act, but could cause undesired complications if the co-agents cannot agree as to decisions regarding your medical care.*) ☐ **Yes** ☐ **No**

- ❖ An **Advance Directive for Medical/Surgical Treatment** (also called a “Living Will”) is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances.

- Do you and your spouse want a Living Will? ☐ **Yes** ☐ **No**
- If so, do you want your agent under your Medical Durable Power of Attorney to have the power to override the choices you select in your Living Will? ☐ **Yes** ☐ **No**

2. Special Circumstances

Family Circumstances:

- Do you want to disinherit anyone? ☐ Yes ☐ No
- Is anyone likely to contest your Will? ☐ Yes ☐ No
- Is anyone on governmental assistance? ☐ Yes ☐ No
- Does anyone have special needs, disabilities, or addictions? ☐ Yes ☐ No
- Will anyone need to enter a nursing home soon? ☐ Yes ☐ No
- Does anyone have creditor problems? ☐ Yes ☐ No
- Is divorce a concern for anyone? ☐ Yes ☐ No
- Other: _____

If you answered "Yes" to any of the above, please explain: _____

Financial Circumstances:

- Do you or your spouse have a premarital/marital agreement? ☐ Yes ☐ No
- Have you or your spouse ever filed gift tax returns? ☐ Yes ☐ No
- Do you or your spouse own any of the following:
 - Assets outside Colorado? ☐ Yes ☐ No
 - Oil, Gas, Mineral Interests? ☐ Yes ☐ No
 - Agricultural interests? ☐ Yes ☐ No
 - Water rights? ☐ Yes ☐ No
 - Timeshare or vacation home? ☐ Yes ☐ No
 - Family business? ☐ Yes ☐ No
- Are you the beneficiary of any existing trust? ☐ Yes ☐ No
- Is your total combined estate close to or over \$5 million? ☐ Yes ☐ No
- Do you have a long-term care policy? ☐ Yes ☐ No
 - If yes, what are the benefits payable (per day or total)? \$ _____

If you answered "Yes" to any of the above, please describe: _____

3. Distribution of Estate

1. Would you like to make gifts in your Will of any specific assets? ☐ Yes ☐ No
If so, please describe the specific asset(s) and to whom you would like such asset(s) to pass:

2. Please describe to whom you would like the rest of your estate distributed under your Will, and in what manner: _____

3. If any of the above-named beneficiaries die before you, who would you want to be your backup beneficiary(ies) under your Will? _____

4. Do you have any retirement accounts, life insurance policies, annuities, or other financial accounts on which you have designated beneficiaries? ☐ Yes ☐ No
 - If so, do you want to update the beneficiary designations on these accounts so that these accounts pass upon your death in harmony with your Will? ☐ Yes ☐ No
5. The provisions under your Will allow your personal representative to hold the gift to any beneficiary in trust until he/she reaches age 25.
 - Would you like the age of trust dissolution and outright distribution to be different than age 25? ☐ Yes ☐ No If so, please specify what age: _____
6. Do you have a written list of your passwords and other information relating to your digital assets, and if so, have you advised your agents and nominated personal representative of the location of this information? ☐ Yes ☐ No
7. Would you like to discuss any Medicaid planning issues, either for yourself or for another family member? ☐ Yes ☐ No

IV. SUMMARY OF ASSETS

Please list all your assets on the below form. You may use “ballpark” figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset.

ASSETS			OWNERSHIP (state the approximate value of each asset under one of the three corresponding ownership boxes below)		
Category	Type	Description (Address or Financial Inst.)	Client #1 (You)	Client #2 (Your Spouse)	Jointly Owned
REAL PROPERTY	Primary residence				
	Other real estate				
	Timeshares				
	Oil, gas, and mineral interests				
CASH AND SECURITIES	Checking accts.				
	Savings accts.				
	CDs				
Stocks and bonds					
Savings bonds, T-bills, etc.					
INVESTMENT ACCOUNTS	Mutual funds				
	Life Insurance				
	Annuities				

ASSETS			OWNERSHIP (state the approximate value of each asset under one of the three corresponding ownership boxes below)		
Category	Type	Description (Address or Financial Inst.)	Client #1 (You)	Client #2 (Your Spouse)	Jointly Owned
RETIREMENT ACCOUNTS	IRAs				
	401(k)s				
	Pensions				
Other					
BUSINESS INTERESTS	LLCs, partnerships, corporations, etc.				
PERSONAL PROPERTY	Cars and trucks				
	Household furnishings				
	Jewelry				
	Recreation equipment				
	Firearms				
	Collectibles				
Other					
MISC.	Loans receivable				
	Prospective inheritances				
	Interests in trusts				
	Digital assets				
	Intellectual property rights				
	Other				
TOTAL ASSETS			\$	\$	\$

Explanation of Billing and Other Policies

We are giving this explanation of our billing procedures to you as a potential client. Please do not hesitate to ask us any questions you may have regarding our usual billing practices.

1. Attorneys' Fees. Fees are based on the time it takes to perform your services and are calculated at each attorney's or staff member's hourly rate. The hourly rates are \$290.00 per hour for David W. Kirch, Esq. (\$365.00 per hour for litigation or complex matters), \$275.00 per hour for Charles E. Rounds, Esq. and Emily L. Bowman, Esq. (\$325.00 per hour for litigation or complex matters), \$225.00 per hour for associate attorneys (\$275.00 per hour for litigation or complex matters), and \$175.00 per hour for paralegals, legal assistants, and law clerks. Time is kept in 1/10 of an hour increments. Internally, time is recorded for all services rendered on your behalf, including but not limited to research, drafting, document review, telephone and office conferences, conferences with attorneys within the firm and outside the firm, correspondence (including email correspondence), execution of documents, preparing and filing estate administration and litigation documents with the court, and, if any matter requires litigation, drafting, and filing pleadings, appearing at court and depositions, trial preparation, and trial.

2. Estimates. We do not offer a "free initial consultation," other than for time discussing our qualifications and services. Any estimate given for services is just that – an estimate. Completion of your services may take more or less time than originally estimated, depending on your individual needs. We do follow a practice of giving fee estimates for estate planning work, once our client intake form has been filled out and returned to us and we have had a chance to gather and review any other necessary information about the potential client's situation. Your completion and our review of a client intake form does not, in itself, constitute the creation of any attorney-client relationship or oblige you to pay for our time until you have asked us to perform work on your behalf. Because we customarily bill monthly, you will be aware within a relatively short period of time of the work being performed and its cost.

3. Expenses. These are out-of-pocket expenses the firm incurs during the performance of your legal services for which you will be billed. Costs include but are not limited to such things as filing fees, costs of obtaining medical records, appraisals, ownership and encumbrance reports, recording fees, heir searches, postage and courier fees, photocopies, and transportation. This list is not exhaustive, and costs may be incurred for items other than these examples. While we try to include these client costs in the statement for the month in which the charges are incurred, some charges may not be available to us until later, in which case these additional charges will be included in a subsequent statement.

4. Monthly Statements. Our billing cycle is from the first day of the month to the last day of the month. You will customarily receive a statement around the beginning of each month which will include a summary billing for the services rendered and costs incurred for the previous month. The statement is due and payable thirty days from the statement date. All accounts that have been outstanding more than thirty days from the statement date will be assessed a monthly late charge equal to one percent (1%) of the amount of past due attorneys' fees, costs, and previous late charges. Expressed as an interest rate, the late charge is equivalent to approximately twelve percent (12%) per annum. Any fees paid in advance will be held in a COLTAF (Colorado Lawyer Trust Account Foundation) account.

If we have to take steps to collect any outstanding sum owed by you to the firm, you will be obligated to pay all costs incurred by the firm in collection, including reasonable attorneys' fees. If you ever have questions about your bill, we are always available to discuss it. We do not charge for time spent discussing billing matters.

5. Information Provided to Us. To develop our recommendations for your circumstances, and to prepare the appropriate documents, we will need accurate personal and financial information. We will be relying on information that you provide to us with respect to such things as your personal information, your goals, and other circumstances relevant to your situation. If we are engaged in estate planning or estate administration, this would include the assets you and/or the decedent own, how assets are titled, the value of the assets, and the amount of any debts against the assets. If the information provided to us is not correct, then the plan we prepare for you may not be appropriate or may not work as intended. Therefore, please make sure that all information you provide to us is accurate. If you are unsure about any of that information, please let us know so that we can help you make sure the information is correct.

6. Joint Representation; Confidentiality. Communications between you and your lawyer are generally confidential and privileged. However, when we represent two parties jointly, each of you will be our client, and our communications with either of you will not be protected from disclosure to the other. Therefore, we cannot agree with either of you to withhold information from the other. We will also not give legal advice to either of you or make any changes to any of your estate plan documents without your mutual knowledge and consent.

If you engage us for estate planning work and we are later engaged to represent your nominated or appointed personal representative of your estate (or if such person contacts our office for information about your estate plan) after you pass away, it may become necessary for us to release certain privileged or confidential information to properly administer your estate. By engaging our firm to represent you in relation to your estate planning, you authorize our firm to later release to your personal representative privileged or confidential information to the extent necessary to properly administer your estate and defend your will or trust as necessary.

7. Termination of Representation upon Completion of Current Matter. Once we have completed work on the current matter for which you have requested our services, our representation of you will come to an end. We will continue to hold any of your original documents you may have asked us to hold, including your original estate plan documents; however, this does not constitute our continued legal representation of you. We will, of course, be pleased to have the opportunity to serve you again if the need arises. If we have provided estate planning services, you should be mindful of the fact that the nature and extent of your assets could change in the future. The services we are providing to you will be based on your current assets, current estate planning goals, and the present state of the law. However, tax and other laws may change in the future, in which case your estate planning documents may need to be revised.

Although we may, from time to time, send you general updates regarding changes in the law, because of the large number of clients we represent, we cannot undertake to advise you if changes in the law occur that affect your specific situation, nor will we specifically review your file annually or on any other regular basis, unless requested to do so. Accordingly, we recommend that you call us or another attorney if your estate changes in size or type of assets, if your estate planning goals or other circumstances change, or if you read about changes in the law that you think may affect you.

8. File Retention and Destruction. At the conclusion of this matter, we will retain your files for a period of ten years after we close our file. At the expiration of the ten-year period, we will destroy these files unless you notify us in writing that you wish to take possession of them. These files may contain information needed in the future for tax or other purposes. We reserve the right to charge administrative fees and costs associated with researching, copying, and delivering such files. Please note that any original documents you have asked us to hold will not be destroyed at the expiration of the ten-year period but will be retained until we are directed otherwise.

A client's signature sent by fax or email or a client's digital signature will be sufficient acknowledgment and agreement with the terms of this form.

☐ I / ☐ We, _____ (print name(s)), have read and understand the above fee arrangement of Kirch Rounds & Bowman PC on this _____ day of _____, 2025.

Signature

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Signature

Signature