

ESTATE PLANNING ORGANIZER

Using this organizer will assist in designing estate plan documents which meet your goals.

ALL INFORMATION WHICH YOU PROVIDE IS PRIVILEGED AND STRICTLY CONFIDENTIAL.

The appointment is scheduled for: _____

Day & Time is: _____

Please bring this Organizer with as much completed as possible. However, please don't worry if you are unable to fill it out entirely.

Also, please bring any prior wills, powers of attorney, health care directives, or trusts that you have signed in the past, if any.

BUCKLEY LAW

For the things that matter.

LEGACY PLANNING...ASSET PROTECTION...WEALTH PRESERVATION...SINCE 1991

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Part I
PERSONAL INFORMATION

Client #1

Full Name: _____
 FIRST MIDDLE LAST

Are you a U.S. Citizen? ___Y___N If No, Country of Citizenship: _____

Birthdate: _____ Social Security No. _____ (at least last 4 #s)

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing address if different: _____

County (e.g. El Paso, Douglas): _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email address: _____ [] It is okay for you to contact me via my email

Current Employer: _____ Position: _____

Retired from: _____ Position: _____

Did you serve in any Armed Forces, Coast Guard, or US Public Health Service (either Active, NG or Reserve)? ___Y___N

If yes, please list military branch of service, service dates, and final rank/grade: _____

Are you retired military? Retired federal civil service? ___Y___N If yes, please list military branch or govt. agency, service dates, and final rank/grade: _____

Your prior marriages and divorces (or date of spouse's death):

1. Prior spouse name: _____
 Marriage Date: _____ Date of Death: _____
 Dissolution Date: _____ County & State: _____

2. Prior spouse name: _____
 Marriage Date: _____ Date of Death: _____
 Dissolution Date: _____ County & State: _____

Upon your death, do you want to be cremated or buried? Cremation Burial Other: _____

How did you find out about Buckley Law Offices, P.C.? _____

Additional Questions

Please check the appropriate box.	YES	NO
Are you receiving Social Security, disability, or other governmental benefits? If yes, describe: _____		
Are you making payments pursuant to a divorce, child support, or property settlement order? If yes, describe: _____		
If married, have you and your spouse signed a pre-nuptial or post-nuptial contract? If yes, describe: _____		
If you have been widowed, was a federal estate tax return or a state death return filed? If yes, describe: _____		
Have you ever filed a gift tax return (state or federal)? If yes, describe: _____		
Have you completed a previous will, trust, or estate planning? If yes, describe: _____		
Do you have any personal or business obligations which materially affect your estate planning? If yes, describe: _____		
Do you own property in any other state than Colorado? If yes, describe: _____		
Do you own property in any other country than the United States? If yes, describe: _____		
Do you want to make charitable gifts, such as to a church or other institutions? If yes, describe: _____		
Do you want to provide for grandchildren directly? If yes, describe: _____		
Do you want to disinherit a spouse? If yes, describe: _____		
Do you think anyone will contest your estate plan? If yes, describe: _____		
Do you wish to make a financial gift to a specific person, other than your heirs? If yes, describe: _____		

If all of your natural heirs (spouse/children/grandchildren) have predeceased you, to whom would you want your estate to be distributed to; i.e. siblings, charities, etc.? _____

Client #2 (Spouse or Partner)

Full Name: _____
FIRST MIDDLE LAST

Are you a U.S. Citizen? ___Y___N If No, Country of Citizenship: _____

Birthdate: _____ Social Security No. _____ (at least last 4 digits)

Cell Phone: _____ Business Phone: _____

Email address: _____ [] It is okay for you to contact me via my email

Current Employer: _____ Position: _____

Retired from: _____ Position: _____

Did you serve in any Armed Forces, Coast Guard, or US Public Health Service (either Active, NG or Reserve)? ___Y___N

If yes, please list military branch of service, service dates, and final rank/grade: _____

Are you retired military or federal civil service? ___Y___N If yes, please list military branch or govt. agency,
service dates, and final rank/grade: _____

Date of current marriage: _____

Your prior marriages and divorces (or date of spouse's death):

1. Prior spouse name: _____

Marriage Date: _____ Date of Death: _____

Dissolution Date: _____ County & State: _____

2. Prior spouse name: _____

Marriage Date: _____ Date of Death: _____

Dissolution Date: _____ County & State: _____

Upon your death, do you want to be cremated or buried? Cremation Burial Other: _____

Additional Questions

Please check the appropriate box.	YES	NO
Are you receiving Social Security, disability, or other governmental benefits? If yes, describe: _____		
Are you making payments pursuant to a divorce, child support, or property settlement order? If yes, describe: _____		
If married, have you and your spouse signed a pre-nuptial or post-nuptial contract? If yes, describe: _____		
If you have been widowed, was a federal estate tax return or a state death return filed? If yes, describe: _____		
Have you ever filed a gift tax return (state or federal)? If yes, describe: _____		
Have you completed a previous will, trust, or estate planning? If yes, describe: _____		
Do you have any personal or business obligations which materially affect your estate planning? If yes, describe: _____		
Do you own property in any other state than Colorado? If yes, describe: _____		
Do you own property in any other country than the United States? If yes, describe: _____		
Do you want to make charitable gifts, such as to a church or other institutions? If yes, describe: _____		
Do you want to provide for grandchildren directly? If yes, describe: _____		
Do you want to disinherit a spouse? If yes, describe: _____		
Do you think anyone will contest your estate plan? If yes, describe: _____		
Do you wish to make a financial gift to a specific person, other than your heirs? If yes, describe: _____		

If all of your natural heirs (spouse/children/grandchildren) have predeceased you, to whom would you want your estate to be distributed to; i.e. siblings, charities, etc.? _____

Children

Please use full legal name of every child, biological or adopted, alive or deceased. In "Parent" column, please notate "B" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

Full Legal Name, address and telephone number	Birth Date	Parent	<u>M</u>(ale) or <u>F</u>(emale)

Questions About Your Children or Other Beneficiaries:

1. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or handicap?

Y N Please describe: _____

2. Do any of your children or beneficiaries have special educational, medical, or physical needs?

Y N Please describe: _____

3. Do you have child or beneficiary with a learning disability?

Y N Please describe: _____

4. Are any of your children or beneficiaries institutionalized?

Y N Please describe: _____

5. Are any of the above children deceased, adopted or that you want to disinherit?

Y N Please list: _____

6. Any deceased children that left children of their own?

Y N Please list: _____

Do any of your children or beneficiaries have any other special needs or circumstances that are of concern to you? If yes, please describe _____

Other Dependents

Do you or your spouse have anyone who depends on either of you for all or part of their support?

Y N if yes, please list: _____

Part II
ASSET INFORMATION

Bank Accounts

Please indicate using the following abbreviations: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM”.

Institution	Type	Owner	Amount

Note: If an account is in your name but for the benefit of a minor, please indicate and give minor’s name.

Real Property

Any interest in real estate including your family residence, vacation home, rental properties, timeshare, vacant land, etc. If possible, please furnish a copy of the deed for each piece of real estate.

General Description and Address	Owner	Market Value	Loan Balance

Personal Effects

List separately any personal items (such as jewelry, collections, antiques, furs, firearms, etc.) where its individual value exceeds \$50k.

Type or Description	Owner	Approximate Market Value

Special Motorized Asset

Please list any RV, Airplane, or any Auto worth more than \$100k.

Description	Owner	Market Value	Loan Balance

Stocks, Bonds and Investment Accounts

Please list any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

Holder	Type	Owner	Amount

Retirement Plans

Please indicate using specifics with abbreviations; i.e. IRA, IRA ROTH, SEP, 401(k), 403 (b), etc.

Plan Name	Type	Owner	POD/TOD beneficiary	Amount

Life Insurance Policies and Annuities

Term, whole life, split dollar, group life, annuity.

Company	Type	Insured	Beneficiary	Death Benefit

Business Interests

General and Limited Partnerships, Sole Proprietorships, Limited Liability Companies, privately-owned corporations, professional corporations, oil interests, farm interests, and ranch interests. Additional Information: Give a description of the interest, who holds the interest, your ownership in the interest, and the estimated value of the interest.

Money Owed To You

Promissory notes or other moneys payable to you.

Name of Debtor	Relationship	Owed to	Date of Note	Date of Maturity	Current Balance

Gifts, Inheritances, or Lawsuit Judgements

Gifts or inheritances that you are expecting to receive within the next year or so; or moneys that you anticipate receiving through a judgement in a lawsuit. Please list the values in your descriptions below:

Beneficial Interest in Someone Else's Trust or Will

Are you receiving funds from someone else's trust or will? If yes, please list the values in your descriptions below:

Other Assets

Any property that you possess which does not fit into any of the listed categories.

Type or Description	Owner	Approximate Value

Monthly Income

<u>Income Source:</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
Monthly Income from Labor			
Monthly Income from Social Security			
Monthly Income from other retirement			
Monthly Income from rental properties			

Your Advisors

Please list the names, addresses, and phone numbers of your current Key Advisors:

Advisor Name with designation (CPA, FP, etc.)	Agency	Address & Phone Number

Part III
PERSONS TO ACT FOR YOU

A. **Financial Agent**: Who will manage your financial affairs for you if you are unable to manage your finances yourself?
(if married it will be the same person for both of you)

<u>Agent</u>	
Name	
Address	
Phone	
Relationship	

<u>1st Successor Agent</u>	
Name	
Address	
Phone	
Relationship	

<u>2nd Successor Agent</u>	
Name	
Address	
Phone	
Relationship	

B. **Health Care Agent**: Who should make medical decisions for you if you are unable to make them yourself?

Agent	Client #1	Client #2
Name		
Address		
Phone		
Relationship		

1st Successor	Client #1	Client #2
Name		
Address		
Phone		
Relationship		

2nd Successor	Client #1	Client #2
Name		
Address		
Phone		
Relationship		

C. **Guardian for minor children:** If you have any children under the age of 18, and neither parent is able to care for them, who do want to be their guardian?

Guardian	
Name	
Relationship	

1st Successor	
Name	
Relationship	

2nd Successor	
Name	
Relationship	

Any additional information, questions, or concerns:
