

HULL & CHANDLER, P.A.
CONFIDENTIAL WILL AND ESTATE PLANNING QUESTIONNAIRE

The information requested is designed to assist me in the preparation of your Will and/or Estate Plan. It is important that this questionnaire be completed as fully and accurately as possible so as to provide me with an accurate picture of your overall estate. Information related to the value of your assets and the manner in which they are titled is very important in the review of your estate plan as it allows me to determine whether there is potential estate tax liability; to whom certain assets will pass in the event of death and to give me information on other potential issues that should be considered in the preparation of an effective estate plan. Attach additional sheets if necessary.

Date: _____

FAMILY INFORMATION:

Full Legal Name: _____

Aka: _____ Birth Date: _____

Marital Status: _____ Occupation: _____

Are you a U.S. Citizen? _____

Spouse Name: _____

Aka: _____ Birth Date: _____

Marital Status: _____ Occupation: _____

Are you a U.S. Citizen? _____

Home Phone No: _____

Home Address: _____

_____ County: _____

Family: List your children or any other party who is to become a beneficiary of your estate. Please also list any child that may have predeceased you and advise as to whether that child had any children. Please include the full name, age, relationship [i.e. son, daughter, brother, sister, mother, father, etc.], and the address.

1. Name: _____ Birth Date: _____

Relationship: _____

Address: _____

2. Name: _____ Birth Date: _____

Relationship: _____

Address: _____

3. Name: _____ Birth Date: _____

Relationship: _____

Address: _____

4. Name: _____ Birth Date: _____

Relationship: _____

Address : _____

5. Name: _____ Birth Date: _____

Relationship: _____

Address : _____

GENERAL:

Do you have a Will? _____ If yes, where is it? _____
Have you been divorced? _____ If yes, in what state? _____ Date divorce was granted: _____
Are you a Veteran? _____

Spouse have a Will? _____ If yes, where is it? _____
Spouse divorced? _____ If yes, in what state? _____ Date divorce was granted: _____
Spouse a Veteran? _____

LIFE INSURANCE: List all life insurance policies owned, including insurance on your life, on the life of your spouse, or any other party. Ensure to include all life insurance benefits through your employment or other groups or organizations to which you belong.

1. Company: _____ Policy No.: _____
Insured: _____ Owner: _____
Beneficiary: _____ Face Amt. _____
2. Company: _____ Policy No.: _____
Insured: _____ Owner: _____
Beneficiary: _____ Face Amt.: _____
3. Company: _____ Policy No.: _____
Insured: _____ Owner: _____
Beneficiary: _____ Face Amt.: _____
4. Company: _____ Policy No.: _____
Insured: _____ Owner: _____
Beneficiary: _____ Face Amt.: _____

REAL ESTATE: Please list the properties in which you have any ownership interest.

1. Property Address: _____

Legal Description: _____
How Titled: _____
Mortgage Balance: _____ Fair Market Value: _____
2. Property Address: _____

Legal Description: _____
How Titled: _____
Mortgage Balance: _____ Fair Market Value: _____
3. Property Address: _____

Legal Description: _____
How Titled: _____
Mortgage Balance: _____ Fair Market Value: _____
4. Property Address: _____

Legal Description: _____
How Titled: _____
Mortgage Balance: _____ Fair Market Value: _____

SECURITIES: List all stocks, bonds, treasury bills, or other securities and indicate in whose name they are held.

1. Company: _____ No. of Shares: _____
Held in the name of: _____ Market Value: \$ _____
2. Company: _____ No. of Shares: _____
Held in the name of: _____ Market Value: \$ _____
3. Company: _____ No. of Shares: _____
Held in the name of: _____ Market Value: \$ _____
4. Company: _____ No. of Shares: _____
Held in the name of: _____ Market Value: \$ _____

Name, address and ph number of broker, if any: _____

BANK ACCOUNTS: List all checking, savings and certificates of deposit. Indicate in whose name each is held.

1. Bank: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
2. Bank: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
3. Bank: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
4. Bank: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____

Do you have a safety deposit box? _____ Location: _____

IRA's, 401(k), Etc.: List all retirement accounts, their value and the beneficiary for such account.

1. Institution: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
Beneficiary: _____
2. Institution: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
Beneficiary: _____
3. Institution: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
Beneficiary: _____
4. Institution: _____ Type of Account: _____
Held in the name of: _____ Approx. Balance: \$ _____
Beneficiary: _____

PENSIONS OR PROFIT-SHARING PLANS: List all pension, profit-sharing or other retirement benefits or plans, excluding accounts you already listed in the 401kK and IRA section.

BUSINESS INTERESTS: List any business interests, which you own, and the type of business (sole proprietorship, partnership, corporation) and specify your interest therein:

1. Name: _____ Type: _____
Names of owners: _____
Percentage of ownership: _____ Fair Market Value: \$ _____
2. Name: _____ Type: _____
Names of owners: _____
Percentage of ownership: _____ Fair Market Value: \$ _____

Have you entered into any buy/sell agreements as a result of any business interest or other holding?: _____
Please attach details with as much detail as possible and provide a copy of the agreement.

ANTICIPATED INHERITANCE: Describe any inheritance expectations and include from whom you expect to receive, and the approximate value of the bequest.

Are you a beneficiary of any trust? _____ If so, please attach details.

Do you have the authority, as a result of another person's Will or Trust, to direct by your Will the distribution of that person's property? _____. If so, please attach details.

MOTOR VEHICLES: List all vehicles in which you have any ownership interest.

1. Year, Make and Model: _____
How titled: _____ Fair Market Value: \$ _____
Loan Company: _____ Loan Amount: \$ _____
2. Year, Make and Model: _____
How titled: _____ Fair Market Value: \$ _____
Loan Company: _____ Loan Amount: \$ _____
3. Year, Make and Model: _____
How titled: _____ Fair Market Value: \$ _____
Loan Company: _____ Loan Amount: \$ _____
4. Year, Make and Model: _____
How titled: _____ Fair Market Value: \$ _____
Loan Company: _____ Loan Amount: \$ _____

PROPERTY DISTRIBUTION: One of the main purposes of your Will and/or Estate Plan is to insure distribution of your assets to persons in accordance with your wishes. In completing these sections please consider at least one alternative beneficiary in the event that your primary beneficiary predeceases you.

General: Describe in general terms, how you want your property previously listed in this questionnaire to be distributed at your death. (i.e. split equally among my children.) This does not include personal items (i.e. jewelry, furniture, collections, etc.); you will be provided a "Separate Memorandum" for making such bequests.

Specific Bequests: If you have determined that a specific piece of property should be distributed to a certain person (i.e. motorcycle to brother Joe Smith or \$5,000 to sister Jane Smith), set forth those specific bequests below.

Special Circumstances: Are there any beneficiaries who may need special protection in the event of your death because of age or disability or any other nature? Please provide details.

Trust: If you are planning on creating a trust, please set forth the basic purpose of the anticipated trust and set forth the name, address (or social security no.) and relationship of the individual or institution to be designated as the trustee. The trustee holds the assets for the benefit of the beneficiary. Please also list at least one alternative trustee.

FIDUCIARIES: Another main purpose of your Will and/or Estate Plan is to establish how your affairs will be handled should you become incapacitated or deceased. If you have minor children, I generally recommend the creation of a contingent trust for the minor children, in the event that your spouse does not survive you. Please give careful consideration in selecting your fiduciaries: guardian, conservator, personal representative or trustee. Please provide the full legal name and address of any fiduciary you select.

Personal Representative (Executor): Please select someone to oversee the administration of your estate. Select at least one alternate choice in the event that your primary fiduciary does not survive you or is otherwise unable or unwilling to serve as Personal Representative. It is generally more convenient to have a Personal Representative that resides in Colorado but not required.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Spouse Personal Representative (Executor):

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Guardian for Minor Children: If you and your spouse should both be deceased or incapacitated, select a person to be designated as the guardian of your minor children, i.e. raise your minor children.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Conservator for Minor Children: If you and your spouse should both be deceased or incapacitated, select a person to be designated as the conservator, i.e. will control your minor children's finances.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Trustee (if you believe you need a trust):

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Financial Power of Attorney: Select a person to make medical decisions for you, in case you are unable to make the decisions on your own.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Spouse's Financial Power of Attorney:

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Medical Power of Attorney: Select a person to care for the assets and make decisions on your behalf, should you be unable to make the decisions and care for the assets on your own.

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Spouse's Medical Power of Attorney:

First Choice: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

Alternative: Name _____ Relationship: _____
Address: _____

MISCELLANEOUS:

PERSONAL AFFAIR CONTACTS: Please list out the name, address and telephone number of the following individuals or institutions that might have specific information regarding your affairs.

Accountant: _____
Insurance Agent: _____
Principal Bank: _____
Any person who might have knowledge about your personal affairs or assets: _____

Please list here any specific questions or concerns you may have or problems which you might foresee which should be reviewed at the time of our appointment.

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