

**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? \_\_\_\_\_

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? \_\_\_\_\_

**LIFE INSURANCE:** List all life insurance policies owned, including insurance on your life, 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.

1. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Market Value: \$ \_\_\_\_\_
2. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Market Value: \$ \_\_\_\_\_
3. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Market Value: \$ \_\_\_\_\_
4. Company: \_\_\_\_\_ No. of Shares: \_\_\_\_\_  
Market Value: \$ \_\_\_\_\_

Name, address and phone number of broker, if any: \_\_\_\_\_  
\_\_\_\_\_

**BANK ACCOUNTS:** List all checking, savings and certificates of deposit.

1. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_
2. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_
3. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_
4. Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
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: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_
2. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_
3. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Approx. Balance: \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_
4. Institution: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
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.

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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.

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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.

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**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. 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: \_\_\_\_\_

Guardian for Minor Children: If you should die or become 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 should die or become 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: \_\_\_\_\_

Medical 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: \_\_\_\_\_

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: \_\_\_\_\_

**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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