

Eps appointment date: _____

Quote: _____

Follow up: _____

Referred by: _____

FP referral: _____

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ESTATE PLANNING

Client Personal Information Workbook

This information is strictly confidential and is subject to attorney client privileges.

Date _____

Name: _____
(Full Legal Name, as shown on government ID)

Date of Birth: _____
MM/DD/YYYY

Address: _____
Street City State Zip County

Mailing address (if different than above): _____
Street City State Zip

Phone: _____

Veteran? (Years served) _____

Email: _____ Employed Occupation: _____

Spouse: _____
(Full Legal Name, as shown on government ID)

Date of Birth: _____
MM/DD/YYYY

Date of Marriage: _____ Phone: _____ Veteran? (Years served) _____
MM/DD/YYYY

Email: _____ Employed Occupation: _____

You: Current health status: ☐ Good ☐ Concern ☐ Problem

Specific concern/problem: _____

Spouse: Current health status: ☐ Good ☐ Concern ☐ Problem

Specific concern/problem: _____

CHILD #1 ☐ Son ☐ Daughter Child of: ☐ Both ☐ _____ (please indicate)

Name: _____ Date of Birth: _____
(Full Legal Name, as shown on government ID) MM/DD/YYYY

Spouse's Name: _____ ☐ Married ☐ Divorced ☐ Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs:

Number of children # _____

Ages: _____

☐ Medical ☐ Education ☐ Financial

CHILD #2 ☐ Son ☐ Daughter Child of: ☐ Both ☐ _____ (please indicate)

Name: _____ Date of Birth: _____
(Full Legal Name, as shown on government ID) MM/DD/YYYY

Spouse's Name: _____ ☐ Married ☐ Divorced ☐ Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs:

Number of children # _____

Ages: _____

☐ Medical ☐ Education ☐ Financial

CHILD #3 ☐ Son ☐ Daughter Child of: ☐ Both ☐ _____ (please indicate)

Name: _____ Date of Birth: _____
(Full Legal Name, as shown on government ID) MM/DD/YYYY

Spouse's Name: _____ ☐ Married ☐ Divorced ☐ Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs:

Number of children # _____

Ages: _____

☐ Medical ☐ Education ☐ Financial

*attach additional pages for additional children

Asset information

Type of Asset	Client	Spouse	Joint	Value
Cash/Checking/Savings/ Money Market, CD's	\$	\$	\$	\$
Qualified Accounts: IRA, 401(k), 403(b), SEP, PERA, DERP, TSP, etc...	\$	\$	\$	\$
Non-Qualified Accounts: Mutual Funds, Brokerage and Investment Accounts	\$	\$	\$	\$
Life Insurance: Death Benefit & Cash Value	<u>D.B. \$</u> C.V. \$	<u>D.B. \$</u> C.V. \$	<u>D.B. \$</u> C.V. \$	<u>D.B. \$</u> C.V. \$
Businesses/LLC's 1. 2.	\$	\$	\$	\$
Annuities: Current Value	\$	\$	\$	\$
Real Estate: Residence	\$	\$	\$	\$
Rental Properties: 1. 2.	\$	\$	\$	\$
Oil/Gas/Mineral Rights:	\$	\$	\$	\$
Vehicles: Automobiles, Motorcycle, Boats, Snowmobiles, etc...	\$	\$	\$	\$
Other: Metals, Collections, Art, etc...	\$	\$	\$	\$
Total Value:	\$	\$	\$	\$

(1.) Agent Nominations

A key component of estate planning is the agents who serve in certain capacities and carry out duties on your behalf if you become disabled or when you die. This form is a way for you to share with us the names of the people you wish to name as agents in your estate plan.

(2.) Financial Durable Power of Attorney

A financial agent or Attorney-in-fact is a person you appoint to handle your personal financial affairs if you are unable. They pay the bills, maintain your home, pick up the mail and ensure that when you are well again things are not a mess. **NOTE:** Picking persons to serve as Co-Trustees/Co-Executors is usually a bad idea, please ask why.

	Name	Relationship	Address
Client Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____
Spouse Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____

(3.) Health Care Power of Attorney

A Health Care Agent is the person you appoint to make healthcare decisions for you if you are unable to do so. He or she is authorized to select physicians, determine medications and treatment, admit you into a hospital/nursing home, and if authorized, make life support decisions if you are terminally ill.

	Name	Relationship	Address
Client Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____
Spouse Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____

	<u>Client-Check One</u>	<u>Spouse-Check One</u>
Do you wish to donate Organs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you wish to donate Tissue?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want to be used as a Cadaver?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(4.) HIPAA/Medical Release

These named individuals are granted permission to speak to the Doctors, hospitals, and other health care personnel regarding your medical condition. They are **NOT** the decision makers.

(5.) Disposition of Last Remains

Do you wish to be: **Client** Check One ☐ Buried ☐ Cremated ☐ Entombed ☐ Other: _____

Spouse Check One ☐ Buried ☐ Cremated ☐ Entombed ☐ Other: _____

Person in charge of carrying out your wishes and planning your funeral:

Name	Relationship	Address
Client Initial Agent: _____	_____	_____
First Successor: _____	_____	_____
Second Successor: _____	_____	_____
Spouse Initial Agent: _____	_____	_____
First Successor: _____	_____	_____
Second Successor: _____	_____	_____

(6.) Trust

Trustee and Successor Trustees:

Trustees are the managers of your trust. They help to manage your personal and financial affairs if you become disabled, administer your trust after your death, and settle your estate and distribute your assets under the terms of your trust. Trustees can be either an individual or a corporation, depending upon your preference. Typically, trusted family members younger than you are chosen.

Name	Relationship	Address
Client Initial Agent: _____	_____	_____
First Successor: _____	_____	_____
Second Successor: _____	_____	_____
Spouse Initial Agent: _____	_____	_____
First Successor: _____	_____	_____
Second Successor: _____	_____	_____

(7.) Last Will and Testament

Personal Representative and Successor Personal Representatives:

A Personal Representative is one who settles your estate if your Will has to be probated. This can be a spouse, trusted friend, family member, corporate fiduciary or bank.

	Name	Relationship	Address
Client Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____
Spouse Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____

(8.) Guardian for Minor Children

A Guardian's responsibility is to protect the interests of minor children and to ensure that their needs are met.

	Name	Relationship	Address
Client Initial Agent:	_____	_____	_____
First Successor:	_____	_____	_____
Second Successor:	_____	_____	_____

*** Existing Documents I/We Have ***

Please bring these with you to initial appointment, copies are fine.

Client:

<input type="checkbox"/>	Trust (Name of trust: _____)
<input type="checkbox"/>	Financial Power of Attorney (dated: _____)
<input type="checkbox"/>	Medical Power of Attorney (dated: _____)
<input type="checkbox"/>	Last Will & Testament (dated: _____)

Spouse:

<input type="checkbox"/>	Trust (Name of trust: _____)
<input type="checkbox"/>	Financial Power of Attorney (dated: _____)
<input type="checkbox"/>	Medical Power of Attorney (dated: _____)
<input type="checkbox"/>	Last Will & Testament (dated: _____)

Other areas of concern we would like to discuss during our free one hour consultation: _____

