

Eps appointment date: _____

Quote: _____

Follow up: _____

Referred by: _____

FP referral: _____

Meurer & Potter, P.C.

5347 S. Valentia Way, Suite 335
Greenwood Village, CO 80111
Phone: 303-991-3544
www.meurerlawoffices.com

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): _____

Phone: _____ Veteran? (Years served) _____

Email: _____ Employed Occupation: _____

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

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

Email: _____ Employed Occupation: _____

You: Current health status: Good Concern Problem

Specific concern/problem: _____

Spouse: Current health status: Good Concern Problem

Specific concern/problem:

<u>CHILD #1</u> <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Child of: <input type="checkbox"/> Both <input type="checkbox"/> _____ (please indicate)		
Name: _____ <small>(Full Legal Name, as shown on government ID)</small>	Date of Birth: _____ <small>MM/DD/YYYY</small>		
Spouse's Name: _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Address: _____ Street _____ City _____ State _____ Zip _____			
Phone: _____	Employed Occupation: _____		
Email Address: _____			
Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Financial	Number of children # _____ Ages: _____		
<u>CHILD #2</u> <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Child of: <input type="checkbox"/> Both <input type="checkbox"/> _____ (please indicate)		
Name: _____ <small>(Full Legal Name, as shown on government ID)</small>	Date of Birth: _____ <small>MM/DD/YYYY</small>		
Spouse's Name: _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Address: _____ Street _____ City _____ State _____ Zip _____			
Phone: _____	Employed Occupation: _____		
Email Address: _____			
Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Financial	Number of children # _____ Ages: _____		
<u>CHILD #3</u> <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Child of: <input type="checkbox"/> Both <input type="checkbox"/> _____ (please indicate)		
Name: _____ <small>(Full Legal Name, as shown on government ID)</small>	Date of Birth: _____ <small>MM/DD/YYYY</small>		
Spouse's Name: _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Address: _____ Street _____ City _____ State _____ Zip _____			
Phone: _____	Employed Occupation: _____		
Email Address: _____			
Special Needs: <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Financial	Number of children # _____ Ages: _____		

*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	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ 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:		

	<i>Client-Check One</i>	<i>Spouse-Check One</i>
Do you wish to donate Organs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES 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:

- Trust (Name of trust: _____)
- Financial Power of Attorney (dated: _____)
- Medical Power of Attorney (dated: _____)
- Last Will & Testament (dated: _____)

Spouse:

- Trust (Name of trust: _____)
- Financial Power of Attorney (dated: _____)
- Medical Power of Attorney (dated: _____)
- Last Will & Testament (dated: _____)

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