

Eps appointment date: _____

Quote: _____

Follow up: _____

Meurer Law Offices, P.C.

Referred by: _____

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ESTATE PLANNING

Client Personal Information Workbook

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

Date _____

Name: _____ Date of Birth: _____
Last Name First Middle Initial MM/DD/YYYY

Address: _____
Street City State Zip County

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

Phone: _____ Veteran? (*Years served*) _____ Social Security #: xxx - xx- _____

Email: _____ Employed Occupation: _____

Spouse: _____ Date of Birth: _____
Last Name First Middle Initial MM/DD/YYYY

Date of Marriage: _____ Social Security #: xxx - xx- _____
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: _____

CHILD #1 (Full Legal Name)

Name: _____
Last Name First Middle Initial

Date of Birth: _____
MM/DD/YYYY

Spouse's Name: _____
Last Name First Middle Initial

Married Divorced Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: _____ Number of children # _____

Medical Education Financial Ages: _____

CHILD #2 (Full Legal Name)

Name: _____
Last Name First Middle Initial

Date of Birth: _____
MM/DD/YYYY

Spouse's Name: _____
Last Name First Middle Initial

Married Divorced Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: _____ Number of children # _____

Medical Education Financial Ages: _____

CHILD #3 (Full Legal Name)

Name: _____
Last Name First Middle Initial

Date of Birth: _____
MM/DD/YYYY

Spouse's Name: _____
Last Name First Middle Initial

Married Divorced Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: _____ Number of children # _____

Medical Education Financial Ages: _____

CHILD #4 (Full Legal Name)

Name: _____
Last Name First Middle Initial

Date of Birth: _____
MM/DD/YYYY

Spouse's Name: _____
Last Name First Middle Initial

Married Divorced Single

Address: _____
Street City State Zip

Phone: _____ Employed Occupation: _____

Email Address: _____

Special Needs: _____ Number of children # _____

Medical Education Financial Ages: _____

*attach additional pages for additional children

Income Information

Monthly Income:	Husband	Wife	Total
Wages:	\$	\$	\$
Pension Income:	\$	\$	\$
Social Security Income:	\$	\$	\$
Investment Income; Dividends:	\$	\$	\$
IRA Required Min Distributions	\$	\$	\$
Oil/Gas/Mineral Royalties:	\$	\$	\$
Rental Property Income:	\$	\$	\$
Other:	\$	\$	\$

Expenses

Mortgage /Rent	\$
Property Maintenance	\$
Property Taxes & Insurance	\$
Food/Household incidentals	\$
Utilities/Telephone	\$
Auto operating, maintenance & insurance	\$
Clothing and personal items	\$
Entertainment/Vacation	\$
Gifts/Charitable Contributions	\$
Medical Expenses	\$
Life Insurance	\$
Medical Insurance	\$
Other	\$

Asset information

Type of Asset	Husband	Wife	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. \$
Stocks: Certificates you hold (not brokerage accounts)	\$	\$	\$	\$
Annuities: Current Value	\$	\$	\$	\$
Real Estate: Residence	\$	\$	\$	\$
Rental Properties:	\$	\$	\$	\$
Oil/Gas/Mineral Rights:	\$	\$	\$	\$
Vehicles: Automobiles, Motorcycle, Boats, Snowmobiles, etc...	\$	\$	\$	\$
Other: Metals, Collections, Art, etc...	\$	\$	\$	\$
Total Value:	\$	\$	\$	\$

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.

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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
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Husband Initial: _____

Successor: _____

Second Successor: _____

Wife Initial: _____

Successor: _____

Second Successor: _____

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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
-------------	---------------------	----------------

Husband Initial: _____

Successor: _____

Second Successor: _____

Wife Initial: _____

Successor: _____

Second Successor: _____

	<u>Husband Circle One</u>		<u>Wife Circle One</u>	
Do you wish to donate Organs?	YES	NO	YES	NO
Do you wish to donate Tissue?	YES	NO	YES	NO
Do you want to be used as a Cadaver?	YES	NO	YES	NO

If you are terminally ill and lapse into a coma, how many days do you wish to be kept on life support?

Husband Circle One: 3 days 7 days 14 days Other: _____

Wife Circle One: 3 days 7 days 14 days Other: _____

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.

Disposition of Last Remains

Do you wish to be: **Husband** Circle One Buried Cremated Entombed Other: _____

Wife Circle One Buried Cremated Entombed Other: _____

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

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
-------------	---------------------	----------------

Husband Initial: _____

Successor: _____

Wife Initial: _____

Successor: _____

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.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
-------------	---------------------	----------------

Husband Initial: _____

Successor: _____

Second Successor: _____

Trust Continued:

Wife Initial: _____

Successor: _____

Second Successor: _____

