



## Douglas A. Turner, P.C.

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<http://www.douglasturner.com>

Hello!

You have successfully downloaded our Will and Estate Planning Information form. We have reformatted our pdf file and created a writable form for your convenience. You may complete the form on your computer, and return it to us via fax, email or mail.

The information we request is necessary in order to properly evaluate the many decisions concerning your estate. Accurate and thorough completion of the Will and Estate Planning Information form is critical. Should the information provided be incomplete or incorrect, the recommendations made by our attorneys may not be appropriate.

Our form has been designed to show us the value and alignment of your estate. This document is the cornerstone of all our future document preparation. It is important that we have complete and full legal names—including middle names for you, as well as for your children and grandchildren.

The information you provide will be kept strictly confidential. Feel free to use approximations where values are called for and complete the form in as detailed a manner as possible. If you already have a detailed financial statement, that statement can be attached to the form.

Please return this information to us at your earliest convenience by any of the methods described above. Once we receive your information, we will call you to schedule an appointment.

Thank you for considering our services. Please do not hesitate to give us a call if you have any questions.

Very truly yours,  
**DOUGLAS A. TURNER, P.C.**  
Douglas Turner, Esq.

DAT  
Enclosure

**WILL AND ESTATE PLANNING INFORMATION**  
***(Confidential)***

***Douglas A. Turner, P.C.***  
*602 Park Point Drive, Suite 240*  
*Golden, Colorado 80401*  
*303.273-2923/Fax: 720.746.3027/800.850.0607*

Date: \_\_\_\_\_

Full Name (first, middle, last) \_\_\_\_\_

Also known as \_\_\_\_\_

How do you want your name on your documents? \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Any problems of another State claiming domicile (residence)? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify Problem \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employment or Business (or former, if retired) \_\_\_\_\_

When Retired \_\_\_\_\_

Spouse's Full Legal Name (first, middle, last) \_\_\_\_\_

Also known as \_\_\_\_\_

How do you want your name on your documents? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employment or Business (or former, if retired) \_\_\_\_\_

When Retired \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Living Together? Yes \_ No \_\_\_\_ . Explain "No" .

Special Facts regarding health of client or spouse (i.e. stroke, cancer, heart attack, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Children's Full Names (Include Deceased Children)	Birth Dates and Places (Date of Death if Deceased)	Address and phone, if different from client
1.		
2.		
3.		
4.		
5.		

Special Facts Regarding Children: (Step children? Children from prior marriages?)

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Father's Name & Address		Deceased? Yes No
Mother's Name & Address		Deceased? Yes No
Spouse's Father's Name & Address		Deceased? Yes No
Spouse's Mother's Name & Address		Deceased? Yes No

**GRANDCHILDREN, if any:**

Name	Age	Address	Parent Not Living?
1.			
2.			
3.			
4.			
5.			

**Other Persons Who May be Involved (Brothers or Sisters, Friends, etc.):**

Name	Relation	Address
1.		
2.		
3.		
4.		
5.		

Indicate prior marriages (you and your spouse), adoptions, special needs or circumstances:

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) who are or may be dependent on you: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Indicate if you have ever lived in a community property state (Washington, Oregon, California, Texas, Idaho, Louisiana, Nevada, New Mexico or Wisconsin) (Omit if not married.) Indicate state(s) and date(s):

\_\_\_\_\_  
\_\_\_\_\_

## ASSETS

**A. Location of Safety Deposit Box:** \_\_\_\_\_

Number \_\_\_\_\_ Ownership \_\_\_\_\_  
 Key Location \_\_\_\_\_

**B. Real Property:**

Legal Description	Ownership (Trust, Joint, etc.)	Approximate Value
1.		
2.		
3.		

Any peculiarities or problems regarding the real estate?

\_\_\_\_\_

\_\_\_\_\_

**C. Business Ownership:**

Type of Business Entity (Sole proprietorship, LLC, S Corp., etc....)	Type of Business (e.g. professional services, manufacturing, etc...)	Ownership (e.g. husband, wife, or third parties.)	Approximate Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**D. Bank Accounts, CD's or Money Market Accounts:**

Bank & Type of Account	Ownership (Trust, Joint, etc.)	Approximate Avg. Balance
1.		
2.		
3.		
4.		
5.		
6.		

**E. Tangible Personal Property (including furniture, cars and personal effects):**

(Use only approximate values and indicate whether property is specifically insured under homeowner's insurance policy. Only include those items whose value exceeds \$5,000.)

Description	Ownership (Trust, Joint, etc.)	Approximate Value
1.		
2.		
3.		
4.		
5.		
6.		

Describe any items of particular value (antiques, collections, guns, etc.)

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**F. Notes and Mortgages Owed to Client:**

Payor	Original Face Amount	Payment Provisions	Ownership (Trust, Joint, etc.)	Present Value
1.				
2.				

(Bring the above in to the office for review).

**G. Corporate Stocks and Bonds or Mutual Funds, including U.S. Government Bonds**

Description (Name of Stock, Bond etc.)	Type	Ownership (Trust, Joint, etc.)	Approximate Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**H. Retirement Accounts:**

	1.	2.	3.	4.	5.
Type of Retirement Account (e.g. IRA, Roth IRA, 401k, etc...)					
Type of Investments in Account (e.g. stocks, bonds, mutual funds, etc...)					
Institution (e.g. Fidelity, Vanguard, etc...)					
Titled (e.g. husband or wife)					
Beneficiaries (primary and secondary)					
Value					

**I. Company and Government Benefits of Client and/or Spouse**

(Indicate whether client or spouse or both)

1. Monthly Pension Benefit(s) \$ \_\_\_\_\_  
 Name of Company and/or Government Agency \_\_\_\_\_  
 Does benefit(s) continue to the surviving spouse after the pensioner dies? \_\_\_\_\_  
 If so, are the benefits reduced and by how much? \_\_\_\_\_
2. Death Benefit \$ \_\_\_\_\_  
 Amount and Complete Details: \_\_\_\_\_
3. Stock Options and Profit-Sharing \_\_\_\_\_  
 Amount and Complete Details: \_\_\_\_\_
4. Medical Coverage: \_\_\_\_\_  
 Amount and Details: \_\_\_\_\_
5. Profit Sharing/Vested Pension Plan \_\_\_\_\_  
 Amount and Details: \_\_\_\_\_
6. Social Security Benefits \$ \_\_\_\_\_
6. Other \_\_\_\_\_  
 Amount and Details: \_\_\_\_\_  
 \_\_\_\_\_

**J. Life Insurance:**

	1.	2.	3.	4.	5.
Name of Insured					
Policy Owner					
Company					
Policy No.					
Type					
Loans Against Policy					
Death Benefit					
Beneficiary Designation					

**K. College Savings:**

	1.	2.	3.	4.	5.
Type of Plan (Education IRA, Coverdell, 529, etc...)					
Type of Account (Cash, stock, mutual fund, etc.)					
Institution (Vanguard, Fidelity, etc...)					
Titled (husband\wife\c hild)					
Beneficiary Designation (Child/ Grandchild)					
Value					

**L. Other:**

	Ownership	Value
Cemetery Plot		
Club Memberships		
Patents		
Other		

**M. Trusts, Powers of Appointment, Etc. Currently For Your Benefit:**

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**N. Possible Inheritances (Give Description if \$100,000 or More):**

Description	Amount
1.	
2.	
3.	

**LIABILITIES**

Include mortgages and any debt not expected to be paid within the next 12 months.

Description	Creditor	Amount
1.		
2.		
3.		
4.		

**FIDUCIARY ELECTIONS**

Personal Representative*	Address and Phone Number
Primary:	
Alternate:	
Alternate:	

\* The Personal Representative (also sometimes referred to as the executor or executrix) can be a person (e.g. surviving spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who at the time of your death accumulates, accounts for, and distributes your assets in accordance with the terms of your will. Typically the Personal Representative completes their role within six to nine months from the date of your death.

Trustee*	Address and Phone Number
Primary:	
Alternate:	
Alternate:	

\* The Trustee is a person (e.g. surviving spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who will take possession and control of those assets which your will designates to fund a trust for the benefit of the trust beneficiaries. The trust beneficiaries are typically your surviving spouse and/or your children. The trustee will be required to invest and spend the trust assets in accordance with the terms of the trust. The trust terminates, and the trustee will be discharged, when the remaining trust assets are paid to your surviving spouse and/or your children (e.g. at age 21, 25, 30) as directed by the trust language of your will.

Agent Under Financial Powers of Attorney*:	Address and Phone Number
Primary:	
Alternate:	
Alternate:	

\* The Agent Under Financial Powers of Attorney is a person (e.g. spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who is empowered to act on your behalf with respect to all of your financial matters during your lifetime. Those financial powers can include the ability to deposit and withdrawal funds from your accounts, buy and sell real estate, borrow money and otherwise act in your place and stead with respect to all of your financial affairs.

Agent Under Medical Powers of Attorney*:	Address and Phone Number
Primary:	
Alternate:	
Alternate:	

\* The Agent Under Medical Powers of Attorney is a person (e.g. spouse, child, other relative, friend, attorney, accountant, etc...) or an entity (e.g. Bank or Trust Company) who is empowered to act on your behalf with respect to all medical decisions during your lifetime. Those medical powers can include the ability to admit or discharge you from a medical facility or institution, the ability to consent to a medical procedure or operation, the ability to give or withhold medical treatment in the event of imminent death and otherwise act in your place and stead with respect to all of your medical care and treatment decisions.

Guardian (if applicable)*	Address and Phone Number
Primary:	
Alternate:	
Alternate:	

\* The Guardian is a person(s) who will have legal and physical custody of your minor children (under 18 years of age). Your children will remain in the custodian(s) care, custody and control until their eighteenth birthday.

**MISCELLANEOUS**

A. **Date and Location of Prior Wills/Trusts (if any):** \_\_\_\_\_  
 \_\_\_\_\_

B. **Description of Prior Gifts (Over \$5,000 in one year):**

Description	Person to Whom Gift Was Made	Amount	Date	Gift Tax Return Filed?

C. **Name(s) of Accountant or Financial Advisor:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Documents which clients should bring to the office to be examined and reviewed:**

1. Wills
2. Trusts
3. Deeds
4. Life Insurance Policies
5. Court Decrees
6. Antenuptial Agreements
7. Separation Agreements
8. Buy and Sell Agreements
9. Tax Returns
10. Notes or Mortgages owed to Clients
11. Bank accounts (signature cards, passbooks, CDS or other) in order to verify how account is held.

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Spouse Date

*The information contained and the foregoing data is submitted for the purpose of informing the attorneys at Douglas A. Turner, P.C. of the requested information. This information is to be relied upon by the attorneys and should the information be incomplete or incorrect, the recommendations made by the attorneys may not be appropriate.*