

**ESTATE PLANNING QUESTIONNAIRE  
FOR MARRIED COUPLES**

*Personal & Confidential*

**SCHAFFER THOMAS MAEZ PC**

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**ESTATE PLANNING QUESTIONNAIRE FOR:** \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ DATE OF 1ST MEETING: \_\_\_\_\_

**Please provide the following information and bring this questionnaire to our initial meeting.**  
This information will be treated confidentially. If you decide not to hire us as your attorney, or we decline to accept you as clients, this questionnaire will be destroyed. Thank you.

1. Print husband's *full* name: \_\_\_\_\_  
Does the husband sign his name in different ways or use different names (including middle names)?  
If so, please print those names: a/k/a \_\_\_\_\_

2. Print wife's *full* name: \_\_\_\_\_  
Does the wife sign her name in different ways or use different names (including middle names)?  
If so, please print those names: a/k/a \_\_\_\_\_

3. Print your home address (**including county**):  
\_\_\_\_\_  
Address, City, State, Zip Code, County

4. **Preferred** contact information: Home Phone: \_\_\_\_\_  
Husband's Work: \_\_\_\_\_ Wife's Work: \_\_\_\_\_  
Husband's Cell: \_\_\_\_\_ Wife's Cell: \_\_\_\_\_  
Husband's E-mail: \_\_\_\_\_ Wife's Email: \_\_\_\_\_

**Can we email invoices to you:** Yes No; if yes, circle preferred email address above.

5. Husband's SSN: \_\_\_\_\_ Wife's SSN: \_\_\_\_\_  
6. Husband's DOB & age: \_\_\_\_\_ Wife's DOB & age: \_\_\_\_\_  
7. Husband's Employer: \_\_\_\_\_ Wife's Employer: \_\_\_\_\_

8. Are you both U.S. citizens? Yes No **If no, Citizenship:** \_\_\_\_\_

9. During your marriage, have you and your spouse ever lived in: (Please check all that apply)  
Arizona California Idaho Louisiana Nevada New Mexico  
Texas Washington Wisconsin  (Alaska after spring 1998)

10. Have you and your spouse ever signed a *Prenuptial* or *Postnuptial* Agreement? Yes No  
**If yes, please bring a copy of this Agreement to our initial meeting, if possible.**

11. Were you or your spouse previously married to someone else? Yes No  
**If yes, please note names of any children from prior marriages on next page. 10.**  
**If yes, do you have a *Settlement Agreement* or *Child Support Order* from your divorce?**  
Yes No. **If yes, please bring copies to our initial meeting, if possible.**

12. Have you or your spouse ever made gifts exceeding \$10,000 to any one person in any year?  
Yes No **If yes, to whom:** \_\_\_\_\_

13. Do you or your spouse anticipate receiving an inheritance in the future? Yes No  
**If yes, expected inheritance(s):** Husband: \$ \_\_\_\_\_ Wife: \$ \_\_\_\_\_

14. Husband's Parents (names/ages): \_\_\_\_\_  
Wife's Parents (names/ages): \_\_\_\_\_

15. Husband's Siblings: \_\_\_\_\_  
Wife's Siblings: \_\_\_\_\_

16. List the exact **legal name, state of residence** and **date of birth** of each child or proposed beneficiary of your estate below (please indicate if these are children from a previous marriage):

\_\_\_\_\_  
Name, State of Residence, Date of Birth, is this child from prior spouse?  Yes  No

\_\_\_\_\_  
Name, State of Residence, Date of Birth, is this child from prior spouse?  Yes  No

\_\_\_\_\_  
Name, State of Residence, Date of Birth, is this child from prior spouse?  Yes  No

\_\_\_\_\_  
Name, State of Residence, Date of Birth, is this child from prior spouse?  Yes  No

\_\_\_\_\_  
Name, State of Residence, Date of Birth, is this child from prior spouse?  Yes  No

17. List any **other persons or institutions** who might receive a gift from you at your death:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gift: \_\_\_\_\_

18. Do you have any children or other heirs who have special needs or disabilities?  Yes  No  
**If yes**, name of persons and type of disability: \_\_\_\_\_

19. Have you previously planned your estate?  Yes  No  
**If yes**, do you already have any of the following documents?

<b>Beneficiary Deed</b> , recorded:	Husband _____	Wife _____
<b>Simple Will</b> , dated:	Husband _____	Wife _____
<b>Will w/ testamentary trust</b> , dated:	Husband _____	Wife _____
<b>Revocable trust</b> , dated:	Husband _____	Wife _____
<b>Irrevocable trust</b> , dated:	Husband _____	Wife _____
<b>Powers of Attorney</b> , dated:	Husband _____	Wife _____
<b>Living Will</b> , dated:	Husband _____	Wife _____

**If yes**, when were any of the above documents last reviewed? \_\_\_\_\_

**If yes**, please bring **photocopies** (not originals!) of your documents to our initial meeting.

20. Digital / IP assets or online account access concerns/goals after death?  Yes  No  
**If yes**, explain: \_\_\_\_\_

**FOR HUSBAND’S PLAN:**

**Personal Representative.** This person (aka Executor) will collect all of your assets, pay your creditors, and make distributions to the beneficiaries of your estate. List the persons in the order in which they should serve, including their name, relationship to you, address, and phone number. Spouses often serve as the primary personal representative.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Guardians.** This person will take care of your minor children. The *primary* guardian, by *default*, is almost always your spouse (or the children's other parent), so the person(s) you name as guardians below would be the backups in the event you both died. List in the order in which these guardians should serve, their name, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Trustees.** This person will manage the assets and make distributions to the beneficiaries (including you) of any trusts you establish (**e.g., for minor children, or for adult children who need creditor protection, or have disabilities**). Spouses often serve as the primary trustee for the benefit of each other. List the names of those persons who should serve as trustees once both of you are deceased or incapacitated, relationship to you, address and phone number.

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

**Financial Agent.** List the persons who should manage and access your non-trust assets via a Power of Attorney in the event you become incapacitated, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Medical Agent.** List the persons who should make decisions concerning your medical care in the event you become incapacitated, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Do you wish to have a Living Will prepared for you?** (Your Living Will expresses your wishes with regard to artificial life-sustaining procedures when you have a terminal condition or in a persistent vegetative state.) **Husband:**  Yes  No

**FOR WIFE'S PLAN:**

**Personal Representative.** This person (aka Executor) will collect all of your assets, pay your creditors, and make distributions to the beneficiaries of your estate. List the persons in the order in which they should serve, including their name, relationship to you, address and phone number. Spouses often serve as the primary personal representative.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Guardians.** This person will take care of your minor children. The *primary* guardian, by *default*, is almost always your spouse (or the children's other parent), so the person(s) you name as guardians below would be the backups in the event you both died. List in the order in which these guardians should serve, their name, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Trustees.** This person will manage the assets and make distributions to the beneficiaries (including you) of any trusts you establish (**e.g., for minor children, or for adult children who need creditor protection, or have disabilities**). Spouses often serve as the primary trustee for the benefit of each other. List the names of those persons who should serve as trustees once both of you are deceased or incapacitated, relationship to you, address and phone number.

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

**Financial Agent.** List the persons who should manage and access your non-trust assets via a Power of Attorney in the event you become incapacitated, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Medical Agent.** List the persons who should make decisions concerning your medical care in the event you become incapacitated, relationship to you, address, and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Do you wish to have a Living Will prepared for you?** (Your Living Will expresses your wishes with regard to artificial life-sustaining procedures when you have a terminal condition or in a persistent vegetative state.) **Wife:** Yes No

**FINANCIAL STATEMENT FOR:** \_\_\_\_\_

Please print your names above

<b>ASSETS</b>	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>	<b>TOTAL</b>
Personal Residence				
Other Real Estate: * County: _____ State: __				
Timeshares: County: _____ State: __				
Mineral Interests: County: _____ State: __				
Personal & Household (cars, jewelry, furniture, guns, etc.)				
Checking and Savings Accounts				
Investment Accts & Mutual Funds (non-retirement)				
529 College Savings/UTMA Accounts				
Stock Certificates or Options held in own name				
Business Interest (FMV Estimate)				
Limited or Family Partnerships (FMV Estimate)				
Other Non-marketable Assets (e.g., promissory note)				
Life Insurance (death benefit amount) *				
Retirement Plans (e.g., IRAs, 401Ks, 403bs) *				
Annuities (non-retirement) *				
Do you have pensions (income when retire)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have Long Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a "General Power of Appointment" to direct property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Total Assets:</b>	\$	\$	\$	\$
<b>LIABILITIES</b>				
Credit Card Debt				
Home Mortgage				
Other Real Estate Mortgage				
Other Debt (school, business, past due taxes, et.)				
<b>Total Liabilities:</b>	\$	\$	\$	-\$
<b>NET WORTH (Total Assets less Total Liabs.):</b>	\$	\$	\$	\$

\* Please provide additional detail about these assets on the next page.

**Summary of Other Real Estate**

Property Street Address	City, County & State	Owner(s) according to the deed	Type of ownership (pls mark)	FMV (estimate)	Debt (estimate)	Net Value (estimate)
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$

**Summary of Life Insurance**

Company & Policy Number	Insured	Current Beneficiaries (primary & secondary)	Current Owner	Death Benefit	Policy Loans?
		1. 2.		\$	
		1. 2.		\$	
		1. 2.		\$	

**Summary of Retirement Accounts (403b, 401k, IRA)**

Owner/Participant	Type of Plan & Company	Account Value	Current Beneficiaries (primary & secondary)
		\$	1. 2.
		\$	1. 2.
		\$	1. 2.

**Summary of Annuities (non-retirement)**

Owner	Company	Account Value or Death Benefit	Annuitized yet? (income stream?)	Current Beneficiaries (primary & secondary) of the at death balance
		\$		1. 2.
		\$		1. 2.

**Summary of Pension Plans (guaranteed income at retirement)**

Participant	Name of Plan	Account Value or Monthly Benefit	Any benefit at death?	Current Beneficiaries (only if any benefit exists at death)
		\$		1. 2.
		\$		1. 2.

**The financial information above may be extremely important for proper tax planning. Without the information listed above, no estate tax planning will be included in your estate planning documents. Without accurate information, improper planning may be included in your estate planning documents.**

**OTHER FINANCIAL INFORMATION:**

1. Are you or your spouse a beneficiary or Trustee under a Trust? Yes No

**If yes**, please explain & bring a copy of the Trust Agreement to our initial meeting, if possible:

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2. Do you own any real estate, business entities or trust property in a state other than your residence?  
 Yes No

**If yes**, please explain below & bring copies of all deeds and any business entity or trust documents to our initial meeting, if possible:

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3. Do you live in another state any part of the year? Yes No

**If yes**, where and for how long? \_\_\_\_\_

4. Do you file taxes in another state other than Colorado? Yes No

**If yes**, where (also indicate reason for filing if not clear from answers above)? \_\_\_\_\_

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5. Were any of your (or your spouse's) assets received by gift or inheritance?

Yes No Please indicate applicable property in the above schedules.

6. Were any of your (or your spouse's) assets acquired prior to your present marriage?

Yes No Please indicate applicable property in the above schedules.

7. Do you own an interest in any "S" Corporations? Yes No

8. Have you made any loans to your children or other persons that have not been repaid or forgiven?

Yes No **If yes**, explain: \_\_\_\_\_

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**(OPTIONAL) ASSET PROTECTION QUESTIONS:**

Asset protection planning may involve permanent transfers, which you can control, but not change. You may lose flexibility and access to any assets that are placed in an asset protection device. To be effective, you must not yet be facing lawsuits or creditor actions against you.

1. Identify assets for asset protection planning. Examples of suitable assets might include: cash, securities portfolio, business, residence or other real property, etc. Please describe in detail and include information about values, such as three (3) years of balance sheet & financial statements for a business.

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2. Are there any existing judgments against you, your business or family members? (Describe)

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3. Are there any known or expected creditor actions (civil or criminal) against you, your business or family members? Describe: \_\_\_\_\_  
\_\_\_\_\_
4. Describe expectations /objectives for asset protection planning: \_\_\_\_\_  
\_\_\_\_\_
- a. Do you accept having these assets distributed to your family members or other persons now (i.e., children) outright or in trust, and not needing to have access to these assets yourself? Yes No
- b. Can you accept the idea of a non-related person, or perhaps a corporation, controlling assets which you select for special protection for your beneficiaries? Yes No

**CONSIDER BRINGING THESE DOCUMENTS  
TO THE INITIAL ESTATE PLANNING MEETING**

Many of these documents may be optional. If you have questions, please call the attorney in advance to discuss them, or wait until after your meeting to determine if you need to collect these documents for us.

1. Copies of the Grant Deed or Warranty Deed to your residence and all other real properties you own.
2. Copies of your existing Wills, Trusts, Powers of Attorney or any other estate planning documents.
3. Copies of any Separation Agreements, Child Support Orders or other Marital Agreements.
4. Copies of any and all Gift Tax Returns filed (IRS form 709), or year of prior filings and purpose.
5. Copies of pension, annuity or other retirement fund benefits description statements, or the financial institution name, current balance, terms for payment, and beneficiaries named presently.
6. Copies of any life insurance policies which you own or are a beneficiary of, or the name of the insurance company, the death benefit, approximate cash value, and beneficiaries named presently.
7. (*For business owners*) Copies of the most recent federal income tax returns for you and your business (e.g. IRS form 1120s, 1065 and 1040).

Thank you!