



THE GASPER LAW GROUP

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Helping People First™

CRIMINAL DEFENSE • DOMESTIC RELATIONS
CIVIL LITIGATION • PERSONAL INIURY

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Estate Planning Intake Form

Date _____

Effective Estate Planning requires that all relevant information concerning your personal, family, and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

A. FAMILY INFORMATION

(You)

(Spouse)

Full Name _____
(w/middle initial)
Other names used: _____

Home address: _____
(street)

(city, state, zip) (county)

(street)

(city, state, zip - county)

Email: _____

Soc. Sec. # _____

Date of Birth: (MMDDYYYY) _____

Home Phone _____

Cell Phone _____

Bus. Phone _____

Occupation: _____

Bus. Address _____
(street)

(city, state, zip)

(street)

(city, state, zip)

Health: _____

CHILDREN INFORMATION:

Name	Date of Birth	Soc. Sec. #	Address (if not home)	Phone (if not home)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Should children born to or adopted by you after the date of the Will be included? _____

Please note any adopted children or step-children.

OTHER BENEFICIARIES: (include parents, grandchildren, spouses of children, relatives or others you or your spouse might desire to benefit)

Name	Date of Birth	Relationship	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (prior marriages, support or settlement obligations, marital agreement, disabled children or beneficiaries)

Are you or your spouse beneficiaries or trustees of any trust? _____

Do you or your spouse have a Power of Appointment under any trust? _____

Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT DOCUMENTS REQUIRED:

Insurance - Please bring all life insurance policies (or copies) and any insurance study prepared for you to the initial consultation.

Gift Tax Returns - If you have filed any federal or state gift tax returns, please either attach a copy to this form or bring them with you to the initial consultation.

Prior Wills (if applicable) - Please attach copies of all prior Wills and Trust Agreements of you and your spouse or bring them with you to the initial consultation.

B. FINANCIAL INFORMATION – ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with this checklist and complete only those two items below marked with an asterisk. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

	<u>You</u>	<u>Spouse</u>	<u>Joint Tenancy</u>
Residence	_____	_____	_____
Other Real Property	_____	_____	_____
Bank Accounts and Certificates of Deposit	_____	_____	_____
Subchapter S and Other Closely Held Stock & Partnership Interests	_____	_____	_____
Accounts Receivable, Mortgages Receivable, & Other Notes	_____	_____	_____
*Retirement Benefits (please attach a copy of your benefits summary, if available)	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Insurance	_____	_____	_____
(d) Miscellaneous Household Property	_____	_____	_____
(e) Other (Antiques, etc.)	_____	_____	_____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____

LIABILITIES

Real Estate Mortgages	_____	_____	_____
Loans and Other Liabilities	_____	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____	_____

***INSURANCE**

<u>Face Amount & Type</u>	<u>Company</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Owner</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever lived in or owned real estate in Arizona (), California (), Idaho (), Louisiana (), Nevada (), New Mexico (), Texas () or Washington ()?

Referred to us by: _____

Names of your financial advisors:

Accountant: _____

Insurance: _____

Broker: _____

C. ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children.

	<u>You</u>	<u>Spouse</u>
Personal Representative:		
Primary	_____	_____
Successor	_____	_____
	<u>Name</u>	<u>Address</u>
Guardians of minor children (if any):		
Primary	_____	_____
Successor	_____	_____

Will your choice of Guardian be affected by the marriage, divorce, remarriage or relocation of the persons named? _____

Trustee: (Name, Relationship, Address, Phone #)

Primary: _____

Successor: _____

DISPOSITION OF ESTATE: What are your general desires as to the disposition of your estate?
Indicate any specific gifts of cash or items you wish to make.

SPECIFIC GIFTS

<u>Amount or Description Of Gift</u>	<u>Name of Recipient</u>	<u>Relationship or Address</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

As part of our Estate Planning, we recommend that you have a general and a medical Power of Attorney in place. Who would you want to appoint for this role?

	<u>Primary</u>	<u>Successor</u>
Husband	<hr/>	<hr/>
Wife	<hr/>	<hr/>