

**CLIENT ESTATE PLANNING
INFORMATION SHEET**

“Through the following questionnaire you will be asked a series of simple questions. We use the questionnaire to generate legally binding documents that we will then mail to you for review. We invite you to contact our attorney Susan Eggert with any questions you may have in completing the questionnaire or if you are here for an appointment today to speak with her directly during your consultation. She is always happy to meet with you in person or speak with you over the telephone.”

Date: _____

WHEN FILLING IN NAMES, PLEASE USE FULL NAMES, NOT INITIALS

Your Full Name: _____

Full Address: _____

Your Social Security Number: _____

Email Address: _____

Phone Number: _____

Spouse's Full Name If Applicable: _____

Spouse's Social Security Number: _____

Maiden Name/ Aliases: _____

CHILD/CHILDREN:

Full Name	Age	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently have a Last Will and Testament?

Yes No If yes, does it need to be changed? If so how?

If you have a Last Will and Testament, what is the date of your Last Will and Testament?

Do you own any real estate? If yes, please list all addresses and who you wish the property to pass to when you pass away:

Do you have any Specific Bequests (gifts)? Please list full names of any individuals you wish to inherit from your estate and what percentage? Should they predecease you would you like their share to pass onto their heirs (children) or lapse and pass to the next heir you designate?

PERSONAL REPRESENTATIVE: (this is the individual you wish to administer your estate once you pass away)

**If your first choice is your spouse, please fill in only second choice.*

First Choice: _____
Address: _____
Relationship: _____

Second Choice: _____
Address: _____
Relationship: _____

Would you like a Living Will? (A Living Will is a document outlining very specific medical instructions that apply while you are still alive, but are unable to communicate your wishes. It simply states that you do, or do not, want artificial life support if you become either: terminally ill and will die within a short period of time without life support, or are in an irreversible coma or vegetative state.)

Yes No

GUARDIAN FOR MINOR CHILD/CHILDREN: (If you have a minor child /children, naming a guardian is one of the most important considerations in your will. Typically, if one parent dies, the surviving parent will remain responsible for the children. However, complications arise if both parents die simultaneously or if one parent remarries. Unless you name guardians for your minor children in your will, a Court may need to decide who takes custody of a child.)

First Choice: _____
Address: _____
Relationship: _____

Second Choice: _____
Address: _____
Relationship: _____

Would you like a Medical Power of Attorney? (A health care agent is a person who you have a close relationship with and can trust to make medical decisions on your behalf in the event you are unable to make decisions.) Yes No

If yes, please state name of person designated as your medical power of attorney
****If your first choice is your spouse, please fill in only second choice.***

First Choice: _____
Address: _____
Phone Number: _____ Relationship: _____

Second Choice: _____
Address: _____
Phone Number: _____ Relationship: _____

Would you like a Financial Power of Attorney? A Power of Attorney lets you appoint someone you trust to manage important financial and legal matters on your behalf. You can choose to have it take effect immediately or only go into effect in the event of illness or incapacitation. Yes No

If yes, please state name of person designated as your power of attorney

****If your first choice is your spouse, please fill in only second choice.***

First Choice: _____
Address: _____
Phone Number: _____ Relationship: _____

Second Choice: _____
Address: _____
Phone Number: _____ Relationship: _____

**If you are not here for an appointment today, please return this questionnaire to Susan Eggert via fax, email, or mail to:

Susan Eggert
359 Colorado Ave. Ste 101 / PO BOX 2084, Grand Junction, CO 81502
E-mail: susan.eggert@susaneggertpc.com Fax: 970-243-3492