



**ROBERT B. KEYSER II, LLC**

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**ESTATE PLANNING QUESTIONNAIRE**

**PERSONAL INFORMATION - HUSBAND AND WIFE**

**SPOUSE A**

1. Full Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State, and Zip: \_\_\_\_\_
4. County of Residence: \_\_\_\_\_
5. Phone Number(s)/E-Mail/Fax Number(s): \_\_\_\_\_  
\_\_\_\_\_
6. Are there any other names by which you are known or in which you hold property?  
\_\_\_\_\_
7. Date and Place of birth: \_\_\_\_\_
8. Citizenship: \_\_\_\_\_ If U.S. citizen by naturalization, please give date and place: \_\_\_\_\_
9. Social Security number: \_\_\_\_\_

**SPOUSE B**

1. Full Name: \_\_\_\_\_
2. Are there any other names by which you are known or in which you hold property?  
\_\_\_\_\_
3. Date and Place of birth: \_\_\_\_\_
4. Citizenship: \_\_\_\_\_ If U.S. citizen by naturalization, please give date and place: \_\_\_\_\_
5. Social Security number: \_\_\_\_\_

## ASSETS STATEMENT

1. Please list the approximate, current value of your assets, the ownership thereof and indebtedness thereon, if any:

Item:	Value:	Ownership*	Indebtedness, if any:
Residence	\$		\$
Other Real Estate			
Bank or other cash accounts			
Notes/mortgages receivable			
Stocks/bonds; brokerage accounts/mutual funds			
Life insurance payable upon death of Spouse A			
Life insurance payable upon death of Spouse B			
Automobiles			
Other personal property- furniture, jewelry, art, antiques etc.			
Pension Plans/IRA's payable at Spouse A's death			
Pension Plans/IRA's payable at Spouse B's death			
Partnerships or other business interests			
Possible future assets (Inheritances)			
Other			
TOTALS			

Estimated net value of estate (first column, less last column): \$ \_\_\_\_\_

\***A**=Owned solely by Spouse A; **B**=Owned solely by Spouse B; **JT**=Owned in Joint Tenancy between Spouse A and B, with rights of survivorship; **TC**=Owned by Spouse A and Spouse B as Tenants in Common, without survivorship rights. (Please specifically designate any other type of ownership).

2. Please list here any other pertinent information regarding your assets and liabilities, the value thereof, ownership interest or list any questions you may have or items for which you are unsure how to report:

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### CHILDREN

Please list below all of your children. If any children are deceased, please list their date of death, and information regarding their surviving children, if any. If any beneficiary has any special needs, medical or otherwise, please make a note to that effect. Also indicate if any children are step-children.

(Please attach additional pages if necessary)

<u>Name and Address</u>	<u>Birth Date or Age</u>	<u>Soc Sec #</u>	<u>Relationship</u>
<hr/>	<hr/>	<hr/>	<hr/>
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### GUARDIAN FOR CHILDREN

If both you and your spouse are deceased or unable to care for your children, please list who you would want to act as guardian, as well as a successor guardian in the event that your first choice is unwilling or unable to act as guardian.

<u>Name and Address of Guardian</u>	<u>County of Residence</u>	<u>Soc Sec #</u>	<u>Relationship</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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(If you name a married couple as guardian, please indicate whether you wish either the husband or wife to serve as guardian, even if the couple was divorced or one of them was deceased at the time an appointment of guardian became necessary.)

### OTHER BENEFICIARIES

Please list below information concerning any other individuals or entities to which you intend to make a provision under the terms of your will:

(Please attach additional pages if necessary)

<u>Name and Address</u>	<u>Birth Date or Age</u>	<u>Soc Sec #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### DISTRIBUTION OF ESTATE

1. Upon your death, how and to whom do you want your assets distributed? (Please indicate whether you wish for assets that will be distributed to your beneficiaries to be distributed outright, or in trust.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If none of the beneficiaries named in Question 1 above is living at the time of your death, to whom do you want to leave your estate? \_\_\_\_\_

\_\_\_\_\_

3. Do you wish to make bequests after your death to your church or synagogue or any other charitable organization? \_\_\_\_\_? Furnish details: \_\_\_\_\_

\_\_\_\_\_

## FIDUCIARIES

1. Personal Representative (Executor) (including address): \_\_\_\_\_

\_\_\_\_\_  
Successors (including address): \_\_\_\_\_

2. Trustee (including address): \_\_\_\_\_

\_\_\_\_\_  
Successors (including address): \_\_\_\_\_

3. Remover/Appointer of Trustee(s) (including address): \_\_\_\_\_

4. Independent Trustee(s) (including address): \_\_\_\_\_

5. Financial Power of Attorney: (Please supply copy of existing document, if any.) \_\_\_\_\_

\_\_\_\_\_  
Successors (including address): \_\_\_\_\_

6. Medical Power of Attorney: (Please supply copy of existing document, if any.) \_\_\_\_\_

\_\_\_\_\_  
Successors (including address): \_\_\_\_\_