CONFIDENTIAL

ESTATE PLANNING INFORMATION

A worksheet produced exclusively for the clients of

HAWKINS GORDON
ATTORNEYS AT LAW

4500 Cherry Creek Drive South
Suite 625
Denver, Colorado 80246
303.292.3228

Prepared on: _____, 20 _____

PERSONAL INFORMATION:

	YOU	SPOUSE
LEGAL NAME:		
OTHER NAMES USED:		
HOME ADDRESS:		
COUNTY:		
HOME PHONE:		
EMAIL ADDRESS:		
OCCUPATION:		
BUSINESS ADDRESS:		
BUSINESS PHONE:		
CELL PHONE:		
REFERRED BY:		

CHILDREN:

NAME	DATE OF BIRTH	ADDRESS (IF NOT LIVING AT HOME)	
Is there a possibility of additional natural or adopted children? Please note any adopted children and step-children (check one).		☐ Yes	☐ No

OTHER BENEFICIARIES:

NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS (CITY/STATE)

ESTIMATED PERSONAL BALANCE SHEET

ASSETS:

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

	HUSBAND	WIFE	JOINT
RESIDENCE:			
OTHER REAL PROPERTY:			
BANK ACCOUNTS & CERTIFICATES:			
RETIREMENT PLAN BENEFITS (IRA, 401(K), SEP):			
PUBLICLY TRADED STOCKS & BONDS:			
CLOSELY HELD STOCK & PARTNERSHIP INTERESTS:			
AUTOMOBILES:			
ART, STAMP, COIN OR OTHER COLLECTABLES:			
MISCELLANEOUS HOUSEHOLD PROPERTY:			
FACE VALUE OF LIFE INSURANCE:			
OTHER (IDENTIFY):			
OTHER (IDENTIFY):			
TOTAL ASSETS:			
TOTAL ESTATE ASSETS (COMBINED TOTALS OF HUSBAND, WIFE, & JOINT:			**$**

LIABILITIES:

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

	HUSBAND	WIFE	JOINT
REAL ESTATE MORTGAGE:			
OTHER LIABILITIES:			
TOTAL LIABILITIES:			
TOTAL NET WORTH (COMBINED TOTALS OF HUSBAND, WIFE, & JOINT:			**$**

INSURANCE (DETAILS OF INSURANCE LISTED ABOVE):

If you bring a recent personal financial statement to the meeting, only fill out the insurance section at the end.

INSURED	FACE AMOUNT	BENEFICIARY	OWNER (IF DIFFERENT)	COMPANY	TERM OR WHOLE

If you have time, please complete the following. Regardless, please review these two pages.

PERSONAL REPRESENTATIVES, GUARDIANS, & TRUSTEES:

PERSONAL REPRESENTATIVES	NAME	ADDRESS
INITIAL:		
SUCCESSOR(S):		

GUARDIANS OF CHILDREN	NAME	ADDRESS
INITIAL:		
SUCCESSOR(S):		

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

TRUSTEES OF CHILDRENS' TRUSTS	NAME	ADDRESS
INITIAL:		
SUCCESSOR(S):		

PRIORITIES

What are your priorities in planning your estate? For example, estate taxes or guardians for children. Do you have any special concerns?

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.

OTHER CONSIDERATIONS

Prior marriages, support or settlement obligations, prenuptial agreement, disabled children or beneficiaries.

POWER OF ATTORNEY

Have you ever given power of attorney to another? (check one): ☐ Yes ☐ No

If so, to whom and when? _____

SPECIAL INSTRUCTIONS

Do you have special instructions regarding:

1. Living Will (life support):	
2. Anatomical Gifts (organ donation):	
3. Burial or Cremation:	

ADVISORS

Accountant:	
Financial Advisor:	
Insurance:	

PLEASE BRING TO THE MEETING

☐ Existing wills	☐ Any federal gift-tax returns	☐ Pre-nuptial & separation agreements
☐ Any trust in which you are a beneficiary	☐ Copy of warranty deed to any out-of-state real property you own	