

**ESTATE-PLANNING MASTER INFORMATION LIST**  
**MEURER LAW OFFICES, P.C.**  
5347 S. Valentia Way, Ste. 140  
Greenwood Village, CO 80111  
(303) 991-3544  
(303) 390-1877 (fax)  
(303) 585-0864 (cell)

**Personal Information**

Date: \_\_\_\_\_

**Clients**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Nos. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_

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Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Nos. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_

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Are you married? ( ) Yes ( ) No If so, date of marriage: \_\_\_\_\_

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**Children**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Married (yes) / (no) Name of spouse: \_\_\_\_\_

Grandchildren \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Married (yes) / (no) Name of spouse: \_\_\_\_\_

**Grandchildren**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Married (yes) / (no) Name of spouse: \_\_\_\_\_

Grandchildren \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Married (yes) / (no) Name of spouse: \_\_\_\_\_

Grandchildren \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Married (yes) / (no) Name of spouse: \_\_\_\_\_

Grandchildren \_\_\_\_\_

Are any children not also children of the current spouse? ( ) Yes ( ) No

If so, children's names : \_\_\_\_\_

Are there any children who have died? ( ) Yes ( ) No

If so, children's names : \_\_\_\_\_

Did they have any children? ( ) Yes ( ) No

If so, children's names : \_\_\_\_\_

Are there are any adopted children in the family? ( ) Yes ( ) No

If so, children's names : \_\_\_\_\_

Are there are any children who are living as family members but who have *not* been adopted? ( ) Yes ( ) No

**Other Relatives**

**Parents (if appropriate)**

Name                      Relationship                      Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Siblings (if appropriate)**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

**Other Relatives (if appropriate)**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

**Prior Marriages**

To whom \_\_\_\_\_

How and when marriage ended \_\_\_\_\_

**Children by Prior Marriages**

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

Do you wish to treat your heirs unequally? Why?

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\_\_\_\_\_

Are any of your heirs disabled? Nature of disability?

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Are any of your relatives antagonistic? Who?

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Are any of your heirs spendthrifts and have trouble managing their money? Who?

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Do you have a prior will?

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Are there any special health concerns you have for yourself or your heirs?

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**Life Insurance**

Name of Co.  
Title Holder  
Beneficiary  
When Acquired

Type of Policy/Plan  
Whose Life Insured  
Face Amount and/or Value

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Name of Co.  
Title Holder  
Beneficiary  
When Acquired

Type of Policy/Plan  
Whose Life Insured  
Face Amount and/or Value

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Name of Co.  
Title Holder  
Beneficiary  
When Acquired

Type of Policy/Plan  
Whose Life Insured

Face Amount and/or Value

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Name of Co.  
Title Holder  
Beneficiary  
When Acquired

Type of Policy/Plan  
Whose Life Insured

Face Amount and/or Value

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Do you have an existing marital property (or prenuptial or postnuptial) agreement? ( ) Yes ( ) No If so, please provide a copy.

Have you made or received any substantial gifts to client? If so, please provide details.

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Are there any trusts created by you or for your benefit? If so, please provide details.

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Have you been appointed a power of attorney or have you appointed someone else a power of attorney over you?

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Do you have a future interest or remainder interest in any property? Are you expecting to inherit a substantial sum?

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