



McFARLAND  
& LORD LLC



# Estate Planning ORGANIZER

Client(s): \_\_\_\_\_  
\_\_\_\_\_

**Berthoud Office:**

1201 Lake Ave., Suite A  
Berthoud, Colorado 80513  
(970) 532-4183

**Golden Office:**

910 13th Street, Suite 200  
Golden, Colorado 80401  
(303) 279-8300

[www.McFarlandLord.com](http://www.McFarlandLord.com)





CONGRATULATIONS on taking a wise first step in developing a plan to manage your legal and financial affairs to best protect you and your family. This Estate Planning Organizer is important to complete so that our initial meeting with you is most productive. Please complete this Organizer as fully as possible and return it to us at your earliest convenience so that you will gain the most during our upcoming conference.



#### WE SUGGEST YOU:

1. Complete the Organizer safely and securely on-line by visiting our estate planning page at [www.mcfarlandlord.com](http://www.mcfarlandlord.com); or
2. Drop it off at either our Berthoud or Golden office; or
3. Contact Kim Schmad via e-mail ([kim@mcfarland.law](mailto:kim@mcfarland.law)) or phone (970.532.4183) so that we can send you a secure e-mail link to upload your completed Organizer.

## Personal Information

#### YOUR LEGAL NAME:

\_\_\_\_\_  
(Name most often used to title property and accounts)

SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### SPOUSE LEGAL NAME:

\_\_\_\_\_  
(Name most often used to title property and accounts)

SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Education: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_





## Children's Information ■

**Child #1** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Parent: ☐ Husband ☐ Wife ☐ Joint Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Grandchild #1 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #2 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #3 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

**Child #2** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Parent: ☐ Husband ☐ Wife ☐ Joint Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Grandchild #1 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #2 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #3 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐





## Children's Information Continued ■

**Child #3** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Parent: ☐ Husband ☐ Wife ☐ Joint Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Grandchild #1 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #2 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #3 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

**Child #4** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Also Known As/Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Parent: ☐ Husband ☐ Wife ☐ Joint Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Grandchild #1 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #2 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐

Grandchild #3 (Name): \_\_\_\_\_ Parents: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: ☐





## Other Beneficiaries & Dependents

**Beneficiary #1** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

**Beneficiary #2** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

**Beneficiary #3** (Full Legal Name): \_\_\_\_\_ SS#: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

US Citizen: ☐ Yes ☐ No ☐ Single ☐ Married (Date: \_\_\_\_\_) ☐ Divorced (Date: \_\_\_\_\_)

Special Needs: ☐ Medical ☐ Educational ☐ Financial

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_





## Charities & Philanthropy ■

**Charity #1** (Organization Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Charity #2** (Organization Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Charity #3** (Organization Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Charity #4** (Organization Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Notes ■





## Other Advisors ■

**CPA** (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Advisor/Stock Broker** (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Life Insurance Agent** (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Attorney** (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other** (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Notes ■

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## Important Family Questions ■

Have you or your spouse been diagnosed with any physical ailment that affects your life expectancy? *If yes, please explain:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Are you or your spouse currently taking medication that might impair your mental faculties or abilities? *If yes, please explain:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Have you or your spouse been diagnosed with dementia, Alzheimer's disease, or other mental illness? *If yes, please explain:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Are you or your spouse receiving social security, disability, or other governmental benefits? *If yes, please explain:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Are you or your spouse making payments to a divorce or property settlement order? *If yes, please describe and provide a copy:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Have you or your spouse ever been widowed? *If a federal or state death/estate tax return was filed, please provide a copy.*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Have you or your spouse ever filed federal or state gift tax returns? *If yes, please provide copies.*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No





## Important Family Questions Continued ■

Have you or your spouse completed a previous will, trust, or estate plan? *If yes, please provide copies if not with this office.*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

If married, have you lived (while married to your current spouse) in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Are you or your spouse named as a beneficiary in anyone else's estate planning documents? *If yes, please describe:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Do you or your spouse provide primary or any other major financial support to adult children or others? *If yes, please describe:*

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Do you have any adopted children?

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Are either you or your spouse veterans?

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Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No





## PLANNING CONCERNS ■

### TO BE COMPLETED BY CLIENT

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

#### Tax Concerns

##### LEVEL OF CONCERN

None Low Medium High

1. Estate Taxes. I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have.

☐ ☐ ☐ ☐

2. Capital Gains Taxes. I have an asset that I'm thinking about selling and I'd like to know how I might reduce or eliminate any capital gains taxes that I might owe.

☐ ☐ ☐ ☐

3. Income Taxes. We have assets such as an IRA, 401(k) and/or ESOP accounts that still have significant income tax liability.

☐ ☐ ☐ ☐

#### Family Concerns

##### LEVEL OF CONCERN

None Low Medium High

4. Comprehensive Plan. I desire to get my affairs in order and create a comprehensive plan for my family to manage my affairs in case of my death or disability.

☐ ☐ ☐ ☐

5. Spousal Protection if I Pass First. I would like to know that if I were to die first, my Spouse is protected and that my assets are available to my Spouse, but that upon my Spouse's death, my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my Spouse's subsequent husband or wife or to any other individual who might influence my Spouse.

☐ ☐ ☐ ☐

6. Disinheriting Beneficiaries. I would like to know how I can disinherit a beneficiary and/or any children he or she may have.

☐ ☐ ☐ ☐

7. Custodian of Minor Children. I'm concerned that, if I and my Spouse were to die, our children will be placed in the custody of someone other than whom we select.

☐ ☐ ☐ ☐

8. Fiscal Immaturity. I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them due to their mismanagement of the money.

☐ ☐ ☐ ☐





## Family Concerns

**9. Children-In-Law.** I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children.

LEVEL OF CONCERN  
None Low Medium High

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**10. Failed Marriages.** I'm concerned about what might happen to a beneficiary's inheritance if he or she ever gets a divorce from his or her current or future spouse.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**11. Grandchildren's Education.** I'm concerned that my children might not provide for my grandchildren's education which is very important to me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**12. Special Needs Beneficiary.** I have an individual whom I'd like to benefit in my estate planning who has "special needs" and who is currently receiving or may in the future receive governmental benefits but who might lose eligibility if they inherit assets.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**13. Family Disputes.** I am concerned about my beneficiaries commencing lawsuits (i.e., will contest) against each other because they feel that they've received less than they should have received.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**14. Hard-to-Divide Assets.** My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Disability Concerns

**15. Planning for Parents.** I'm concerned that my parents or my Spouse's parents will need financial assistance if we were to die prematurely.

LEVEL OF CONCERN  
None Low Medium High

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**16. Avoid Terri Schiavo Situation.** I would like to provide that my death shall not be unnecessarily prolonged by artificial means or measures.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**17. HIPAA.** My current planning does not reflect the HIPAA privacy rules and I'm concerned that if something happened to me, health care personnel might not disclose information about me to my loved ones.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Creditor Concerns

**18. Beneficiaries' Creditors.** I'm concerned that our children or other beneficiaries will lose any inheritance we might leave to them to their creditors, lawsuits, or divorcing spouses.

LEVEL OF CONCERN  
None Low Medium High

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**19. Creditors of Jointly Owned Property.** I have property owned as joint tenants with someone other than my Spouse and I'm concerned that a creditor of that other person could take the entire property.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## POST-DEATH CONCERNS

**20. Avoid Probate.** I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding.

**21. Fire Sale.** I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe.

**22. Privacy.** I'm concerned that personal matters involving family or finance will become public knowledge available to my business competitors, predators, dishonest persons, and curiosity seekers.

LEVEL OF CONCERN			
None	Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BUSINESS CONCERNS

**23. Validity of Corporate Shield.** I own a corporation or limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.

**24. Business Succession Plan #1.** I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.

**25. Business Succession Plan #2.** I have a company and I'm concerned that I may pay too much tax when I ultimately sell or transfer ownership.

**26. Out-of-Date Buy-Sell Agreement.** I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have the funds to buy out my interest if I were to die.

LEVEL OF CONCERN			
None	Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GIVING CONCERNS

**27. Charitable Planning.** I would like to know my options for naming a charity both during my lifetime and at my death.

**28.** I would like to learn the most tax advantageous way to give to my preferred charitable causes.

LEVEL OF CONCERN			
None	Low	Medium	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Financial and Asset Summary ■

This organizer is designed to help you list all of the assets and property that you own and to approximate its fair market value. If you do not own property or assets under a particular heading, please leave that section blank. If a section is insufficient for you to list all of your holdings, attach extra sheets to this Organizer.

**It is extremely important that you complete this Organizer as thoroughly and as accurately as you can. Our advice will be based upon the information that you provide to us.**

### OWNERS/BENEFICIARIES AND ACCOUNT NUMBERS

How you own your assets is extremely important for purposes of properly designing and implementing your Family Estate & Legacy Program plan. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

OWNER OF PROPERTY	USE
If married, asset held in Client's name alone with no other person	C
If married, asset held in Spouse's name alone with no other person	S
If married, Joint Tenancy with Right of Survivorship with Spouse	JTS
Joint Tenant with someone other than Spouse (i.e. child, parent)	JTO
If you cannot determine how the property is owned	?

**So that we may accurately communicate with your financial advisors/institutions to properly "fund" any trust that you create, please attach copies of the following:**

- Bank and Brokerage Statements
- Deeds and Property Records
- Certificates of Partnership or Closely Held Business Interests
- Life Insurance and Annuity Statements and Beneficiary Designations
- Retirement Account Statements and Beneficiary Designations





## REAL PROPERTY

List any interest in real estate including your family residence, vacation home, commercial property, vacant land, time share, etc.

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			

## AUTOMOBILES, BOATS, AND RVs

For every vehicle, please list the description, how titled, market value, and outstanding encumbrance.

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			

## FURNITURE AND PERSONAL EFFECTS

List separately only major personal effects such as jewelry, collections, antiques, furs, and other valuable non-business personal property below and give a lump sum for miscellaneous, less valuable items.

GENERAL DESCRIPTION	OWNER	FAIR MARKET VALUE	LOAN BALANCE
TOTALS			



**CASH ACCOUNTS (BANK, SAVINGS, CD & MONEY MARKET)**

List each bank and savings account, including the institution and account number. For “type” use the following abbreviations: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “COD”, Money Market “MM”. Do not include IRAs, 401(k)s or Retirement Accounts.

NAME OF INSTITUTION	ACCOUNT #	TYPE	OWNER	BALANCE
TOTAL				

**IRA, 401(K) AND OTHER RETIREMENT ACCOUNTS**

This is where you list your IRA, 401(k), SEP, HR10, Pension and Retirement Plan Accounts. Lump account balances together. Give both the Owner and the named Primary Beneficiary of each Account. Provide any pertinent information that may not be asked.

INSTITUTION	ACCOUNT #	TYPE	OWNER	BENEFICIARY	BALANCE
TOTAL					

**STOCKS, BONDS & NON-RETIREMENT INVESTMENT ACCOUNTS**

List any and all stocks, bonds & brokerage accounts you own. Lump all of the assets in each brokerage account into one line item. Only list individual stocks and bonds that you actually hold in certificate form. Do NOT include IRAs, 401(k)s or Retirement Accounts.

INVESTMENT	ACCOUNT #	TYPE	OWNER	BALANCE
TOTAL				





## LIFE INSURANCE POLICIES & ANNUITIES

List all life insurance policies, indicate whether whole life, split dollar, group life, or annuity. List the insurance company, type of policy, owner of the policy, beneficiary of the policy, cash value, and death benefit.

INSURANCE COMPANY	TYPE	OWNER	BENEFICIARY	CASH VALUE	DEATH BENEFIT
TOTAL					

## CLOSELY HELD BUSINESS INTERESTS

Type: General and Limited Partnerships, LLCs, S Corporations, Sole Proprietorships, privately owned companies, land trusts, and gas and oil interests.

NAME OF BUSINESS	STATE ORGANIZED	TYPE	OWNERSHIP %	FAIR MARKET VALUE
TOTAL				

## MONEY OWED TO YOU

List any mortgages or promissory notes where someone owes you money.

NAME OF DEBTOR	DATE OF NOTE	MATURITY DATE	OWED TO	CURRENT BALANCE
TOTALS				



## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENTS

Type: Gift or inheritances that you expect to receive at some time in the future, or moneys that you anticipate receiving through a judgment in a lawsuit.

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## OTHER ASSETS NOT IDENTIFIED

List any other assets that do not fit into any other listed category.

GENERAL DESCRIPTION	OWNER	CURRENT VALUE
TOTALS		

## Notes ■

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McFARLAND  
& LORD LLC

Berthoud Office:  
1201 Lake Ave., Suite A  
Berthoud, Colorado 80513  
(970) 532-4183

Golden Office:  
910 13th Street, Suite 200  
Golden, Colorado 80401  
(303) 279-8300

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