

BUCHANAN & STOUFFER, P.C.  
150 Tech Center Drive, Suite B  
Durango, Colorado 81301  
Telephone: (970) 799-7919  
Facsimile: (970) 788-7072

CONFIDENTIAL ESTATE PLANNING INFORMATION

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

The purpose of this questionnaire is to gather information to plan your estate. To enable us to properly appraise your situation, advise you, and recommend the most suitable estate plan for you, please fill out the questionnaire as completely and accurately as possible. Feel free to call if you have questions.

SPOUSE 1

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_

Variations of your name in which property is titled or by which you are generally known:

\_\_\_\_\_

Are you a U.S. citizen? Yes: \_\_\_ No: \_\_\_. If not, country of citizenship: \_\_\_\_\_

Are you a Colorado resident? Yes: \_\_\_ No: \_\_\_. If not, state of residence: \_\_\_\_\_

Occupation (if retired, prior occupation): \_\_\_\_\_

Employer: \_\_\_\_\_

Business/Work Address: \_\_\_\_\_

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

May we contact you via email? Yes: \_\_\_ No: \_\_\_.

Mobil Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

SPOUSE 2

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_

Variations of your name in which property is titled or by which you are generally known:

\_\_\_\_\_

Are you a U.S. citizen? Yes: \_\_\_ No: \_\_\_. If not, country of citizenship: \_\_\_\_\_

Are you a Colorado resident? Yes: \_\_\_ No: \_\_\_. If not, state of residence: \_\_\_\_\_

Occupation (if retired, prior occupation): \_\_\_\_\_

Employer: \_\_\_\_\_

Business/Work Address: \_\_\_\_\_

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

May we contact you via email? Yes: \_\_\_ No: \_\_\_.

Mobil Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

### YOUR RESIDENCE

Home address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

County of Residence: \_\_\_\_\_

### MARITAL INFORMATION

Date of Marriage: \_\_\_\_\_

Do you have a Marital Property Agreement (Pre-Nuptial or Post-Nuptial)? Yes: \_\_\_ No: \_\_\_

Have you ever been divorced? Spouse 1 – Yes: \_\_\_ No: \_\_\_; Spouse 2 – Yes: \_\_\_ No: \_\_\_

Do you owe alimony or child support? Spouse 1 – Yes: \_\_\_ No: \_\_\_; Spouse 2 – Yes: \_\_\_ No: \_\_\_

During your marriage, have you lived in any of the following community property states?

Alaska: \_\_\_ Arizona: \_\_\_ California: \_\_\_ Idaho: \_\_\_ Louisiana: \_\_\_

Nevada: \_\_\_ New Mexico: \_\_\_ Texas: \_\_\_ Washington: \_\_\_ Wisconsin: \_\_\_

### ESTATE PLANNING DOCUMENTS

Do you have a Will, Trust or other estate planning documents?

Spouse 1 – Yes: \_\_\_ No: \_\_\_; Spouse 2 – Yes: \_\_\_ No: \_\_\_ If yes, please provide a copy.

Do you have a safe deposit box? Yes: \_\_\_ No: \_\_\_ If yes, where is it? \_\_\_\_\_

Have you filed gift tax returns? Yes: \_\_\_ No: \_\_\_ If yes, please provide a copy.

Do you contemplate making substantial gifts during your lifetime? Yes: \_\_\_ No: \_\_\_

Do you have a funeral or burial plan? Yes: \_\_\_ No: \_\_\_ Company: \_\_\_\_\_

Have you provided for the disposition of your remains? Yes: \_\_\_ No: \_\_\_

If yes, please provide a copy.

YOUR CHILDREN

Name: \_\_\_\_\_ Child of: \_\_\_\_\_  
Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Deceased: \_\_\_  
Date of Birth: \_\_\_\_\_ Number of his/her children: \_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Child of: \_\_\_\_\_  
Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Deceased: \_\_\_  
Date of Birth: \_\_\_\_\_ Number of his/her children: \_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Child of: \_\_\_\_\_  
Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Deceased: \_\_\_  
Date of Birth: \_\_\_\_\_ Number of his/her children: \_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Child of: \_\_\_\_\_  
Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Deceased: \_\_\_  
Date of Birth: \_\_\_\_\_ Number of his/her children: \_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Child of: \_\_\_\_\_  
Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Deceased: \_\_\_  
Date of Birth: \_\_\_\_\_ Number of his/her children: \_\_\_  
Address: \_\_\_\_\_

Do any members of your family need special protection due to age, disability or other concerns?  
Yes: \_\_\_ No: \_\_\_ If yes, please explain: \_\_\_\_\_

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YOUR SERVICE AS A FIDUCIARY OR AGENT

Are you serving as a personal representative (executor), trustee, guardian, conservator, account custodian, or agent under power of attorney? Yes: \_\_\_ No: \_\_\_ If yes, please describe:

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

**FIDUCIARY DESIGNATIONS**

**Personal Representative:** Who should be appointed as personal representative (executor) of your estate, and as successor personal representatives?

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**Trustee:** If you create a trust, who should be designated as trustee, and as successors?

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Care Agent:** If you create a health care power of attorney, who should be designated as agent, and as successor agents, to make health care decisions for you when you cannot?

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**Financial Agent:** If you create a financial power of attorney, who should be designated as agent, and as successor agents, to make financial decisions for you when you cannot?

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**Guardian:** If you have minor or incapacitated children, who should be appointed as guardian, and as successors?

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

ADVISORS

Accountant: Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

Financial Advisor: Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

Life Insurance: Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU FIND US? Website? \_\_\_ Referral? \_\_\_ Other? \_\_\_\_\_

Referral Source: Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

ESTATE PLANNING ISSUES

To assist you with your estate planning, please consider the following issues which we will discuss in our consultation with you:

- Who do you want to benefit at the end of your life? At the end of both of your lives?
- If the persons you primarily want to provide for do not survive you, who would you want to benefit (contingent beneficiaries)?
- Are there immediate family members, other relatives, or friends whom you would like to receive specific amounts, assets or items of property?
- Do you desire to leave any portion of your estate to charity?
- What other desires or concerns do you have concerning your estate planning?

TITLE TO PROPERTY: Where title information is requested in the following pages, please use "JT" to refer to joint tenancy, and "TIC" to refer to tenancy in common.

FINANCIAL INFORMATION

REAL ESTATE

1. Property Description and Location (include County and State): \_\_\_\_\_

\_\_\_\_\_

How Titled: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ Equity: \_\_\_\_\_

2. Property Description and Location (include County and State): \_\_\_\_\_

\_\_\_\_\_

How Titled: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ Equity: \_\_\_\_\_

3. Property Description and Location (include County and State): \_\_\_\_\_

\_\_\_\_\_

How Titled: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ Equity: \_\_\_\_\_

4. Property Description and Location (include County and State): \_\_\_\_\_

\_\_\_\_\_

How Titled: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ Equity: \_\_\_\_\_

5. Property Description and Location (include County and State): \_\_\_\_\_

\_\_\_\_\_

How Titled: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ Equity: \_\_\_\_\_

CASH (checking and savings accounts, and certificates of deposit)

1. Institution and Account Type: \_\_\_\_\_

Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_ How Titled: \_\_\_\_\_

Pay on Death Designation (POD)? If so, to whom: \_\_\_\_\_

2. Institution and Account Type: \_\_\_\_\_

Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_ How Titled: \_\_\_\_\_

Pay on Death Designation (POD)? If so, to whom: \_\_\_\_\_

3. Institution and Account Type: \_\_\_\_\_

Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_ How Titled: \_\_\_\_\_

Pay on Death Designation (POD)? If so, to whom: \_\_\_\_\_

4. Institution and Account Type: \_\_\_\_\_

Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_ How Titled: \_\_\_\_\_

Pay on Death Designation (POD)? If so, to whom: \_\_\_\_\_

RETIREMENT PLANS AND ACCOUNTS (Pension, Profit Sharing, IRA, Roth IRA, Simple IRA, SEP, 403(b)/TSA, 401(k), Defined Contribution and other plans)

1. Institution: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_
2. Institution: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_
3. Institution: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_
4. Institution: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_ Balance: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

STOCKS, BONDS AND INVESTMENT ACCOUNTS

1. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_
2. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_
3. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_
4. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_

5. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_

6. Institution or Company: \_\_\_\_\_ Account No. (last 4 digits): \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_ How Titled: \_\_\_\_\_  
Transfer on Death Designation (TOD)? If so, to whom: \_\_\_\_\_

LIFE INSURANCE (Term, Whole Life, Universal, Variable, and other life insurance)

1. Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Policy Type: \_\_\_\_\_ Policy Loan Amount, if any: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

2. Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Policy Type: \_\_\_\_\_ Policy Loan Amount, if any: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

3. Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
Policy Type: \_\_\_\_\_ Policy Loan Amount, if any: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

ANNUITIES

1. Annuitant: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Total Contributions: \_\_\_\_\_ Type: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

2. Annuitant: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Total Contributions: \_\_\_\_\_ Type: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_



3. Annuitant: \_\_\_\_\_ Owner: \_\_\_\_\_  
Company: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Total Contributions: \_\_\_\_\_ Type: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

**BUSINESS INTERESTS**

1. Company and Description of Interest: \_\_\_\_\_

Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ How Titled: \_\_\_\_\_

2. Company and Description of Interest: \_\_\_\_\_

Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ How Titled: \_\_\_\_\_

3. Company and Description of Interest: \_\_\_\_\_

Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ How Titled: \_\_\_\_\_

4. Company and Description of Interest: \_\_\_\_\_

Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ How Titled: \_\_\_\_\_

5. Company and Description of Interest: \_\_\_\_\_

Present Value: \_\_\_\_\_ Debt: \_\_\_\_\_ How Titled: \_\_\_\_\_

**NOTES AND ACCOUNTS RECEIVABLE**

1. Owed By: \_\_\_\_\_ How Titled/Holder: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Terms: \_\_\_\_\_

Maturity Date: \_\_\_\_\_ Is there a written note? Yes: \_\_\_ No: \_\_\_

Collateral security? Yes \_\_\_ No \_\_\_ If yes, Describe: \_\_\_\_\_

2. Owed By: \_\_\_\_\_ How Titled/Holder: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Terms: \_\_\_\_\_

Maturity Date: \_\_\_\_\_ Is there a written note? Yes: \_\_\_ No: \_\_\_

Collateral security? Yes \_\_\_ No \_\_\_ If yes, Describe: \_\_\_\_\_

3. Owed By: \_\_\_\_\_ How Titled/Holder: \_\_\_\_\_

Current Balance: \_\_\_\_\_ Terms: \_\_\_\_\_

Maturity Date: \_\_\_\_\_ Is there a written note? Yes: \_\_\_ No: \_\_\_

Collateral security? Yes \_\_\_ No \_\_\_ If yes, Describe: \_\_\_\_\_

OIL, GAS AND OTHER MINERAL INTERESTS (mineral rights, leases, working interests, royalties)

1. Description and Location (include County and State): \_\_\_\_\_

Present Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

2. Description and Location (include County and State): \_\_\_\_\_

Present Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

3. Description and Location (include County and State): \_\_\_\_\_

Present Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

4. Description and Location (include County and State): \_\_\_\_\_

Present Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

PERSONAL EFFECTS AND MISCELLANEOUS ASSETS (items of significant value, such as vehicles, jewelry, antiques, artwork, collections, precious gems and metals, and transferable memberships)

1. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

2. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

3. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

4. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

5. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

6. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

7. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

8. Description: \_\_\_\_\_ Value: \_\_\_\_\_ How Titled: \_\_\_\_\_

DEBTS NOT PREVIOUSLY LISTED

1. Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_ Owed By: \_\_\_\_\_
2. Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_ Owed By: \_\_\_\_\_
3. Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_ Owed By: \_\_\_\_\_
4. Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_ Owed By: \_\_\_\_\_

OTHER INFORMATION

If you anticipate receiving an inheritance, from whom is it anticipated and in what approximate amount? \_\_\_\_\_  
\_\_\_\_\_

If you are the beneficiary of a trust, please provide a copy, and describe the trust and your interest in it: \_\_\_\_\_

If you are you receiving any needs-based government benefits (e.g., Medicaid, SSI), please describe: \_\_\_\_\_

If you have served in the Armed Forces, what branch? \_\_\_\_\_

If so, list the benefits to which you are entitled, and that your family may receive (e.g., life insurance, disability, retirement): \_\_\_\_\_  
\_\_\_\_\_

SUMMARY OF ASSET VALUES LESS SECURED DEBT

(From Previously Listed Financial Information)

	Spouse 1	Spouse 2	Joint Tenancy	Tenancy in Common	Totals
<u>Real Estate</u>	_____	_____	_____	_____	_____
<u>Cash</u>	_____	_____	_____	_____	_____
<u>Retirement Plans</u>	_____	_____	_____	_____	_____
<u>Stocks and Bonds</u>	_____	_____	_____	_____	_____
<u>Life Insurance</u>	_____	_____	_____	_____	_____
<u>Annuities</u>	_____	_____	_____	_____	_____
<u>Business Interests</u>	_____	_____	_____	_____	_____
<u>Notes and A/R</u>	_____	_____	_____	_____	_____
<u>Mineral Interests</u>	_____	_____	_____	_____	_____
<u>Personal Effects</u>	_____	_____	_____	_____	_____
<u>(Other Debts)</u>	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

PLEASE RETURN TO:  
Buchanan, Stouffer & Tate, P.C.  
150 Tech Center Drive, Suite B  
Durango, CO 81301  
Phone: (970) 799-7919  
Fax: (970) 788-7072

LIST OF ESTATE RELATED DOCUMENTS TO BE FURNISHED TO  
BUCHANAN, STOUFFER & TATE, P.C.

REAL ESTATE: Copy of the warranty or quit claim deed by which title to each parcel of real property was acquired; contracts for purchase of real estate, land or building leases, and all other documents relating to real estate titles. Copies MUST show recording data and signatures. Unsigned copies and drafts are not adequate.

CASH AND CASH EQUIVALENTS: Copies of checking account and saving account monthly statements showing name(s) of owner(s) and account numbers. Include the name of the POD beneficiary, if any. Copies of certificates of deposit.

RETIREMENT PLANS: Name (and number, if applicable) of each retirement plan in which you are a participant, together with other data which describes your interest in the retirement plan, including current beneficiary of death benefits.

SECURITIES: Copy of the face of each stock or bond certificate, including bearer bonds and government bonds. If you have a "street name" or nominee account under which your broker keeps your securities and sends you a monthly statement, provide a copy of a recent statement, and include the name of the TOD beneficiary, if any.

LIFE INSURANCE AND ANNUITIES: Schedule showing, for each life policy or annuity, name of insurance or annuity company, policy or contract number, face amount, and names of insured or annuitant, current beneficiary, and owner.

BUSINESS INTERESTS: Copies of all joint venture agreements, partnership agreements, and similar arrangements. Copies of Articles of Incorporation for each closely held corporation in which you hold shares, together with copies of your stock certificate(s).

NOTES AND ACCOUNTS RECEIVABLE: Copies of all promissory notes payable to you by someone else, which show all essential terms. Include a copy of the deed of trust or other security document for any note which is secured.

INTERESTS IN OIL, GAS, OR OTHER MINERALS: Copies of all oil, gas, or hard mineral leases, assignments, deeds or reservations, pooling agreements, division orders, and all other documents relating to ownership by you of oil, gas, or other mineral interests.

MISCELLANEOUS ASSETS: Copies of title documents for all assets not listed above. These might include motor vehicle titles, grain receipts, livestock brands, and documentation concerning interests in trusts and estates.

NOTE: Accurate and complete information is very important to us in order to properly review your estate and make meaningful recommendations. In some cases, we may also need the requested information for the purpose of transferring title. We can only plan relative to those assets of which we are aware.

This review is for the sole purpose of our learning the nature, present value and form of ownership of your assets. We do not review the adequacy or validity of real estate titles. If asset transfers are accomplished by us, we transfer only such title and ownership as you appear to have on the basis of documents furnished.