

INSTRUCTIONS FOR THE DISPOSITION OF MY BODY AND MY FUNERAL OR
MEMORIAL SERVICE

I, _____, of _____, Colorado, make these instructions for the disposition of my body and for my funeral or memorial service, and I revoke any prior instructions for the disposition of my body or for my funeral or memorial service.

1. I direct that, after my death, my body be _____,
[buried or cremated],
and that _____.
[where body should be buried, or what should be done with ashes]

2. I request that all arrangements for my funeral or memorial service be made by my designee, _____, currently of _____.
[name and relationship] [city and state]

If he or she is unable or unwilling to act, then arrangements for my funeral or memorial service will be made by _____, currently of _____.
[name and relationship] [city and state]

I would like my services to be held at _____.
[name of church or the like]

I would like _____ to preside if he or she is available.
[name of pastor, rabbi, or the like]

I would like the following music to be played _____.

Other requests: _____

3. I agree that any third party, such as a funeral home, may follow my instructions as set out in this instrument, and I direct that my estate will pay any third party for any costs that result from the third party's good faith reliance on my instructions.

4. I may revoke or amend these instructions at any time, in writing. A revocation or amendment will not be effective as to a third party until the third party learns of the amendment or revocation.

Signature
STATE OF COLORADO)
) ss.
COUNTY OF _____)

Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, declarant.

Witness my hand and official seal.

My commission expires _____.

[Seal]

Notary Public

DURABLE POWER OF ATTORNEY

FINANCIAL MATTERS

I, Sally Jones, of Denver, Colorado, execute this General Durable Power of Attorney for Financial Matters, intending that the person named as my agent shall have the power to act in my place, FOR MY BENEFIT to the same extent as I could have acted for myself with regard to all my financial matters.

ARTICLE 1. DESIGNATION OF AGENT

I appoint Mike Smith of Denver, Colorado, as my agent, to act for me, in my place for all my financial matters. If Mike Smith does not survive me or is unable to or fails to act, I appoint Beth Brown to be my financial agent.

ARTICLE 2. EFFECTIVE DATE

This Durable Power of Attorney shall become effective when my treating physician certifies below that I lack the decisional capacity to make financial decisions for myself. This power of attorney will continue to be effective during my incapacity. I may revoke this power at any time in writing.

ARTICLE 3. POWERS

My agent has full power to act in any financial matter to the extent that I could have acted myself. My agent may have access to a photocopy of my will in order to act in accordance with the provisions of my will. My agent does NOT have authority to change my will or any living trust without prior court approval after notice to all interested parties.

ARTICLE 4. PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for financial matters.

ARTICLE 5. CONSERVATOR

I direct that if a conservator is appointed for me that Mike Smith shall be appointed as my

conservator. If he shall fail to qualify or cease to act then I direct that Beth Brown shall be appointed as my conservator.

LAST WILL OF << NAME >>

I, << NAME >>, also known as << AKA >>, a resident of << COUNT OF DOMICILE >> County, Colorado, revoke any prior wills and codicils made by me and declare this to be my will.

ARTICLE 1 FAMILY INFORMATION

1.1 Marital Status.

I am married to << SPOUSE NAME >>. Any reference in my will to my spouse is to such person.

1.2 Children.

Article 2 My children now living are << LIST CHILDREN NAMES AND DATES OF BIRTH >>. Any reference in my will to my children is to such children and to any children subsequently born to or legally adopted by me. Any reference in my will to my descendants is to my children and their descendants.

Article 3 NOTE: List deceased children and dates of death

ARTICLE 4 SPECIFIC AND GENERAL GIFTS

4.1 Gift to Spouse.

I give all my household goods, personal effects, and other articles of tangible personal property, together with any insurance policies covering such property and claims under such policies, to my spouse, if my spouse survives me.

4.2 Separate Memorandum.

If my spouse does not survive me, I give such property in accordance with any memorandum directing the disposition of such property signed by me or in my handwriting which I may leave at my death.

4.3 Contingent Gift.

If my spouse does not survive me, and if for any reason no such memorandum is in existence at my death, or to the extent such memorandum fails to dispose of all of such property effectively, I give such property not disposed of, except such property used in any business in which I may have an interest, to my children who survive me, but not to their descendants, in shares of substantially equal value, to be divided among them as they and such other person as my personal representative may select to represent any child of mine believed by my personal representative to be incapable of acting in his or her own best interest, shall agree. In case my children and such other person do not agree upon the division of such property within three months after the appointment of my personal representative, my personal representative shall make the division. Notwithstanding the foregoing, should my personal representative determine that it would not be in the best interest of my children to receive possession of any item of such property, my personal representative may sell such item and add the proceeds to my residuary estate. All reasonable expenses of storage, packing, shipping, delivery, insurance or sale shall be paid as expenses of administration.

ARTICLE 5 RESIDUARY ESTATE

5.1 Definition of Residuary Estate.

All the remainder of my estate, including property referred to above that is not effectively disposed of, shall be referred to in this will as my "residuary estate." I do not exercise any power of appointment under the provisions of this article.

5.2 Disposition of Residuary Estate.

- a) Primary Disposition: I give my residuary estate to my spouse if my spouse survives me.
- b) Contingent Disposition: If my spouse does not survive me, I give my residuary estate to my descendants by representation.

5.3 Remote Contingent Disposition.

If there is no person or entity qualified to receive final distribution of my residuary estate or any part of it, then any such portion of my residuary estate with respect to which such failure of qualified recipients has occurred shall be distributed one-half to those persons who would inherit it had I died intestate, unmarried, and not a partner in a civil union owning such property, and one-half to those persons who would inherit it had my spouse simultaneously died intestate, unmarried, and not a partner in a civil union owning such property, all as determined and in the proportions provided by the laws of Colorado in effect at my death.

ARTICLE 6 DESIGNATION AND SUCCESSION OF FIDUCIARIES

6.1 Personal Representative.

I nominate my spouse as my personal representative. If they fail or cease to act as my personal representative for any reason, I nominate << PR2 >> to serve as successor personal representative.

6.2 Guardian and Conservator.

[INCLUDE IF MINOR CHILDREN]

If appointment of a guardian and conservator of a minor child of mine becomes necessary, I appoint as guardian and conservator the individual or individuals designated in a separate writing signed by me in the presence of two witnesses.

ARTICLE 7 POWERS OF FIDUCIARIES

7.1 Grant.

My fiduciaries may perform every act reasonably necessary to administer my estate and any trust established under my will. Specifically, my fiduciaries may hold, retain, invest, reinvest, and manage real or personal property, including interests in any form of business entity including, but not limited to, limited partnerships and limited liability companies, and policies of life, health, and disability insurance, without diversification as to kind, amount, or risk of non-productivity and without limitation by statute or rule of law but in all other respects in accordance with the Colorado Uniform Prudent Investor Act. They may partition, sell, exchange, grant, convey, deliver, assign, transfer, lease, option, mortgage, pledge, abandon, borrow, loan, contract, distribute in cash or kind or partly in each at fair market value on the date of distribution, without requiring pro rata distribution of specific property and without requiring pro rata allocation of the tax basis of such property. They may, in a reasonable and impartial exercise of discretion, allocate capital gains realized by my estate or any trust established under my will to principal or to income or partly to each. They may hold in nominee form, continue businesses, carry out agreements, deal with themselves, other fiduciaries, and business organizations in which my fiduciaries may have an interest. They may establish reserves, release powers, and abandon, settle, or contest claims. They may employ attorneys, accountants, investment advisors, custodians of trust property, and other agents or assistants as deemed advisable to act with or without discretionary powers and compensate them and pay their expenses from income or principal or both.

7.2 Fiduciaries' Powers Act.

In addition to all of the above powers, my fiduciaries may exercise those powers set forth in the Colorado Fiduciaries' Powers Act as amended after the date of this instrument. I incorporate such Act as it exists today by reference and make it a part of this instrument.

7.3 Distribution Alternatives.

My fiduciaries may make any payments under my will or any trust under my will:

- a) Directly to the beneficiary;
- b) In any form allowed by applicable state law for gifts or transfers to minors or persons under incapacity;
- c) To the beneficiary's guardian, conservator, or caregiver for the benefit of the beneficiary; and
- d) By direct payment of the beneficiary's expenses. A receipt by the recipient for any such distribution, if such distribution is made in a manner consistent with the proper exercise of my fiduciaries' duties hereunder, shall fully discharge my fiduciaries.

ARTICLE 8 ADMINISTRATIVE PROVISIONS

8.1 Court Proceedings.

Any trust established under this instrument shall be administered in a timely and efficient manner consistent with its terms, free of active judicial intervention and without order, approval, or other action by any court. It shall be subject only to the jurisdiction of a court being invoked by the trustees or other interested parties or as otherwise provided by law.

8.2 No Bond.

I direct that no fiduciary shall be required to give any bond in any jurisdiction, and if, notwithstanding this direction, any bond is required by any law, statute, or rule of court, no sureties be required.

8.3 Compensation.

Any fiduciary under this instrument shall be entitled to reasonable compensation commensurate with services actually performed and to be reimbursed for expenses properly incurred.

8.4 Inalienability.

No beneficiary shall have any right to anticipate, sell, assign, mortgage, pledge, or otherwise dispose of or encumber all or any part of any trust estate established for his or her benefit under this instrument. No part of such trust estate, including income, shall be liable for the debts or obligations of any beneficiary or be subject to attachment, garnishment, execution, creditor's bill, or other legal or equitable process.

8.5 Distribution to Incapacitated Persons or Persons Under 21.

If any beneficiary to whom my personal representative is directed to distribute any share of my probate estate is under the age of 21 years or is, in the opinion of that fiduciary, under any incapacity which renders such beneficiary unable to administer distributions properly when the distribution is to be made, such fiduciary, in its discretion, acting as trustee, may continue to hold such beneficiary's share as a separate trust until he or she reaches the age of 21 or overcomes the incapacity, when my trustee shall distribute such beneficiary's trust to him or her.

- a) While any trust is being held under this paragraph, my trustee may distribute to, or apply for the benefit of, the beneficiary for whom the trust is held such amounts of the net income or principal, or both, as my trustee may determine in its sole and absolute discretion. Any undistributed net income may be added to principal from time to time in the discretion of my trustee. My trustee shall exercise its discretion in such a manner as to maximize medical or public assistance benefits, and shall not enter into any agreement with any representative of a medical or public assistance program or governmental entity which compromises such beneficiary's continued care or eligibility for services in or from any public or private institution or facility. My trustee's discretion shall be absolute and binding on all persons, including any organization providing benefits to the beneficiary.
- b) Upon the death of such beneficiary before he or she attains the age of 21 years or before his or her incapacity ceases, my trustee shall distribute the trust, including any accrued and undistributed net income, to such persons as such beneficiary may appoint by his or her will. Such will may be made either before or after my death, making specific reference to this power, and shall be admitted to probate in a formal or informal proceeding. This power may not be exercised in favor of such beneficiary's estate, such beneficiary's creditors, or the creditors of such beneficiary's estate. To the extent this nongeneral power of appointment is not exercised, on the death of such beneficiary, the trust property shall be distributed to his or her then-living descendants by representation, or, if none, to the then-living descendants by representation of that parent of the beneficiary who was a child of mine, or, if none, to my then-living descendants by representation.

8.6 Protection Against Perpetuities Rule.

Every trust hereunder, and every trust created by the exercise of a power of appointment hereunder, shall terminate no later than the end of the period allowed by the applicable Rule Against Perpetuities and the trust property shall be distributed to the persons then entitled to the income from the trust in the proportions in which they are entitled to such income. For this purpose only, any person eligible to receive discretionary distributions of income from a particular trust shall be treated as being entitled to receive the income. If two or more persons are so treated, they shall be treated as being entitled to receive the income by representation if they have a common ancestor, or in equal shares if they do not.

8.7 Litigation Powers.

My fiduciaries, in their discretion and at the expense of the estate, may institute, join, compromise, settle, dismiss, and defend legal proceedings regarding this instrument and any property administered hereunder in any judicial or administrative forum; specifically including but not limited to proceedings or class actions brought against any public entity or government agency or brought by any such entity for attachment, recoupment, levy, invasion, reformation, or access of any kind to property of the estate. My fiduciaries are authorized to retain such legal counsel and ancillary personnel as my fiduciaries deem appropriate in the exercise of their discretion hereunder.

8.8 Ancillary Fiduciary.

In the event ancillary administration shall be required or desired and my domiciliary personal representative is unable or unwilling to act as an ancillary fiduciary, my domiciliary personal representative shall have the power to designate, compensate, and remove the ancillary fiduciary. The

ancillary fiduciary may either be a natural person or a corporation. My domiciliary personal representative may delegate to such ancillary fiduciary such powers granted to my original personal representative as my personal representative may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate shall be paid over to the domiciliary personal representative.

8.9 Digital Assets.

To the extent permitted by applicable law, my fiduciary may (i) access, use, and control my digital devices, including desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device that currently exists or may exist as technology develops for the purpose of accessing, modifying, deleting, controlling, or transferring my digital assets; (ii) access, modify, delete, control, and transfer my digital assets, including all electronic communications received and sent (including the content as well as a catalogue of such communications), electronic communications accounts, digital music, digital photographs, digital videos, professional papers in electronic form, word processing documents, any and all material stored electronically in the cloud or on any websites, software licenses, social network accounts, file sharing accounts, online awards or points programs, financial accounts, banking accounts, tax preparation service accounts, domain registrations, DNS service accounts, web hosting accounts, applications designed for digital devices, and similar digital items that currently exist or may exist as technology develops; and (iii) obtain, access, modify, delete, and control my passwords and other electronic credentials associated with my digital devices and digital assets described in this paragraph.

ARTICLE 9 TAX PROVISIONS

9.1 Tax Apportionment.

I direct that all estate, inheritance, and succession taxes payable by reason of my death shall be apportioned as provided under the law of Colorado in effect at the date of my death.

ARTICLE 10 GENERAL PROVISIONS

10.1 Adopted Children.

A child adopted by any person and the descendants by blood or adoption of such child shall be considered the descendants of such adopting person and of such person's ancestors if the adoption is by legal proceeding while the child is under the age of 21 years.

10.2 Applicable Law.

The validity and construction of my will shall be determined by the laws of Colorado. Questions of administration of any trust established under my will shall be determined by the laws of the situs of administration of such trust. The laws of Colorado shall govern the creation, revocation, or amendment of a power of appointment created by this trust and the exercise, release, disclaimer, or other refusal of such a power of appointment.

10.3 By Representation.

Whenever property is to be distributed or divided among descendants of a designated person "by representation," the property is divided into as many equal shares as there are (i) surviving descendants in the generation nearest to the designated ancestor which contains one or more surviving descendants, and (ii) deceased descendants in the same generation who left surviving descendants, if any. Each surviving descendant in the nearest generation is allocated one share and the share of each deceased descendant in the same generation is divided among his or her descendants in the same manner.

10.4 Construction.

Unless the context requires otherwise, words denoting the singular may be construed as denoting the plural. Words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender, if appropriate.

10.5 Headings and Titles.

The headings and paragraph titles are for reference only.

10.6 Other Definitions.

Except as otherwise provided in this instrument, terms shall be as defined in the Colorado Probate Code, or, with regard to powers of appointment, in the Colorado Uniform Powers of Appointment Act, as either may be amended after the date of this instrument and after my death.

10.7 Survivorship.

For purposes of this will, any beneficiary shall be deemed to have predeceased me if such beneficiary dies within 30 days after the date of my death.

10.8 Severability.

If any part of this instrument shall be adjudicated to be void or invalid, the remaining provisions not specifically so adjudicated shall remain in full force and effect.

I, << NAME >>, sign my name to this instrument on << DATE >>, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

<< NAME >>, Testator

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that << NAME >> signs and executes this instrument as << his/her >> will and that << he/she >> signs it willingly (or willingly directs another to sign for << him/her >>) and that << he/she >> executes it as << his/her >> free and voluntary act for the purposes therein expressed, and that each of us, in the conscious presence of << NAME >>, hereby sign this will as witness to << his/her >> signing, and that to the best of our knowledge << NAME >> is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

Witness

Address

Address

STATE OF COLORADO

CITY & COUNTY OF DENVER

Signed, sworn to, and acknowledged before me by << NAME >>, testator, and signed and sworn to before me by _____ and _____, witnesses, on << DATE >>.

Notary Public

My commission expires July 9, 2024

LAST WILL OF << NAME >>

I, << NAME >>, also known as << AKA >>, a resident of << COUNT OF DOMICILE >> County, Colorado, revoke any prior wills and codicils made by me and declare this to be my will.

ARTICLE 1 FAMILY INFORMATION

1.1 Marital Status.

I am not married and not a partner in a civil union.

1.2 Children.

My children now living are << LIST CHILDREN NAMES AND DATES OF BIRTH >>. Any reference in my will to my children is to such children and to any children subsequently born to or legally adopted by me. Any reference in my will to my descendants is to my children and their descendants.

NOTE: List deceased children and dates of death

ARTICLE 2 SPECIFIC AND GENERAL GIFTS

2.1 Separate Memorandum.

I give all my household goods, personal effects, and other articles of tangible personal property, together with any insurance policies covering such property and claims under such policies, in accordance with any memorandum directing the disposition of such property signed by me or in my handwriting which I may leave at my death.

2.2 Contingent Gift.

If for any reason no such memorandum is in existence at my death, or to the extent such memorandum fails to dispose of all of such property effectively, I give such property not disposed of, except such property used in any business in which I may have an interest, to my children who survive me, but not to their descendants, in shares of substantially equal value, to be divided among them as they and such other person as my personal representative may select to represent any child of mine believed by my personal representative to be incapable of acting in his or her own best interest, shall agree. In case my children and such other person do not agree upon the division of such property within three months after the appointment of my personal representative, my personal representative shall make the division. Notwithstanding the foregoing, should my personal representative determine that it would not be in the best interest of my children to receive possession of any item of such property, my personal representative may sell such item and add the proceeds to my residuary estate. All reasonable expenses of storage, packing, shipping, delivery, insurance, or sale shall be paid as expenses of administration.

ARTICLE 3 RESIDUARY ESTATE

3.1 Definition of Residuary Estate.

All the remainder of my estate, including property referred to above that is not effectively disposed of, shall be referred to in this will as my "residuary estate." I do not exercise any power of appointment under the provisions of this article.

3.2 Disposition of Residuary Estate.

I give my residuary estate to my descendants by representation.

3.3 Remote Contingent Disposition.

If there is no person or entity qualified to receive final distribution of my residuary estate or any part of it, then any such portion of my residuary estate with respect to which such failure of qualified recipients has occurred shall be distributed to those persons who would inherit it had I died intestate, unmarried, and not a partner in a civil union owning such property, all as determined and in the proportions provided by the laws of Colorado in effect at my death.

ARTICLE 4 DESIGNATION AND SUCCESSION OF FIDUCIARIES

4.1 Personal Representative.

I nominate << PR >> as my personal representative. If they fail or cease to act as my personal representative for any reason, I nominate << PR2 >> to serve as successor personal representative.

4.2 Guardian and Conservator.

[INCLUDE IF MINOR CHILDREN]

If appointment of a guardian and conservator of a minor child of mine becomes necessary, I appoint as guardian and conservator the individual or individuals designated in a separate writing signed by me in the presence of two witnesses.

ARTICLE 5 POWERS OF FIDUCIARIES

5.1 Grant.

My fiduciaries may perform every act reasonably necessary to administer my estate and any trust established under my will. Specifically, my fiduciaries may hold, retain, invest, reinvest, and manage real or personal property, including interests in any form of business entity including, but not limited to, limited partnerships and limited liability companies, and policies of life, health, and disability insurance, without diversification as to kind, amount, or risk of non-productivity and without limitation by statute or rule of law but in all other respects in accordance with the Colorado Uniform Prudent Investor Act. They may partition, sell, exchange, grant, convey, deliver, assign, transfer, lease, option, mortgage, pledge, abandon, borrow, loan, contract, distribute in cash or kind or partly in each at fair market value on the date of distribution, without requiring pro rata distribution of specific property and without requiring pro rata allocation of the tax basis of such property. They may, in a reasonable and impartial exercise of discretion, allocate capital gains realized by my estate or any trust established under my will to principal or to income or partly to each. They may hold in nominee form, continue businesses, carry out agreements, deal with themselves, other fiduciaries, and business organizations in which my fiduciaries may have an interest. They may establish reserves, release powers, and abandon, settle, or contest claims. They may employ attorneys, accountants, investment advisors, custodians of trust property, and other agents or assistants as deemed advisable to act with or without discretionary powers and compensate them and pay their expenses from income or principal or both.

5.2 Fiduciaries' Powers Act.

In addition to all of the above powers, my fiduciaries may exercise those powers set forth in the Colorado Fiduciaries' Powers Act as amended after the date of this instrument. I incorporate such Act as it exists today by reference and make it a part of this instrument.

5.3 Distribution Alternatives.

My fiduciaries may make any payments under my will or any trust under my will:

- a) Directly to the beneficiary;

- b) In any form allowed by applicable state law for gifts or transfers to minors or persons under incapacity;
- c) To the beneficiary's guardian, conservator, or caregiver for the benefit of the beneficiary; and
- d) By direct payment of the beneficiary's expenses. A receipt by the recipient for any such distribution, if such distribution is made in a manner consistent with the proper exercise of my fiduciaries' duties hereunder, shall fully discharge my fiduciaries.

ARTICLE 6 ADMINISTRATIVE PROVISIONS

6.1 Court Proceedings.

Any trust established under this instrument shall be administered in a timely and efficient manner consistent with its terms, free of active judicial intervention and without order, approval, or other action by any court. It shall be subject only to the jurisdiction of a court being invoked by the trustees or other interested parties or as otherwise provided by law.

6.2 No Bond.

I direct that no fiduciary shall be required to give any bond in any jurisdiction, and if, notwithstanding this direction, any bond is required by any law, statute, or rule of court, no sureties be required.

6.3 Compensation.

Any fiduciary under this instrument shall be entitled to reasonable compensation commensurate with services actually performed and to be reimbursed for expenses properly incurred.

6.4 Inalienability.

No beneficiary shall have any right to anticipate, sell, assign, mortgage, pledge, or otherwise dispose of or encumber all or any part of any trust estate established for his or her benefit under this instrument. No part of such trust estate, including income, shall be liable for the debts or obligations of any beneficiary or be subject to attachment, garnishment, execution, creditor's bill, or other legal or equitable process.

6.5 Distribution to Incapacitated Persons or Persons Under 21.

If any beneficiary to whom my personal representative is directed to distribute any share of my probate estate is under the age of 21 years or is, in the opinion of that fiduciary, under any incapacity which renders such beneficiary unable to administer distributions properly when the distribution is to be made, such fiduciary, in its discretion, acting as trustee, may continue to hold such beneficiary's share as a separate trust until he or she reaches the age of 21 or overcomes the incapacity, when my trustee shall distribute such beneficiary's trust to him or her.

- a) While any trust is being held under this paragraph, my trustee may distribute to, or apply for the benefit of, the beneficiary for whom the trust is held such amounts of the net income or principal, or both, as my trustee may determine in its sole and absolute discretion. Any undistributed net income may be added to principal from time to time in the discretion of my trustee. My trustee shall exercise its discretion in such a manner as to maximize medical or public assistance benefits, and shall not enter into any agreement with any representative of a medical or public assistance program or governmental entity which compromises such beneficiary's continued care or eligibility for services in or from any public or private institution or facility. My trustee's

discretion shall be absolute and binding on all persons, including any organization providing benefits to the beneficiary.

- b) Upon the death of such beneficiary before he or she attains the age of 21 years or before his or her incapacity ceases, my trustee shall distribute the trust, including any accrued and undistributed net income, to such persons as such beneficiary may appoint by his or her will. Such will may be made either before or after my death, making specific reference to this power, and shall be admitted to probate in a formal or informal proceeding. This power may not be exercised in favor of such beneficiary's estate, such beneficiary's creditors, or the creditors of such beneficiary's estate. To the extent this nongeneral power of appointment is not exercised, on the death of such beneficiary, the trust property shall be distributed to his or her then-living descendants by representation, or, if none, to the then-living descendants by representation of that parent of the beneficiary who was a child of mine, or, if none, to my then-living descendants by representation.

6.6 Protection Against Perpetuities Rule.

Every trust hereunder, and every trust created by the exercise of a power of appointment hereunder, shall terminate no later than the end of the period allowed by the applicable Rule Against Perpetuities and the trust property shall be distributed to the persons then entitled to the income from the trust in the proportions in which they are entitled to such income. For this purpose only, any person eligible to receive discretionary distributions of income from a particular trust shall be treated as being entitled to receive the income. If two or more persons are so treated, they shall be treated as being entitled to receive the income by representation if they have a common ancestor, or in equal shares if they do not.

6.7 Litigation Powers.

My fiduciaries, in their discretion and at the expense of the estate, may institute, join, compromise, settle, dismiss, and defend legal proceedings regarding this instrument and any property administered hereunder in any judicial or administrative forum; specifically including but not limited to proceedings or class actions brought against any public entity or government agency or brought by any such entity for attachment, recoupment, levy, invasion, reformation, or access of any kind to property of the estate. My fiduciaries are authorized to retain such legal counsel and ancillary personnel as my fiduciaries deem appropriate in the exercise of their discretion hereunder.

6.8 Ancillary Fiduciary.

In the event ancillary administration shall be required or desired and my domiciliary personal representative is unable or unwilling to act as an ancillary fiduciary, my domiciliary personal representative shall have the power to designate, compensate, and remove the ancillary fiduciary. The ancillary fiduciary may either be a natural person or a corporation. My domiciliary personal representative may delegate to such ancillary fiduciary such powers granted to my original personal representative as my personal representative may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate shall be paid over to the domiciliary personal representative.

6.9 Digital Assets.

To the extent permitted by applicable law, my fiduciary may (i) access, use, and control my digital devices, including desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device that currently exists or may exist as technology develops

for the purpose of accessing, modifying, deleting, controlling, or transferring my digital assets; (ii) access, modify, delete, control, and transfer my digital assets, including all electronic communications received and sent (including the content as well as a catalogue of such communications), electronic communications accounts, digital music, digital photographs, digital videos, professional papers in electronic form, word processing documents, any and all material stored electronically in the cloud or on any websites, software licenses, social network accounts, file sharing accounts, online awards or points programs, financial accounts, banking accounts, tax preparation service accounts, domain registrations, DNS service accounts, web hosting accounts, applications designed for digital devices, and similar digital items that currently exist or may exist as technology develops; and (iii) obtain, access, modify, delete, and control my passwords and other electronic credentials associated with my digital devices and digital assets described in this paragraph.

ARTICLE 7 TAX PROVISIONS

7.1 Tax Apportionment.

I direct that all estate, inheritance, and succession taxes payable by reason of my death shall be apportioned as provided under the law of Colorado in effect at the date of my death.

ARTICLE 8 GENERAL PROVISIONS

8.1 Adopted Children.

A child adopted by any person and the descendants by blood or adoption of such child shall be considered the descendants of such adopting person and of such person's ancestors if the adoption is by legal proceeding while the child is under the age of 21 years.

8.2 Applicable Law.

The validity and construction of my will shall be determined by the laws of Colorado. Questions of administration of any trust established under my will shall be determined by the laws of the situs of administration of such trust. The laws of Colorado shall govern the creation, revocation, or amendment of a power of appointment created by this trust and the exercise, release, disclaimer, or other refusal of such a power of appointment.

8.3 By Representation.

Whenever property is to be distributed or divided among descendants of a designated person "by representation," the property is divided into as many equal shares as there are (i) surviving descendants in the generation nearest to the designated ancestor which contains one or more surviving descendants, and (ii) deceased descendants in the same generation who left surviving descendants, if any. Each surviving descendant in the nearest generation is allocated one share and the share of each deceased descendant in the same generation is divided among his or her descendants in the same manner.

8.4 Construction.

Unless the context requires otherwise, words denoting the singular may be construed as denoting the plural. Words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender, if appropriate.

8.5 Headings and Titles.

The headings and paragraph titles are for reference only.

8.6 Other Definitions.

Except as otherwise provided in this instrument, terms shall be as defined in the Colorado Probate Code, or, with regard to powers of appointment, in the Colorado Uniform Powers of Appointment Act, as either may be amended after the date of this instrument and after my death.

8.7 Survivorship.

For purposes of this will, any beneficiary shall be deemed to have predeceased me if such beneficiary dies within 30 days after the date of my death.

8.8 Severability.

If any part of this instrument shall be adjudicated to be void or invalid, the remaining provisions not specifically so adjudicated shall remain in full force and effect.

I, << NAME >>, sign my name to this instrument on << DATE >>, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

<< NAME >>, Testator

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that << NAME >> signs and executes this instrument as << his/her >> will and that << he/she >> signs it willingly (or willingly directs another to sign for << him/her >>) and that << he/she >> executes it as << his/her >> free and voluntary act for the purposes therein expressed, and that each of us, in the conscious presence of << NAME >>, hereby sign this will as witness to << his/her >> signing, and that to the best of our knowledge << NAME >> is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

Witness

Address

Address

STATE OF COLORADO

CITY & COUNTY OF DENVER

Signed, sworn to, and acknowledged before me by << NAME >>, testator, and signed and sworn to before me by _____ and _____, witnesses, on << DATE >>.

Notary Public

My commission expires July 9, 2024

THE BERTRON LAW FIRM, LLC
ATTORNEY AT LAW
3900 E MEXICO AVE, SUITE 300
DENVER, COLORADO
TELEPHONE - 720-597-1413
EMAIL - JUSTIN.BERTRON@BERTRONLAW.COM
BERTRONLAW.COM

ESTATE PLANNING INFORMATION REQUEST

AFFIRMATION: By completing and submitting you state and affirm that the information contained in this confidential Estate Planning Information Request is an accurate and complete record of all relevant information, assets, liabilities and account information, and that **The Bertron Law Firm, LLC will be relying on this information in its preparation and counseling regarding estate planning if the undersigned becomes a Client of the Firm.** If you do become a Client of the Firm, any change in circumstance that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it.

PART 1 GENERAL INFORMATION

Please complete this section the best you can and skip any questions or sections that do not apply.

Client 1

First: _____ Middle: _____ Last: _____

Name used for signature: _____

Also Known as (*if any*): _____

Date of Birth: _____ Citizenship (*other than USA*): _____

Phone: _____ Email: _____

Annual Salary: _____ Were you previously married? Yes No

Date of Divorce (*if applicable*): _____ Date of spouse passing (*if applicable*): _____

Have you previously executed estate planning documents? Yes No

Have you made a gift in excess of \$10,000? Yes No Do you own any firearms? Yes No

Client 2

First: _____ Middle: _____ Last: _____

Name used for signature: _____

Also Known as (*if any*): _____

Date of Birth: _____ Citizenship (*other than USA*): _____

Phone: _____ Email: _____

Annual Salary: _____ Were you previously married? Yes No

Date of Divorce (*if applicable*): _____ Date of spouse passing (*if applicable*): _____

Have you previously executed estate planning documents? Yes No

Have you made a gift in excess of \$10,000? Yes No Do you own any firearms? Yes No

Both

Street Address: _____ Colorado County: _____

City: _____ State: _____ Zip Code: _____

Date of marriage? _____ Marriage location? _____

Other states previously resided in while married? _____

Have you entered into a pre or post nuptial agreement? Yes No

Do you have Pets? Yes No If yes, how many? _____ Type? _____

PART 2 FAMILY & OTHER KEY PEOPLE

Identify all children, potential beneficiaries, and anyone listed in **Part 3** below. List your child's other parents name **only if** it is someone other than your spouse.

Child 1

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Other parent name (*if not spouse*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child 2

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Other parent name (*if not spouse*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child 3

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Other parent name (*if not spouse*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child 4

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Other parent name (*if not spouse*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Deceased Children

Do you have any deceased Children? Yes No

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Date of Death: _____

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Date of Death: _____

Key Person 1

First: _____ Middle: _____ Last: _____
Relationship: _____ City: _____ State: _____
Phone: _____ Email: _____

Key Person 2

First: _____ Middle: _____ Last: _____
Relationship: _____ City: _____ State: _____
Phone: _____ Email: _____

Key Person 3

First: _____ Middle: _____ Last: _____
Relationship: _____ City: _____ State: _____
Phone: _____ Email: _____

Key Person 4

First: _____ Middle: _____ Last: _____
Relationship: _____ City: _____ State: _____
Phone: _____ Email: _____

Charity 1

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Charity 2

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

PART 3 FIDUCIARIES

In the course of your estate planning, you will be required to select “fiduciaries,” who you entrust to act on your behalf in some capacity. Below, if you know who you select, please supply the names of the persons or entities for such fiduciary positions. In addition, please supply their more detailed information in **Part 2** above. **NOTE**, when choosing a fiduciary, one person can act in multiple roles and you can name more than one person to act as a fiduciary. If you are having trouble choosing fiduciaries, **feel free to skip over this section**. I will go over each fiduciary position in detail when we meet to discuss your estate planning.

Agent with Medical Power of Attorney

An agent with medical power of attorney is a person or institution you authorize to make medical decisions for you.

Client 1

Primary

1st Successor

2nd Successor

Client 2

Primary

1st Successor

2nd Successor

Agent with Financial Power of Attorney

An agent with financial power of attorney is a person or institution authorized to make financial decisions for you. You can give them this authority immediately, or if you are unable to make financial decisions for yourself.

Client 1

Primary

1st Successor

2nd Successor

Client 2

Primary

1st Successor

2nd Successor

Guardian

A guardian is a court approved individual who makes decisions regarding a minor child's support, care, education, health, and welfare, if you are unable to do so.

Primary

Second Successor

First Successor

Third Successor

Administrator

Depending on how you set up your estate, you may have to name a person or institution to act in a number of different administrative capacities to help settle your financial affairs after your death.

Client 1

Primary

1st Successor

2nd Successor

Client 2

Primary

1st Successor

2nd Successor

PART 4 FINANCIAL INFORMATION

In order to properly advise you in your estate planning we must know the type and value of all assets and liabilities, and if you own them jointly with another entity or individual. Please provide the most recent statement and/or documentation for each asset and liability you own. **This includes copies of all** deeds to real estate, stock and bond certificates, and the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, annuities, etc. Alternatively, you can provide a written summary of this information. If you work with a financial advisor that knows all of your assets and liabilities, they can likely provide you a summary report of this information. We will provide a template upon request.

PART 5 ADDITIONAL DOCUMENTATION

In some instances, it is necessary for us to review other documents before we can make planning recommendations. Please bring the following documentation with you to the initial interview:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Pre or Postnuptial Agreement (*if applicable*).
3. Long-term care policies (*if any*).
4. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
5. Last 3 years of personal income tax returns.
6. Last 3 years of any corporate, partnership, gift tax, estate tax, or trust tax returns.

CONFIDENTIAL DATA FORM

Completion of this form is essential to accomplish your estate planning objectives. It appears to be a lot of detail, most of which is easily filled out. It really is designed to make our analysis more effective.

Please Print All Information.

Date of Preparation _____

YOU:

Full Legal Name: _____ Prefer to be Called: _____

Name Used to Sign: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone: _____ Social Security No.: _____ Birth Date: _____ Age: _____

U.S. Citizen: YES NO Employer: _____ Occupation: _____

Business Address: _____ Own Business: YES NO

City: _____ State: _____ Zip Code: _____ Business Phone: _____

YOUR SPOUSE:

Full Legal Name: _____ Prefer to be Called: _____

Name Used to Sign: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Home Phone: _____ Social Security No.: _____ Birth Date: _____ Age: _____

U.S. Citizen: YES NO Employer: _____ Occupation: _____

Business Address: _____ Own Business: YES NO

City: _____ State: _____ Zip Code: _____ Business Phone: _____

On what date were you married: _____

Please do not hesitate to use the back of any page to amplify any of your answers in completing these worksheets.

YOUR CHILDREN:

Full Legal Name (Spell out middle names):	Birth Date:	Child of:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any deceased children? YES NO Name: _____

Any deceased children that left children of their own? YES NO Name: _____

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18:

Whom do you wish to be guardian of your children, other than the surviving or non-disabled spouse?

Name in order of preference. (One person per line)

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

Whom do you wish to be conservator (custodian of their assets) if not the above named individuals:

Name in order of preference. (One person per line)

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

OTHER DEPENDENTS: Do you or your spouse have anyone who depends on either of you for all or part of their support presently or will in the future? YES NO

If YES: Name: _____ Relationship: _____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES: (Circle YES or NO)

1. Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO
2. Do any of your children or beneficiaries have special educational, medical, or physical needs? YES NO
3. Are any of your children or beneficiaries institutionalized? YES NO
4. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has:

5. Do you have any adopted children? YES NO
If YES: Name: _____ Name: _____ Name: _____
7. Do any of your children or beneficiaries have any special needs or circumstances that are of concern to your family? YES NO
If YES, please describe: _____

QUESTIONS ABOUT EXTENDED FAMILY MEMBERS:

	Husband	Wife
Mother:	_____	_____
Address:	_____	_____
Father:	_____	_____
Address:	_____	_____

BROTHERS/SISTERS:

Name:	_____	_____
Address:	_____	_____
Name:	_____	_____
Address:	_____	_____
Name:	_____	_____
Address:	_____	_____

QUESTIONS ABOUT YOU AND YOUR SPOUSE:

- 1. Are you or your spouse receiving social security or disability benefits? YES NO
- 2. Do you or your spouse have any health concerns? YES NO
- 3. In what states have you lived while married to your current spouse and during what period of time did you reside there?
State: _____ Years: _____ State: _____ Years: _____
- 4. Did you and your spouse ever sign a pre- or post- marriage contract? YES NO
- 5. Have either of you been divorced or widowed? YES NO
If YES, which one and date: _____
- 6. Do you desire to benefit any charities in your estate plan? YES NO
If YES, name of charities: _____
- 7. Are you currently or will you in the future be the beneficiary of anyone else's estate? YES NO
If YES, who will that be? _____

PERSONAL REPRESENTATIVES (EXECUTOR OF ESTATE): Who is to guide your assets through the probate court and follow the instructions in your will, if probate of your will is required?

FOR HUSBAND: (In order of preference)

	Name	Address (Street, City, State, telephone No.)
1st	_____	_____
2nd	_____	_____

FOR WIFE: (In order of preference)

	Name	Address (Street, City, State, telephone No.)
1st	_____	_____
2nd	_____	_____

TRUSTEES: Selection of a trustee is very important. A trustee is the individual who will be in charge of your assets when you are not available, either through incapacity or death. In completing the trustee selection, if the person chosen is your spouse, please so indicate.

Assume that your estate plan will encompass revocable living trusts; and you (and your spouse) will be the initial living trustee(s) while you are capable of so acting. Please answer the following:

DISABILITY TRUSTEE: Who will act on your behalf as your trustee during your lifetime if you and/or your spouse are incapable of so acting? (Disability Trustee)

FOR HUSBAND: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

FOR WIFE: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

DEATH TRUSTEE: Who will manage your assets as your trustee after your death?

FOR HUSBAND: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

FOR WIFE: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

DURABLE SPECIAL POWER OF ATTORNEY AGENTS: The person authorized to transfer your assets into your trust when you cannot do so because of your incapacity during your lifetime.

FOR HUSBAND: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

FOR WIFE: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

MEDICAL AGENT: If you were unable to make decisions involving your medical needs, who would you want to authorize medical treatment for you? (Durable Medical POA)

FOR HUSBAND: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

FOR WIFE: (In order of preference)

	Name	Address (Street, City, State – If not previously provided)
1st	_____	_____
2nd	_____	_____

CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY:

GOALS and OBJECTIVES. Please indicate the importance of the following goals and objectives by circling a number between 0 and 5.

	<u>IMPORTANCE</u>
	Least.....Most
MAINTAINING CONTROL OF MY ASSETS	<u>0 1 2 3 4 5</u>
PROTECTION FOR MY CHILDREN	<u>0 1 2 3 4 5</u>
PROTECTION FOR MY SPOUSE	<u>0 1 2 3 4 5</u>
DECIDE PERSON(S) RESPONSIBLE FOR HEALTH CARE DECISIONS IN THE EVENT OF MY INCAPACITY	<u>0 1 2 3 4 5</u>
AVOIDING PROLONGED LIFE SUPPORT MACHINES	<u>0 1 2 3 4 5</u>
AVOIDING PROBATE AND RELATED EXPENSES AND CONFUSION	<u>0 1 2 3 4 5</u>
AVOIDING OR REDUCING ESTATE TAXES	<u>0 1 2 3 4 5</u>
AVOIDING OR REDUCING INCOME TAXES	<u>0 1 2 3 4 5</u>
TRANSFERRING MAXIMUM VALUE OF ASSETS TO CHILDREN	<u>0 1 2 3 4 5</u>
PROTECTING ASSETS GIVEN TO BENEFICIARY FROM CREDITORS	<u>0 1 2 3 4 5</u>
PROVIDE FOR CHILDREN FROM A PREVIOUS MARRIAGE	<u>0 1 2 3 4 5</u>
PLAN FOR SHORT OR LONG TERM DISABILITY TO AVOID THE EXPENSE, PUBLICITY AND LOSS OF CONTROL OF A COURT CONSERVATORSHIP	<u>0 1 2 3 4 5</u>
PRESERVE THE PRIVACY OF MY ESTATE AND MY FAMILY	<u>0 1 2 3 4 5</u>
SAVE ESTATE TAXES ON MY LIFE INSURANCE	<u>0 1 2 3 4 5</u>

**PRESERVE MY CHILDREN'S INHERITANCE IN THE EVENT MY SURVIVING SPOUSE
REMARRIES AFTER MY DEATH.**

0 1 2 3 4 5

ARRANGE FOR DISTRIBUTIONS FROM IRA OR OTHER EXEMPT PENSION PLANS

0 1 2 3 4 5

CHARITABLE GIVING TO FAVORITE CHARITIES

0 1 2 3 4 5

CHARITABLE GIVING IN A MANNER TO REDUCE DEATH TAXES

0 1 2 3 4 5

OTHER GOALS AND OBJECTIVES TO BE INCLUDED IN MY ESTATE PLAN:

YOUR ADVISORS:

	Name	City/State	Telephone
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Financial Planner/Advisor:	_____	_____	_____
Life Insurance Agent:	_____	_____	_____
Life Insurance Agent:	_____	_____	_____
Primary Personal Bank:	_____	_____	N/A
Location of Bank Vault:	_____	_____	N/A
Primary Care Physician (H):	_____	_____	_____
Primary Care Physician (W):	_____	_____	_____

In addition to discussing any of the previous concerns, we will discuss the following topics:

- * Who is to receive your assets after your death and when?
- * What instructions do you want to leave for the benefit of yourself and your loved ones?
- * Who would manage and distribute your assets after your death or during your disability?
- * What protection is available to your beneficiaries to protect them from divorce or creditors?
- * How can you provide for children/grandchildren who are or will be receiving a form of state support or hospitalization?
- * What is your long term plan if your most immediate beneficiaries are deceased or institutionalized?
- * What is to happen to your retirement programs if your spouse does not need/want the income?

DISPOSITION OF ASSETS AT DEATH

Who is to receive your assets upon the death of the husband and wife, and in what amounts?

Disaster Plan -- What would you want to do with your assets, if you (your spouse) and all of your children were deceased?

(use the back of this page if necessary)

SUMMARY OF VALUES

This information requests that you provide basic financial information to direct the design of your estate plan. It does not require the detail of a formal financial statement.

FAIR MARKET VALUE

ASSETS

DOLLAR AMOUNTS

	Husband's	Wife's	Owned Jointly
Cash Accounts (Checking, Savings, CD's)	_____	_____	_____
Investment Accounts (Brokerage Firms)	_____	_____	_____
Stocks, Bonds, Mutual Funds, Etc.	_____	_____	_____
Personal Effects (Vehicles, Jewelry, Antiques, etc.)	_____	_____	_____
Retirement Plans (Pensions, IRA, 401K, SEP, etc.)	_____	_____	_____
Life Insurance Policies and Annuities	_____	_____	_____
Mortgages, Notes, and Other Receivables	_____	_____	_____
Partnership, Business and Professional Interests	_____	_____	_____
Oil, Gas, and Mineral Interests	_____	_____	_____
Real Estate - Residence	_____	_____	_____
Real Estate - _____	_____	_____	_____
Real Estate - _____	_____	_____	_____
Anticipated Inheritance, or Gift	_____	_____	_____
Other Assets/Investments - _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____

Have you or your spouse ever filed federal gift tax returns?

YES NO

Are you currently making annual gifts to anyone?

YES NO

Have you or your spouse previously completed a will, trust or estate planning?

YES NO

If YES, what did you prepare, and when?

**It would be helpful for you to bring existing wills and/or trusts to your consultation for review.*

<u>LIABILITIES</u>	<u>DOLLAR AMOUNTS</u>			
	Husband's	Wife's	Owned Jointly	Total Combined
Loans payable	_____	_____	_____	
Accounts payable	_____	_____	_____	
Real Estate Mortgage - Residence	_____	_____	_____	
Real Estate Mortgage - Other _____	_____	_____	_____	
Loans _____	_____	_____	_____	
_____	_____	_____	_____	
Other obligations: _____	_____	_____	_____	
_____	_____	_____	_____	
TOTAL LIABILITIES:	_____	_____	_____	
<u>NET ESTATE (Assets Less Liabilities):</u>	_____	_____	_____	_____

CURRENT INCOME & SOURCES

DOLLAR AMOUNTS (PER YEAR)

	Husband's	Wife's	Joint
Salary and Wages	_____	_____	_____
Investment Income and Dividends	_____	_____	_____
Social Security	_____	_____	_____
Pension or Retirement Plans	_____	_____	_____
Other	_____	_____	_____

Please provide us with the name and phone number of the person who referred you to our office.

Name: _____

Phone: _____

DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

I, _____, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

1. If at any time my attending physician and one other qualified physician certify in writing that:

- A. I am in a persistent vegetative state, as defined by community medical standards of practice, or
B. I have an injury, disease or illness which is not curable or reversible and which, in their judgment, is a terminal condition, and for a period of seven consecutive days or more, I have been unconscious, comatose or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person, then

I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration. However, I do want whatever painkillers are necessary to make me comfortable, and whatever procedures are necessary to alleviate pain, including hydration as necessary to deliver pain medication.

2. In the event that the only procedure I am being provided is artificial nourishment, such as tube feeding or the like, I direct that:

- A. Artificial nourishment shall not be continued when it is the only procedure being provided; or
B. Artificial nourishment shall be continued for ___ days when it is the only procedure being provided; or
C. Artificial nourishment shall be continued when it is the only procedure being provided.

I execute this declaration, as my free and voluntary act, this ___ day of _____, 20__.

By _____ Declarant

The foregoing instrument was signed and declared by _____ to be his/her declaration, in the presence of us, who, in his/her presence, in the presence of each other, and at his/her request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence. Dated at _____, Colorado, this ___ day of _____, 20__.

Name Name
Address Address

STATE OF COLORADO)
) ss.
COUNTY OF _____)

SUBSCRIBED and sworn to before me by _____, the declarant, and _____ and _____, witnesses, as the voluntary act and deed of the declarant this ___ day of _____, 20__.

My Commission expires:

Notary Public

DURABLE POWER OF ATTORNEY FOR MEDICAL MATTERS

FOR _____

I, _____, of _____, Colorado, hereby revoke any Durable Power of Attorney for Medical Matters previously signed by me. I execute this Durable Power of Attorney for Medical Matters with the intention that each person named herein as my agent shall have the power to act in my place, for my benefit, to the same extent that I could have acted for myself with regard to all my medical matters. This power is a durable power, and shall not be affected by lapse of time or by my subsequent incapacity, and shall remain in effect until revoked by me in writing.

I specifically direct that any person named as my agent shall be treated as I would be treated with regard to all my rights under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and any amendments thereto, specifically including access to any of my protected health information for the purpose of determining my capacity for activation of this power, and for any other purpose.

ARTICLE 1. DESIGNATION OF AGENT.

I appoint my _____, [relationship] _____, [name] as my agent, to act for me, in my name, with regard to all my medical matters. If he or she shall fail to qualify or cease to act as my agent, then I appoint my _____, [relationship] _____ [name] as my agent. I have given the current address and phone number for each of my designated agents below, but I intend to appoint each person whether or not he or she is still residing at the address given below.

First Agent: Name:
 Address:

 Phone(s):

Successor Agent: Name:
 Address:

 Phone(s):

ARTICLE 2. Effective Date.

This Durable Power of Attorney for Medical Matters shall become effective when my treating physician and either of the people named as a potential agent certify on this document that I lack the decisional capacity to make medical or health care decisions for myself.

[Note: Client may make any provisions she likes to trigger the power. Just be sure that it could be triggered if only one potential agent is still alive.]

ARTICLE 3. POWERS.

Any agent acting under this Durable Power of Attorney for Medical Matters shall have all powers and authority permitted by law. These powers include, but are not limited to: the power to consent to medical treatment; to withdraw consent to medical treatment; to refuse to consent to medical treatment; to review and receive copies of all of my medical records; and to consent to disclosure of any or all of my medical records.

I specifically authorize anyone to release to my agent any information governed by the Health Insurance Portability and Accountability Act of 1996, (also known as HIPAA), and any amendments thereto.

ARTICLE 4. END OF LIFE DECISIONS.

If there is a conflict between this document and any other document I may have signed concerning my health care, such as a Living Will, then the directions given by my agent under this document shall control.

[Note: You may provide that either the Living Will or the directions of the agent prevail. Just be sure that both documents are consistent as to which prevails.]

[**Sample Options as to Further Instructions,
which are totally up to the discretion of the client**]

[When there is no longer any hope for my recovery I do not want my life sustained by artificial means, such as a respirator, tube feedings, or the like.]

[When I have been unconscious or comatose for _____ days, and use of mechanical devices, surgery or the like is not causing any improvement in my condition, then I want all life support systems, including tube feeding and the like to be discontinued, so that I may be allowed to die in peace. I **do** want whatever pain killers are appropriate.]

ARTICLE 4. Ratification and Photocopies.

I hereby ratify, confirm and hold valid all actions that my agent shall lawfully take pursuant to this power. A photocopy of this document shall have the same force and effect as the original document.

1 ***LAST WILL AND TESTAMENT***

2 ***OF***

3 _____

4 I, _____, also known as _____, residing
5 in the County of _____, State of Colorado, being of sound and
6 disposing mind and memory, do hereby make, publish and declare this to be my
7 Last Will and Testament, hereby revoking all Wills and Codicils previously made
8 by me.

9
10 **ARTICLE 1. PERSONAL REPRESENTATIVE.**

11 I nominate _____ [friend, or relationship] _____ [name]
12 as my Personal Representative. If for any reason he or she is unable to serve as my
13 Personal Representative, then I nominate _____ [friend, or
14 relationship] _____ [name] as my Personal Representative.

15
16 **ARTICLE 2. DEBTS, TAXES, AND EXPENSES OF ADMINISTRATION.**

17 My personal representative shall pay all legally enforceable debts, taxes, and
18 expenses of administration from my residuary estate, without apportionment.

20 ARTICLE 3. SPECIAL GIFTS

21 I make the following special gifts, to the following people, if I still own
22 these items at the time of my death.

23 A. I give my _____ to my [friend or relationship] _____
24 [name], if he or she survives me. If he or she does not survive me, then
25 this item shall go to my _____ [friend or relationship]
26 _____.

27 B. I give my _____ to my [friend or relationship] _____
28 [name], if he or she survives me. If he or she does not survive me, then
29 this item shall go to my _____ [friend or relationship]
30 _____.

31

32 ARTICLE 4. MEMORANDUM FOR TANGIBLE PERSONAL PROPERTY

33 I intend to leave a memorandum, signed and dated by me, giving away
34 various items of tangible personal property, not including land or money, and not
35 including special gifts specified in this will. Any such property not successfully
36 given away by memorandum or by other provisions of this will shall become part
37 of my residuary estate.

38

39 ARTICLE 5. PETS

40 I give my _____ [dog, cat, bird, etc.], _____ [name],
41 And any other pets I may own at my death to _____ .
42 If he or she is unable to care for my pet(s) then I give my pet(s) to _____ .
43 If no person named is able to care for my pet(s) then I direct my personal
44 representative to find a good home for my pet(s).

45

46 ARTICLE 6. RESIDUARY ESTATE

47 All the rest, residue and remainder of the property that I may own at the
48 time of my death I give to _____. If he or she does not
49 survive me, then I give my residuary estate to _____.

50 **[Gift may be “to those of my children who survive me, in equal shares” or to**
51 **named individuals, as the client determines.]**

52

53 ARTICLE 7. ANTILAPSE STATUTE

54 I direct that neither the Colorado antilapse statute, nor the antilapse statute
55 of any other jurisdiction shall be applied to the terms of this, my Last Will and
56 Testament.

57

58 ARTICLE 8. POWERS OF FIDUCIARIES

59 My Personal Representative shall have all of the powers in the Colorado

60 Fiduciaries' Powers Act as it exists when I sign this will

61 IN WITNESS WHEREOF, I, _____ [name] the

62 Testatrix, sign my name to this instrument this _____ day of _____,

63 20____, and being first duly sworn, do hereby declare to the undersigned authority

64 that I sign and execute this instrument as my last will and testament and that I

65 sign it willingly, that I execute it as my free and voluntary act for the purposes

66 herein expressed, and that I am eighteen years of age or older, of sound mind, and

67 under no constraint or undue influence.

68 _____
69 Testatrix

70 We, _____ and _____, the witnesses,
71 sign our names to this instrument, being first duly sworn, and do hereby declare to
72 the undersigned authority that the Testatrix signs and executes this instrument as
73 her Last Will and Testament, and that she executes it as her free and voluntary act
74 for the purposes herein expressed, and that each of us, in the conscious presence of
75 the Testatrix, hereby signs this Will as witness to the Testatrix's signing, and that to
76 the best of our knowledge and belief the Testatrix is eighteen years of age or older,
77 of sound mind, and under no constraint or undue influence.

78 IN WITNESS WHEREOF we have hereunto subscribed our names as
79 witnesses, this _____ day of _____, 20____.

80

81

82 _____ Witness _____ Witness

83 STATE OF COLORADO)

84) ss.

85 COUNTY OF _____)

86 Subscribed, sworn to, and acknowledged before me by _____,

87 the Testatrix, and subscribed and sworn to before me by _____

88 and _____, witness, on the _____ day of _____, 20____.

89 Witness my hand and official seal.

90 My commission expires:

91

Notary Public

Asset			Value		
Type	Institution	Acct #	< NAME >	< NAME2 >	Joint
Cash & Bank Accounts					
Cash					
Checking accounts					
Savings accounts					
CDs					
Retirement Funds					
401(k) plans					
Beneficiaries:					
IRAs					
Beneficiaries:					
After-Tax Investments					
Money market funds					
Brokerage/Investment					
Real Estate					
Primary residence					
Other real estate					
Business Interests					
Family business					
Other business interests					
Insurance					
Life Insurance					
Beneficiaries:					
Personal Property					
Household possessions					
Motor vehicles					
Other					

Pre-arranged funeral					
Cemetery plots					
Anticipated Inheritance					
TOTAL ASSETS			\$0.00	\$0.00	\$0.00
Liabilities			Amount		
Real estate mortgage					
Auto loans					
Business loans					
Educational loans					
Credit card debt					
Personal loans					
TOTAL LIABILITIES			\$0.00	\$0.00	\$0.00
Net Estate (Assets - Liabilities)			\$0.00	\$0.00	\$0.00
Combined Net Estate (Client 1 Net + Client 2 Net + Joint Net)					

