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**SURVEY OF VALUES, GOALS AND OBJECTIVES**

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

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

This is Step One in the Four Step process of building and maintaining a fundamental estate plan. Since estate planning is all about you and your family, this is your opportunity to tell me what is most important to you. Completing this short Survey will enable us to focus more precisely on your values, goals and objectives during our initial estate planning conference.

**VALUES, GOALS, OBJECTIVES**

**LEAST ← IMPORTANT → MOST**

(Please circle choice)

**A. Incapacity**

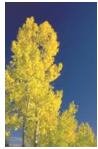
Appoint an agent to manage your financial affairs	1	2	3	4	5
Appoint an agent to make health care decisions	1	2	3	4	5
Provide use of personal assets to support partner/family	1	2	3	4	5
Continue or start lifetime gift program	1	2	3	4	5

**B. Specific and Cash Gifts**

Provide gifts of personal property to specific family members	1	2	3	4	5
Provide cash gifts	1	2	3	4	5
Provide gifts of real estate or other property	1	2	3	4	5
Provide gifts to charity	1	2	3	4	5
Provide for care of pet(s)	1	2	3	4	5

**C. Spouse/Partner**

Provide for spouse/partner first and children/grandchildren second	1	2	3	4	5
Provide for transfer of assets at death to spouse outright	1	2	3	4	5
Provide a trust for spouse to manage assets/address remarriage/ protect assets	1	2	3	4	5
Give spouse right to redirect trust assets as he/she determines at his/her later death	1	2	3	4	5



#### D. Children/Descendants

Treat children equally	1	2	3	4	5
Treat grandchildren equally	1	2	3	4	5
Disinherit any children/grandchildren	1	2	3	4	5
Plan for special needs of a family member	1	2	3	4	5
Plan for step-children as own children	1	2	3	4	5
Provide for transfer of assets at death outright to children	1	2	3	4	5
Provide for trust for children to manage assets/address divorce/ protect assets	1	2	3	4	5
Give children right to redirect trust assets as they determine at their later death	1	2	3	4	5
Provide for transfer of assets at death outright to grandchildren	1	2	3	4	5
Provide for trust for grandchildren to manage assets/address divorce/ protect assets	1	2	3	4	5
Give grandchildren right to redirect trust assets as they determine at their later death	1	2	3	4	5
Prevent transfer of assets to spouses of children/grandchildren	1	2	3	4	5

#### E. Retirement Plan Distribution

Provide for payout of benefits over life expectancy of beneficiary	1	2	3	4	5
Pay retirement plan benefits into trust for beneficiary	1	2	3	4	5

#### F. Tax Planning

Minimize federal (and state, if applicable) estate taxes	1	2	3	4	5
Reduce federal and state income taxes	1	2	3	4	5

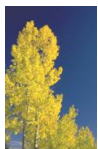
#### G. Health Care Directives

**Please Circle Choice**

Would you want food/water (nutrition/hydration) if death was imminent?	YES	NO
Do you wish to become an organ donor?	YES	NO
Do you wish to name certain individuals to receive your health information?	YES	NO

#### H. General Comments

Do you have any beneficiaries other than spouse/partner/children/grandchildren?	YES	NO
Do any family members/friends/business associations owe you money?	YES	NO
Do you have any deceased children?	YES	NO
Have you/your spouse/partner completed estate planning documents before?	YES	NO
Are you inquiring about a prenuptial agreement/post-nuptial agreement or amendment to an existing marital agreement?	YES	NO



I. Additional Comments

Please describe any special concerns you have or legal issues I should be aware of.

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J. Timing

Please classify your urgency in completing your Estate Plan (Please check **one**).

- |  |                          |
|--|--------------------------|
| Critical (personal/family financial security/peace of mind depend on it)   | <input type="checkbox"/> |
| Very Important (severe hardship/inconvenience if not completed quickly)    | <input type="checkbox"/> |
| Important (matter interferes with personal well-being/financial stability) | <input type="checkbox"/> |
| Needs to be done (no immediate hardship in the interim)                    | <input type="checkbox"/> |

K. Budget

Please describe your expectations/budget regarding cost for legal services.

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L. Method of Communication

Please describe your preferred method for me to communicate with you (Mail, Email, Home Phone, Mobile Phone, Work Phone).

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THANK YOU FOR COMPLETING THIS SURVEY.

Please return completed Survey to the Law Office of Barbara Ann Dalvano via US Postal Service or Email (through your Clio Portal) at least three days before your scheduled meeting.