



Creating Solutions Together

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Estate Planning

E-Book and Planning Guide

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What is an Estate Plan?

A good estate plan is a collection of documents for you and instructions from you. It designates people to make decisions on your behalf and take care of your finances. It tells your family what you want if something happens to you. And it helps with the easy settlement of your final estate after you pass.

Why Do I Need an Estate Plan?

An estate plan is not just for when you die. It is most important for if you are not able to care for yourself and your finances. Who will make medical decisions for you? Will they be allowed to do everything they need to do? Who will pay your bills and care for your pets if you can't? Will your wishes be followed at the end of life? Will your family have an easy time settling your final estate? These are all issues that a good estate plan can solve.

Do I Need a Trust?

We frequently have people ask us for a trust when it may not be necessary for them. While a trust is a good idea in other states, it is not necessary in Colorado. We have a simplified probate process that is generally easier than a trust administration. Trusts are more expensive up front and take more long term administration. Trusts are good for



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long term administration of money for someone who may not make good decisions for themselves. You may need a trust if you want to leave money to grandchildren or a child who is not prudent. You may need a trust if you have a mixed family and need to separate money for your children and your spouse. We will be happy to discuss your options with you.

How Do I Get An Estate Plan?

It is highly recommended that you have an attorney help you so that your wishes are followed. A joke among lawyers is that Legal Zoom wills are good for business. The family has to pay thousands more to an attorney to fix the mistakes after death than they would to do an estate plan properly in the first place.

Document Descriptions

At the Rutherford Law Center, LLC, you will get the following documents (as applicable)

1. **Will.** This document directs what will happen with your property upon your death. It determines who will receive which property, and which person will administer your estate. A will also includes guardianship designations for minor children if both parents die. Keep the original will somewhere safe but accessible and known, as we must file the original with the Court upon your death.
2. **Living Will.** This document says what will happen to you at the end of your life **ONLY IF (1)** two doctors have certified in writing that you are in a terminal



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condition or (2) you are in a persistent vegetative state. This document states what and when medical interventions will continue or will be discontinued.

3. **Medical Power of Attorney.** This designates the person who will make medical decisions for you while you are alive, but incapable of making decisions for yourself. For example: if you are unconscious or if you have a condition that affects your ability to make decisions, your power of attorney will make decisions for you. However, if your mind is working and you are able to make your own decisions, they can't override your decisions for yourself.
4. **Financial Power of Attorney.** This person can take actions on your financial accounts NOW (unless we have put something else in your document—rare). However, they are bound by the laws of acting in your best interests. They cannot use their estate for their own benefit (unless they are a spouse or you so directed). They can use this document to help you with checking, investments, taxes, or other financial issues.
5. **Medical Directives.** This document is intended to give your loved ones information about what you would choose if you could choose for yourself in various scenarios. This document is not enforceable in court, but is a guide for your family to make decisions for you.
6. **Dementia Directives:** It is estimated that over 50% of people will develop dementia in their lives. This document helps you family know what choices you want made at each stage of the dementia process if this happens to you.
7. **Information for My Family:** These documents are intended to help your family or friends know right where to go and what to do to help take care of you and your finances if you are incapacitated or die. It includes contact information for professionals, accounts, bills, family, and other information they need to know.
8. **Digital Estate Planning:** If you choose to fill this section out it will provide your family with knowledge of your passwords for accounts and technology.



9. **Pay on Death/Beneficiary Review and Financial Snapshot:** We will help you review the beneficiaries or POD (pay on death) information for your accounts to ensure that it is serving your long term plan and goals. We recommend that you also include the most recent statement of all of your financial accounts in your binder.
10. **Memorandum of Disposition of Remains:** Your family wants to honor your last requests, and this document tells them what they should do with your remains.
11. **Parent or Guardian Delegation of Powers** (*if applicable*). If you have a minor child, these documents direct who will make decisions and care for the children if you and the other parent are incapacitated or have died.
12. **Contingent Trust** (*if applicable*). This is a trust contained in your will that states that money will be put into a trust for the benefit of your children or grandchildren if your spouse dies before you do. It is not a real trust unless something happens to both you and your spouse.



Will Planning Questions

Prepare to have your will completed by filling out the following questions. Take your time and talk to those who are important to you as you make these decisions.

1. Who do you want to receive the money from your estate as your first choice? Things to think about: What percentages (not actual money amount) do you want to leave to each? Do you want to leave any to charity?

2. Who do you want to receive the property (your stuff)? You can use the memorandum of disposition of property at the end of this e-book to fill out the items and who you want it to go to. (This is optional)

3. Who do you want to receive your estate if your first choice is gone?



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4. Who do you want to receive your estate if everyone listed above is gone (called Remote Contingent Beneficiary)

5. Who do you want to be your Personal Representative (Executor)?
This person will handle all of the details of your estate like bank accounts, your property, paperwork, and giving out the money.

First Choice: _____

Second Choice: _____

Third Choice: _____

6. Documents to gather together to prepare:

- Any old estate planning documents you have.
- The most recent copy of all your bank statements.
- Most recent copy of all your retirement statements.
- Most recent copy of all of your investment statements.
- Most recent copy of your major debts (mortgage, car loan, student loans, etc).



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Medical Planning

The following questions will help you prepare for future medical issues.

1. Who do you want to be your Medical Power of Attorney? This person will make decisions about your medical treatment and where you live if you are not able to make these decisions yourself.

First Choice: _____

Second Choice: _____

Third Choice: _____

2. What should your family consider while making decisions for you? Please fill out the Medical Directives form at the end of this e-book.
3. What do you want to do with your organs or body after your death?

- No donation
- Donate interior organs only for transplantation
- Donate interior and exterior organs for transplantation
- Donation to transplantation and research through a program like Science Care.
- Donate whole body to University of Colorado Medical School

4. Living Will:
 - a. Do you want to continue to receive life-prolonging medical care if two doctors have certified that you are in a terminal condition or coma and will not recover?

No.



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- Continue the intervention for _____ days and then end intervention.
- Continue intervention indefinitely.
- Other: _____

b. Do you want to continue to receive life-prolonging artificial nutrition and hydration if two doctors have certified that you are in a terminal condition or coma and will not recover?

- No.
- Continue the nutrition and hydration for _____ days and then end intervention.
- Continue nutrition and hydration indefinitely.
- Other: _____

c. If your medical power of attorney disagrees with the doctors ending life support, who do you want to have the final say?

- Myself through my document (here, the doctors)
- My power of attorney may override my document.

d. Who do I want to be able to talk to my medical team when I'm at the end of life? (They cannot make decisions, but can call or talk to my providers)



Financial Planning

1. Who do you want to be your Financial Power of Attorney? Note that this person will have the ability to handle financial issues (eg: access your accounts) as soon as you sign the document.

First Choice: _____

Second Choice: _____

Third Choice: _____

2. Are there any limitations on what you want your power of attorney to be able to do?

3. Are there any special instructions for your Power of Attorney?

4. Please fill out the Information for My Family Form at the end of this e-book. It contains the information that your family needs.



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Children's Planning

These considerations apply if you have children either under 18 or under the age of 30.

1. Who do you want to be the *temporary* guardian for your children if both parents are incapacitated?

First Choice: _____

Second Choice: _____

Third Choice: _____

2. Who do you want to be the *permanent* guardian for your children if both parents have died?

First Choice: _____

Second Choice: _____

Third Choice: _____

3. Who do you want to serve as trustee for the trust for your children if you have died? (It is not recommended that this be the same as the guardian).

First Choice: _____

Second Choice: _____

Third Choice: _____



4. At what age do you think your children should get lump sum payments from your trust? Consider that they will have already been through college, and the trust generally contains provisions that the trustee can give them money for further education or other expenses that the trustee deems appropriate (house, baby, marriage, etc). You can give it all out at once, or percentages at different ages or milestones.

5. What guidance do you want to give to your trustee on how to spend the money for your children?

Disclaimer

Lawyers can be a pain in the butt, so here is the required disclaimer: This document is not legal advice, nor does it create an attorney-client relationship between you and the Rutherford Law Center, LLC. Nothing you say in this document is confidential. Nothing you tell the Rutherford Law Center, LLC is covered by attorney-client privilege until you have formally retained us as your attorney. This document is provided as a public service. Please contact us and we will be happy to help create your estate plan with you.



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Medical and End of Life Directives

Your Name: _____

Introduction: The purpose of this questionnaire is to help us prepare a document that will tell your medical power of attorney and the rest of your family what you would like to happen if you are incapacitated. As opposed to a Living Will (which is about what you want if you are terminally ill or in a persistent vegetative state), a Medical Directive is a document that is about what you want to happen if you will or could recover. We know that it may seem like a quiz in a magazine at points, but it really will help your family make decisions. Please fill out the questions thoughtfully and fully. If one of the answers does not fit your beliefs, please attach a separate sheet with your explanation and answer. If parts of different answers fit your beliefs, please highlight the part of each statement that you agree with.

1. Would you rather:

- a. Live a long life, even if it is very unhealthy (i.e. you have significant problems moving, communicating, or caring for yourself).
- b. Live a long life, even if it is unhealthy (you have some problems moving and/or communicating, but you can substantially care for yourself).
- c. Live a shorter, but healthier life (you would prefer to pass rather than draw out the inevitable).

2. How important is independence to you?

- a. Utmost importance. I want to live at home; I do not want to have to spend long periods in a nursing home or hospice. I do not want to have to rely on other people to bathe or feed me.
- b. Somewhat important. While I would prefer to live at home I do not mind having assistance with basic tasks if necessary.
- c. Not important. I would rather live a long life and be taken care of by others than miss any of my time with those close to me.

3. If you became unable to care for yourself in your own home what would you like to happen?



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- a. I would like for my family members to take care of me either in my home or in their own.
- b. I would like to remain in my home, but have a trained caregiver come to take care of me.
- c. I would like to go to a nursing home so experienced medical professionals can take care of me.

4. How do you feel about your relationship with your doctors and doctors in general?

- a. I trust most doctors completely. They have always helped me and given me good advice.
- b. I trust my doctors completely. I know them and believe that they will make the correct decisions. I do not have a reason to distrust other doctors who I do not have a personal relationship with, but I believe that they are all looking out for my best interests.
- c. I trust my doctors somewhat. I have felt that sometimes I have needed a second opinion. With all other doctors I always want a second opinion.
- d. I don't trust any doctors. I always want a second opinion from someone who is very experienced in the field.
- e. Additional comments re doctors/medical professionals: _____

5. If you are over the age of 65: if you have a cardiac arrest:

- a. I want CPR performed on me even if it may do more harm than good.
- b. I do not want CPR performed.
- c. NOTE: Please discuss this issue both with me and with your doctor. Your doctor can sign with you a CPR directive if that is the best option for you.

6. If you have a chronic or irreversible illness that you will die from eventually (i.e. cancer, permanent coma, or other chronic illness), and a life-threatening event occurs (i.e. heart attack or stroke among others), which would you prefer:



- a. To live a long life, even if it has to be prolonged by medical intervention.
- b. To let me go now instead of prolonging it.
- c. Other:

7. Please circle what you believe will be important to you when you are dying:

- a. Physical comfort and no or little pain.
- b. To be at home in my own bed.
- c. To be in a hospital/hospice/nursing home where I am well cared for.
- d. Have my family members or friends present as follows. List name, phone number, relationship:

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____
- vii. _____
- viii. _____
- ix. _____
- x. _____

- e. To be with my pets if possible.
- f. To be able to say my goodbyes if possible.
- g. To have religious rites performed for me. Religion, specific church / officiant:

h. Other:

8. Do you want to donate your organs or body?

- a. I wish to be an organ and/or tissue donor, if medically feasible.



- b. I wish to be an organ and/or tissue donor, if medically feasible. Any remains after my organ and/or tissue donation will be donated to the science. Please contact the following before life support is terminated:
_____.
- c. I wish to donate my body to science. Before life support is terminated please contact the following: _____.
- d. I do not wish to be an organ and/or tissue donor.
- e. Attorney Note: It is completely your choice whether and how you want to donate any or all of your body. If you wish to donate to science, we recommend Science Care. You can find more information at www.sciencecare.com. Your choice here DOES NOT have to match your driver's license.

9. If you have pets, what pet information do you need/want to share?

- a. Name(s) of pets: _____
- b. Pet health, medication information: _____
- c. Veterinarian contact information: _____
- d. Do you have a plan for them when you can no longer care for them? If so, what? If not, what would you like to see happen? _____

- e. Other: _____

10. Religious Beliefs: please write down your religious or spiritual beliefs towards death, if you have any. If you do not hold any beliefs you may leave the section blank.

11. How (if at all) do any of your previous answers to any of the questions change when you consider the cost of your care?



12. Do you have any other comments or opinions about your future health or health care if you are incapacitated?



Important Information for My Family

My Name: _____

Today's Date: _____

Important People to Contact:

Financial Planner: _____ Number: _____

Pastor/Church: _____ Number: _____

Attorney: _____ Number: _____

Neighbor contact: _____ Address: _____ Number: _____

Primary Doctor: _____ Number: _____

HOA Contact: _____ Number: _____

Executor of Will: _____ Number: _____

Accountant: _____ Number: _____

Next of Kin (spouse, children, siblings or others inheriting from your estate):

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Name: _____ Address: _____ Number: _____

Email address: _____

Location of Essential Documents/Possessions Locations:

Computers: _____ Password: _____

Telephone: _____ Passcode: _____

Firearms: _____

Passwords to Accounts List: _____

Keys to vehicles: _____

Title to vehicles: _____

Pet Health information/paperwork: _____

a. Vet: _____ Number: _____

b. Medications: _____

Locations of Essential Documents/Possessions Locations:

Checkbook (new and old): _____

Safe deposit box key: _____

Jewelry: _____

House Title/Deed: _____

Records:

a. Birth certificate: _____

b. Driver's license: _____

c. SSN card: _____

Estate documents: _____

Tax documents: _____

Monthly Bills

<u>Service Name</u>	<u>Contact Information</u>	<u>Amount</u>
Mortgage		
Water:		
Electricity		
Phone Service		
Cable/Internet		
Trash Service		
Lawn care		
Credit Cards		

