

ESTATE PLANNING QUESTIONNAIRE



parks
& jones
ATTORNEYS AT LAW

Springfield Office
1983 E. Seminole St.
Springfield, MO 65804
Telephone (417) 823-9898

Branson Office
100 Prairie Dunes Dr., Suite 200
Branson, MO 65616
Telephone (417) 335-7944

FAX: (417) 887-4711

email: info@parksjones.com

What to expect:

Completing this questionnaire will organize your relevant estate planning information for Parks & Jones, Attorneys at Law. Feel free to **EMAIL, FAX, MAIL or bring** the completed form to our office when you have your initial consultation. During the initial meeting, you will be asked more questions, you will be given an opportunity to ask your questions, and you will receive a personalized and detailed outline of specific recommendations.

There is no charge for this initial meeting.

Date: _____

Personal Information:

- Please **use ink** (not pencil) when completing the form;
- You may not be able to obtain all the requested information prior to this initial visit. **Fill in what you know** and you can collect the rest later;
- Information provided is **confidential and protected by attorney client privilege**; and
- **Bring a copy** of any current wills, trusts, powers of attorney, etc.

Briefly let us know what your needs and goals are so we can help design your best estate plan:

Client FULL Legal Name: _____

Social Security Number: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Personal Email: _____ Work Email: _____

Home Address: _____

_____ County _____

Mailing Address: Same As Above _____

Are you Single Widowed Divorced OR Date of **current marriage**? _____

Spouse / Partner's FULL Legal Name: _____

Social Security Number: _____ Birthdate: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Personal Email: _____ Work Email: _____

Professional Network:

Financial Advisor: _____ Phone: _____

Accountant: _____ Phone: _____

Life Insurance Agent: _____ Phone: _____

Other Profession: _____ Phone: _____

Where did you hear about us? Radio Yellow Pages Internet Search Facebook Avvo Workshop

Other: _____

Referring Person's Name: _____ Relationship: _____

Children Information:

Instructions: Use FULL legal name. Circle to identify phone and email type. Provide names for all children joint or from previous relationships. Beside "Child's Parent(s)" write either: "**Joint**" if both spouses/partners are parents, "**Husband**" if husband is the parent, or "**Wife**" if wife is the parent.*

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Child's Full Legal: _____ Birthdate _____
Address: _____ Gender: M / F
Work / Cell / Home Phone: _____ Work / Personal EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No Office Use: _____

Financial Information:

NOTE: We are looking for **approximate** values of your assets. If you choose to proceed with our firm you will be asked to provide copies of statements, deeds, and/or titles to confirm the titling of your assets. You may wish to gather this information NOW...or you can wait until after your initial consultation.

If you do not have enough room, please complete "Additional Information Section" at the end of this packet.

1. Cash Accounts

Indicate Owner: "JT" if owned **jointly** by both spouses, "H" if **Husband**, "W" if **Wife**.

Indicate Type: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD"

Name of Institution	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

2. Investment Accounts (Not IRAs, 401K, or other retirement plan or qualified plan assets.

Individually held stocks or bonds are to be listed on next page #4.)

Indicate Owner: "JT" if owned **jointly** by both spouses / partners, "H" if **Husband**, "W" if **Wife**.

Indicate Type: Money Market "MM", Investment "I", Cash Management "CM", or account in a street name.

Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3. Retirement Plans (Such as IRAs, 401(k), 403(b), and Qualified Annuities)

Indicate Owner: "JT" if owned **jointly** by both spouses, "H" if **Husband**, "W" if **Wife**.

Indicate Type: Simple IRA, 401(k), 403(b), SEP, QA (Qualified Annuities).

Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

4. Stocks and Bonds Owned in Certificate or Book form (not in an investment or retirement account).

Indicate Owner: "JT" if owned jointly by both spouses, "H" if Husband, "W" if Wife.

	Name of Company or Brokerage Firm	Owner	Type	Amount	(For Office Use)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

5. Life Insurance Policies

Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

 Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

 Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

 Ins. Company _____ Policy # _____
 Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

6. Non-Qualified Annuities (Similar to life insurance, but NOT owned inside an IRA)

Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

 Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

 Ins. Company _____ Policy # _____
 Name of Insured _____
 Primary Beneficiary _____
 Contingent Beneficiary _____
 Death Benefit Amount _____ Cash Value (if any) _____

7. Real Property / Real Estate/ Mineral or Subsurface Interests

Indicate Owner: “JT” if owned jointly by both spouses, “H” if Husband, “W” if Wife.

Address and/or General Description	Owner	Debt Amt.	Fair Market Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

8. Does anyone owe you money? (Promissory Notes and Other Receivables)

Indicate if Secured By: "DOT" if Deed of Trust or "M" if Mortgage

Name of Debtor	Note Origin Date / Due Date	Note Balance	Secured By
1. _____	_____ / _____	_____	_____
2. _____	_____ / _____	_____	_____
3. _____	_____ / _____	_____	_____

9. Business Interests: (Corporations, LLCs, Partnerships, Sole Proprietorships, etc.)

Company, Partnership, or Business Name	State Organized or Incorporated	Percentage Owned	Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

10. Personal Effects (Vehicles, antiques, firearms, jewelry, precious metals, cattle, livestock, equipment, etc.)

Type	Face Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Anticipated Inheritance, or Pending Lawsuit Settlements

Type of Inheritance or Settlement	Date expected?	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mark any of the following you would like to address. Add comments or questions:

- Deciding what would happen if I or my spouse / partner became disabled. _____

- Determine who will be the person to carry out my wishes if I am unable. _____

- Planning for who will raise and manage the money for my children (under 18) if something were to happen to me. _____

- Concerned about affording the costs of nursing home care and how to protect my assets. _____

- Understanding what will happen if my surviving spouse remarries. _____

- Planning for a beneficiary who is dealing with physical or mental challenges or has financial issues. _____

- Concerned about a beneficiary getting divorced. _____

- Being sure my children can afford the taxes my estate faces. _____

- Making a plan for my pets when I pass. _____

Additional information you think would help us understand you or your family's needs and goals:

Think about who you would choose for the following:

Who do you trust to make your financial decisions for you if you are unable?

1. _____
2. _____
3. _____

Who do you trust to make healthcare decisions for you if you are unable?

1. _____
2. _____
3. _____

Who do you trust to be the guardian for your minor children if you are unable (if applicable)?

1. _____
2. _____

Who would you like to receive your assets after your passing?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____