

ESTATE PLANNING QUESTIONNAIRE



parks & jones
ATTORNEYS AT LAW

Estate Planning | Business Law | Trust - Probate Law | Elder Law

**1983 E. Seminole St.
Springfield, MO 65804**

**Phone (417) 823-9898
FAX: (417) 887-4711**

email: info@parksjones.com

What to expect during your initial consultation:

Completing this questionnaire will organize your relevant estate planning information for Parks & Jones, Attorneys at Law. 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:

FULL Legal Name: _____

Go By Name: Same As Above _____

Veteran or Widow of Veteran Yes / No SSN: _____ Birthdate: _____

Home Address: _____

_____ County _____

Mailing Address: **Same As Above** _____

Primary Phone: _____ Work / Cell / Home

Primary Email: _____ Work / Personal

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

Spouse / Partner's FULL Legal Name: _____

Go By Name: Same As Above _____

Veteran or Widow of Veteran Yes / No SSN: _____ Birthdate: _____

Same as Above or Primary Phone: _____ Work / Cell / Home

Same as Above or Primary Email: _____ Work / Cell / Home

Professional Network:

Financial Advisor: _____ Phone: _____

Accountant: _____ Phone: _____

Life Insurance Agent: _____ Phone: _____

Other Professional: _____ Phone: _____

Office Use: Blank = N/A H = Homework R = Referral Made

Where did you hear about us? Internet Search Facebook Workshop

Other: _____

Referring Person's Name: _____ Relationship: _____

Children Information:

Instructions: Use child's FULL legal name. Circle to identify phone and email type. Provide names for all children, joint or from previous relationships.

NOTE: 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: _____ Gender M / F Birthdate _____

Single / Spouse Name: _____ Children Yes / No If Deceased, death date _____

Address: _____

Work / Cell / Home Phone: _____ Work / Personal eMail: _____

SSN (Optional): _____ Receiving Government Benefits No / Yes *Child's Parent(s): _____

Child's Full Legal: _____ Gender M / F Birthdate _____

Single / Spouse Name: _____ Children Yes / No If Deceased, death date _____

Address: _____

Work / Cell / Home Phone: _____ Work / Personal eMail: _____

SSN (Optional): _____ Receiving Government Benefits No / Yes *Child's Parent(s): _____

Child's Full Legal: _____ Gender M / F Birthdate _____

Single / Spouse Name: _____ Children Yes / No If Deceased, death date _____

Address: _____

Work / Cell / Home Phone: _____ Work / Personal eMail: _____

SSN (Optional): _____ Receiving Government Benefits No / Yes *Child's Parent(s): _____

Child's Full Legal: _____ Gender M / F Birthdate _____

Single / Spouse Name: _____ Children Yes / No If Deceased, death date _____

Address: _____

Work / Cell / Home Phone: _____ Work / Personal eMail: _____

SSN (Optional): _____ Receiving Government Benefits No / Yes *Child's Parent(s): _____

Child's Full Legal: _____ Gender M / F Birthdate _____

Single / Spouse Name: _____ Children Yes / No If Deceased, death date _____

Address: _____

Work / Cell / Home Phone: _____ Work / Personal eMail: _____

SSN (Optional): _____ Receiving Government Benefits No / Yes *Child's Parent(s): _____

NOTE: Print or copy additional pages if needed.

Financial Information:

NOTE: We are looking for **approximate** values of your assets. **If you do not have enough room, please complete “Additional Information Section” at the end of this packet.** If possible, bring account statements for each account.

1. Cash Accounts

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

Indicate Account Type: Checking “C”, Savings “S”, Certificates of Deposit “CD”, Money Market “MM”

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

2. Investment Accounts (Stocks and Bonds but **Not** IRAs, 401K, or other qualified plan assets.)

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

Indicate Type: Brokerage “B”, Paper Certificates “PC”, Treasury Direct “TD”

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

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. Income (Optional) (Job, Social Security, Pension, Investment Account Withdrawals, Rent, etc.)

Source	Monthly Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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 a retirement account.)

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. Investment Property: Real Property / Real Estate/ Farm Land / Mineral or Subsurface Interests

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

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.)

Note: Use same line if owned by married couple.

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, etc.)

Type	Face Value
_____	_____
_____	_____
_____	_____
_____	_____

11. Farm Assets (cattle, livestock, machinery, 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. _____

- What will happen to my business if I become disabled or pass away. _____

- Assist with a plan to sell my business. _____
- Concern about income taxes, tax planning and saving strategies. _____

- Keeping the family farm in the family or help with selling it. _____
- 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 beneficiaries 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. _____