

# Estate Planning Questionnaire



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

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## **What to expect during your initial consultation:**

Completing this questionnaire will organize your relevant estate planning information for LifeGen Law Group. 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.

# Personal Information

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



- Please **use INK** (not pencil) if completing this form by hand
- You may not be able to obtain 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
- Bring a copy of any current wills, trusts, powers of attorney, etc.

## Full Legal Name

“Go By”Name *same as above* \_\_\_\_\_

Birthdate \_\_\_\_\_

SSN \_\_\_\_\_

Home Street Address \_\_\_\_\_

Veteran, or Widow of Vet \_\_\_\_\_

Home City, State, Zip \_\_\_\_\_

Home County \_\_\_\_\_

Marital Status \_\_\_\_\_

Single

Mailing Address *same as above* \_\_\_\_\_

Married

Mailing Address \_\_\_\_\_

Divorced

City, State, Zip \_\_\_\_\_

Widowed

Primary Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

If Married, Date of Current Marriage: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Work \_\_\_\_\_ Personal \_\_\_\_\_

## Spouse/ Partner’s

## Full Legal Name

“Go By”Name *same as above* \_\_\_\_\_

Birthdate \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

SSN \_\_\_\_\_

Primary Email: \_\_\_\_\_ Work \_\_\_\_\_ Personal \_\_\_\_\_

Veteran, or Widow of Vet \_\_\_\_\_

## Professional Network

Financial Advisor \_\_\_\_\_

Phone \_\_\_\_\_

Accountant \_\_\_\_\_

Phone \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Phone \_\_\_\_\_

Other Professional \_\_\_\_\_

Phone \_\_\_\_\_

Other Professional \_\_\_\_\_

Phone \_\_\_\_\_

office use \_\_\_\_\_

## How did you hear about us?

Internet Search

Facebook

Workshop

Other \_\_\_\_\_

Referring Person’s Name \_\_\_\_\_

Relationship \_\_\_\_\_

## Children Information



**INSTRUCTIONS:** Use child's FULL legal name. Provide names for all children, both joint and from previous relationships. Duplicate this page if needed.

<b>Child's Full Legal Name</b>		Gender	Female	Male		
Birthdate	If Deceased, death date	SSN (optional)				
Single or, Spouse's Name		Children?	Yes	No		
Home Street Address		<p>This Child's Parent(s) Child of both Wife &amp; Husband Wife's Child Husband's Child</p>				
Home City, State, Zip						
Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

<b>Child's Full Legal Name</b>		Gender	Female	Male		
Birthdate	If Deceased, death date	SSN (optional)				
Single or, Spouse's Name		Children?	Yes	No		
Home Street Address		<p>This Child's Parent(s) Child of both Wife &amp; Husband Wife's Child Husband's Child</p>				
Home City, State, Zip						
Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

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Home City, State, Zip						
Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

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Birthdate	If Deceased, death date	SSN (optional)				
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Home City, State, Zip						
Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

## Children Information, continued



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<b>Child's Full Legal Name</b>		Gender	Female	Male		
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Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

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Receiving Government Benefits?	Yes	No				

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Home City, State, Zip						
Primary Phone:	Work				Cell	Home
Primary Email:	Work				Personal	
Receiving Government Benefits?	Yes	No				

## 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. Do you have a safety deposit box?** No Yes Name of Bank: \_\_\_\_\_

## 2. Cash Accounts

Bank/ Institution	Owner	Account Type	Amount	<i>for office use</i>

### **3. Investment Accounts** Stocks, Bonds, and Crypto Currency but Not IRAs, 401K, or other qualified plan assets

#### **4. Retirement Plans** such as IRAs, 401(k), 403(b), and Qualified Annuities

Company or Brokerage Firm	Owner	Account Type	Amount	<i>for office use</i>

**5. Income (optional)** such as Job, Social Security, Pension, Investment Account Withdrawals, Rent, etc.

Source	Monthly Amount

## Financial Information, continued



### 6. Life Insurance Policies

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Type \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Type \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Type \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Type \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

### 7. Non-Qualified Annuities *similar to life insurance, but NOT owned inside a retirement account*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  
Contingent Beneficiary \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

## **Financial Information, continued**



## **8. Real Estate** *Residence / Investment Property / Farm Land / Mineral or Subsurface Interests*

Address and/or General Description	Owner	Debt Amount	Fair Market Value

## **9. Does anyone owe you money? Promissory Notes and Other Receivables**

Name of Debtor	Note Origin Date	Due Date	Note Balance	Secured By

## **10. Business Interests** *Corporations, LLCs, Partnerships, Sole Proprietorships, etc.*

<b>Note: Use same line if owned by married couple.</b>		State Organized or Incorporated	Percentage Owned	Value
Company, Partnership, or Business Name				

## **11. Personal Effects** Vehicles, Antiques, Firearms, Jewelry, Precious metals, etc.

Type	Face Value	Type	Face Value

## 12. Farm Assets *Cattle, Livestock, Machinery, Equipment, etc.*

Type	Face Value	Type	Face Value
_____	_____	_____	_____

### 13. Anticipated Inheritance, or Pending Lawsuit Settlements

Type of Inheritance or Settlement	Date expected	Value

## How Can We Help You?



**Briefly let us know what your needs and goals are so we can help design your best estate plan. Include any questions you may have.**

**Mark any of the following you would like to address, and add any comments or questions alongside.**

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.

## How Can We Help You? continued



### 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. \_\_\_\_\_
3. \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_