

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* _____

Home Street Address _____

Home City, State, Zip _____

Home County _____

Mailing Address *same as above* _____

Mailing Address _____

City, State, Zip _____

Primary Phone: _____ Work Cell Home

Primary Email: _____ Work Personal

Birthdate _____

SSN _____

Veteran, or Widow of Vet _____

Marital Status
Single
Married
Divorced
Widowed

If Married, Date of Current Marriage: _____

Spouse/ Partner's

Full Legal Name _____

"Go By" Name *same as above* _____

Primary Phone: _____ Work Cell Home

Primary Email: _____ Work Personal

Birthdate _____

SSN _____

Veteran, or Widow of Vet _____

Professional Network

Financial Advisor _____

Accountant _____

Life Insurance Agent _____

Other Professional _____

Other Professional _____

Phone _____

Phone _____

Phone _____

Phone _____

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.

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

Children Information, continued



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

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

| | | | |
|---|----------------------|----------|------|
| Child's Full Legal Name _____ | Gender | Female | Male |
| Birthdate _____ If Deceased, death date _____ | SSN (optional) _____ | | |
| Single or, Spouse's Name _____ | Children? | Yes | No |
| Home Street Address _____ | | | |
| Home City, State, Zip _____ | | | |
| Primary Phone: _____ | Work | Cell | Home |
| Primary Email: _____ | Work | Personal | |
| Receiving Government Benefits? | Yes | No | |

This Child's Parent(s)

Child of both Wife & Husband

Wife's Child

Husband's Child

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*

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

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 |
|------------------------------------|-------|-------------|-------------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

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

| Name of Debtor | Note Origin Date | Dute Date | Note Balance | Secured By |
|----------------|------------------|-----------|--------------|------------|
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |

10. 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 |
|--|------------------------------------|---------------------|-------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

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

| Type | Face Value | Type | Face Value |
|-------|------------|-------|------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

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

| Type | Face Value | Type | Face Value |
|-------|------------|-------|------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

13. Anticipated Inheritance, or Pending Lawsuit Settlements

| Type of Inheritance or Settlement | Date expected | Value |
|-----------------------------------|---------------|-------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

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. _____