

# The Law Offices of Richard J. Herndon

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## **Confidential Estate Planning Information Form**

**Please use this booklet to provide us with the information that we need to help you plan your estate and to meet your wishes and goals. If possible, please return it to us a day or two before your appointment**

### **Husband/Single Person's Information**

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County of Residence \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **Spouse's Information**

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County of Residence \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Existing Prenuptial Agreement? \_\_\_\_\_

## Children or other Beneficiaries

(for relationship indicate if a child's parents are both of you, husband, wife, or adopted)

Name	Birthdate	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does any beneficiary have special educational, medical or physical needs, or receive governmental benefits?      Yes      No

Does any beneficiary have any potential problems with drug or alcohol abuse?  
Yes      No

Are you concerned with any beneficiary's ability to handle/manage money?  
Yes      No

Are you concerned with your children's ability to get along with one another?      Yes      No

Are there problems/concerns relative to your relationship with your children (or spouse's children)?  
Yes      No

Are any of your children divorced?      Yes      No

Name of Religious, Charitable or Non-Profit Beneficiaries	Address
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_____	_____
_____	_____

Please tell us who the following people are:

Name	Phone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Emergency Contact _____	_____

Who will serve as **guardian** for your minor children if you were to die prematurely?  
*(Ignore this question if you do not have minor children)*

	Name	Relationship
First Choice		
Second Choice		

If you were **incapacitated** for any period of time, who would you choose to handle your **financial affairs**?

	Husband's/Single Person's Responses	Spouse's Responses
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

If you were **incapacitated** for any period of time, who would you choose to make **health care decisions** for you?

	Husband's/Single Person's Responses	Spouse's Responses
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

At the time of your **death**, who would you choose to **administer and distribute your estate**?

	Husband's/Single Person's Responses	Spouse's Responses
First Choice		
Second Choice		
Third Choice		
Fourth Choice		

### Asset and Property Information

The values listed are for discussion purposes only. **Approximate values are acceptable.**  
 You may attach a financial statement or use additional sheets to continue a list.

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a trust that you have created.

**Bank and Savings Accounts.** To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. **Do not include IRAs or 401(k)s here.**

Financial Institution	Owner	Market Value	Type of Account

**Stocks, Bonds, Mutual Funds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. **Do not include IRAs or 401(k) or similar plans here. List them in the following section.**

Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan

**Retirement Accounts.** To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

Custodial Institution	Owner	Market Value	Type of Plan

**Real Estate.**

Description	Owner	Market Value	Debt
Personal Residence			

**Personal Property**

Description	Owner	Market Value	Debt
Autos			
Household Goods.			

**Life Insurance Policies and Annuities.** List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit

**Other Property or Assets.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

Description	Owner	Market Value	Debt

**Additional Documentation**

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care powers of attorney, living wills, etc.
- Copies of deeds to all real estate owned by you.
- Prenuptial Agreement (if applicable).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

**Additional Information**

Please let us know any other information that you think is helpful or important:

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