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ESTATE PLANNING QUESTIONNAIRE

Date: _____

About You:

Full Name: _____

Address: _____

County of Residence: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____ Other: (____) _____

Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Is spouse living: Yes No If no, date of spouse's death: _____

About Your Spouse:

Full Name: _____

Address: _____

County of Residence: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____ Other: (____) _____

Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

About Your Children:

Children of Current Marriage:

Name of Child	Date of Birth	Age	Deceased (Y/N)

Comments regarding health problems or special needs of children, if any: _____

Children of Prior Marriage:

Name of Child	Date of Birth	Age	Child of Yourself or Spouse	Deceased (Y/N)

Comments regarding health problems or special needs of children, if any: _____

Your choice for Guardian and/or Conservator and Alternate Guardian and/or Conservator of any minor children, if any:

Guardian: _____ Alternate: _____
Conservator: _____ Alternate: _____

About Your Grandchildren:

Their Parents	Name of Grandchild	Age of Grandchild
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Comments regarding health problems or special needs of children, if any: _____

Other Beneficiaries (include Great Grandchildren):

Name	Relationship	Amount or Type of Gift

Comments: _____

Powers of Attorney

Your choice of Agents under your Powers of Attorney:

Health Care Decisions:

	Name	Address
First Choice		
First Alternate		
Second Alternate		

Financial Decisions:

	Name	Address
First Choice		
First Alternate		
Second Alternate		

Executor of Your Will

This choice may be an individual or an institution such as a bank.

First Choice:

Name: _____

Address: _____

First Alternative Choice:

Name: _____

Address: _____

Second Alternative Choice:

Name: _____

Address: _____

Do you have a written Prenuptial or Postnuptial Agreement with your spouse?

Yes No If yes, please attach a copy of the Agreement to this questionnaire when returning the questionnaire to our office.

Do you have a Living Trust?

Yes No If yes, please attach a copy of the Living Trust to this questionnaire when returning the questionnaire to our office.

Do you have a Will?

Yes No If yes, please attach a copy of the Will to this questionnaire when returning the questionnaire to our office.

What do you wish to place in Trust? _____

Real Property

Do you own any real property?

Yes **No** **If so, state whether it is held individually or jointly with another person, address and county where property is located. If possible, please provide a photocopy of Deed(s).**

Address of Real Property	County and State where Property is Located	Individual or Joint Titled

Automobiles:

Automobile	Titled Ownership	Approximate Value (\$)
	Total Approximate Value	\$

Cash

Checking Accounts:

Bank	Address	Joint or Individual Account	Name(s) on Account	Balance
				\$
				\$
				\$
				\$

Savings Accounts:

Bank	Address	Joint or Individual Account	Name(s) on Account	Balance
				\$
				\$
				\$
				\$

Money invested in mortgages and personal loans:

Borrower	Address	Amount
		\$
		\$
		\$
		\$
		\$

Do you wish to forgive any of these debts upon your death?

Yes No **If so, which one(s):** _____

Retirement Accounts:

Item	Primary Beneficiary	Secondary Beneficiary	Amount
			\$
			\$
			\$
			\$
			\$

Employee Benefit Plans

(other than those listed above - such as profit sharing, stock options, etc.):

Participant Name: _____

Plan Name: _____

Present Vested Benefits: \$ _____

Estimated Value in Five Years: \$ _____

Estimated Value in Ten Years: \$ _____

Any death benefits: Yes No

If so, state amount and beneficiary name: _____

Participant Name: _____

Plan Name: _____

Present Vested Benefits: \$ _____

Estimated Value in Five Years: \$ _____

Estimated Value in Ten Years: \$ _____

Any death benefits: Yes No

If so, state amount and beneficiary name: _____

Participant Name: _____

Plan Name: _____

Present Vested Benefits: \$ _____

Estimated Value in Five Years: \$ _____

Estimated Value in Ten Years: \$ _____

Any death benefits: Yes No

If so, state amount and beneficiary name: _____

Participant Name: _____

Plan Name: _____

Present Vested Benefits: \$ _____

Estimated Value in Five Years: \$ _____

Estimated Value in Ten Years: \$ _____

Any death benefits: Yes No

If so, state amount and beneficiary name: _____

Life Insurance

Personal:

Insurance Company	Policy	Owner of Beneficiary	Amount
			\$
			\$
			\$
			\$
			\$

Group Life Insurance through your employer:

Insurance Company	Policy	Owner of Beneficiary	Amount
			\$
			\$
			\$

Accident and Health Insurance:

Insurance Company	Type of Policy

Income

**Your current income
(estimated for current year)**

Individual	Annual Salary or Wages
Self	\$
Spouse	\$
Total Income	\$

If you expect to establish either a Living Trust or a Testamentary Trust as part of your Will, please complete the following:

How to you want the net income from the Trust distributed?

Distributed to:	Annually (Yes/No)	Other (please specify)
Spouse		
Children		
Other (please specify)		

How to you want the Trust assets distributed?

Distributed to:	When (please specify)
Spouse	
Children	
Other (please specify)	

Comments: _____

Your choice of Trustee (may be an individual or an institution):

Name: _____
Address: _____

Your choice of Successor Trustee (may be an individual or an institution):

Name: _____

Address: _____

Trustee's Powers

Extensive

Restrictive

Other (please specify below)

Congratulations on completing a difficult task! If you would like a copy of this completed questionnaire for your records, please let us know when you are in the office.

We look forward to working with you to establish an estate plan that accomplishes your wishes.

Your attorney assisting you:

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