



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

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ESTATE PLANNING QUESTIONNAIRE

Today's Date: _____

About You

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Place of Birth (City & State): _____ DL Number/State: _____

How many years of schooling do you have? _____

High School: _____ College: _____

If college was completed, what area was your degree in? _____

Current Employer: _____

Employer Address: _____

Hire Date: _____ Current Position: _____

Marital Status: _____ If married, spouses name: _____

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

About Your Spouse

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Birth Date (mm/dd/yy): _____ Social Security Number: _____

Place of Birth (City & State): _____ DL Number/State: _____

How many years of schooling do you have? _____

High School: _____ College: _____

If college was completed, what area was your degree in? _____

Current Employer: _____

Employer Address: _____

Hire Date: _____ Current Position: _____

About Your Children

Children of Current Marriage

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

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

Children of Prior Marriage(s)

Name of Child	Date of Birth	Deceased (Y/N)	Responsible Parent	Location

Comments regarding health problems and/or special needs of any 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

**Add another page, if needed.*

Name of Grandchild	Parent of Grandchild	Age of Grandchild	Date of Birth	Location

Comments, if any:

About Your Other Beneficiaries (Including Great Grandchildren)

**Add another page, if needed.*

Name	Relationship	Date of Birth	Location	Amount or Type of Gift

Comments, if any:

Powers of Attorney (Your Choices)

Health Care Decisions

	Name	Address	Phone
First Choice			
First Alternate			
Second Alternate			

Do you want your Agent to consult with anyone prior to acting? Yes No

Do you want to donate your eyes/organs? Yes No

Do you want to be cremated or buried? Cremated Buried

Do you have specific instructions for disposition of your body
(plot already purchased, location, etc.)? Yes No

Would you like anyone else to have permission to speak to your
healthcare providers to get information and/or access records? Yes No

If so, please state which of the above individuals you would like to allow access to.

Financial Decisions

	Name	Address	Phone
First Choice			
First Alternate			
Second Alternate			

Powers of Attorney (Your Spouse's Choices)

Spouse's Health Care Decisions

	Name	Address	Phone
First Choice			
First Alternate			
Second Alternate			

Does your spouse want their Agent to consult with anyone prior to acting? Yes No

Does your spouse want to donate their eyes/organs? Yes No

Does your spouse want to be cremated or buried? Cremated Buried

Does your spouse have specific instructions for disposition of their body
(plot already purchased, location, etc.)? Yes No

Would your spouse like anyone else to have permission to speak to their
healthcare providers to get information and/or access records? Yes No

If so, please state which of the above individuals your spouse would like to allow
access to. _____

Spouse's Financial Decisions

	Name	Address	Phone
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: _____

Phone Number: _____

First Alternative Choice:

Name: _____

Address: _____

Phone Number: _____

Second Alternative Choice:

Name: _____

Address: _____

Phone Number: _____

Personal Property

Please list household goods, furniture, jewelry, books, musical instruments, etc. Please also list items for special consideration. Others may be grouped, and the cost estimated. Attach additional pages if needed.

Personal Property Item Description	Approximate Value (\$)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Automobiles

Year, Make, Model	Titled Ownership	Approximate Value (\$)
		\$
		\$
		\$
		\$

Cash – Checking Accounts

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

Cash – Savings Accounts

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

Stocks and Bonds (Government or Other)

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

Money invested in mortgages and personal loans

Borrower	Address	Description of Investment	Balance
			\$
			\$
			\$
			\$

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

Yes

No

If so, which one(s):

Retirement Accounts

Account Name/Description	Primary Beneficiary	Second Beneficiary	Balance
			\$
			\$
			\$
			\$

Employee Benefit Plans (other than those listed above – profit sharing, stock options, etc.)

#1 Participant Name: _____
 Plan Name: _____
 Present Vested Benefits: \$ _____
 Estimated Value in (5) Years: \$ _____
 Estimated Value in (10) Years: \$ _____
 Any death benefits? Yes No If so, state amount and beneficiary name(s):

#2 Participant Name: _____
 Plan Name: _____
 Present Vested Benefits: \$ _____
 Est. Value in (5) Years: \$ _____ Est Value in (10) Years: \$ _____
 Any death benefits? Yes No If so, state amount and beneficiary name(s):

#3 Participant Name: _____
 Plan Name: _____
 Present Vested Benefits: \$ _____
 Est. Value in (5) Years: \$ _____ Est Value in (10) Years: \$ _____
 Any death benefits? Yes No If so, state amount and beneficiary name(s):

#4 Participant Name: _____
 Plan Name: _____
 Present Vested Benefits: \$ _____
 Est. Value in (5) Years: \$ _____ Est Value in (10) Years: \$ _____
 Any death benefits? Yes No If so, state amount and beneficiary name(s):

Insurances

Please include all insurance policies you and your spouse may have for Personal Life, Group Life Insurance through employers, Accidental, Health, and/or Supplemental coverage.

Insurance Company	Type of Coverage	Policy #	Owner of Policy	Beneficiary	Amount
					\$
					\$
					\$
					\$
					\$
					\$

Reproductive Technologies

Have you or your spouse ever been involved with any assisted reproductive technologies (had sperm or embryos stored)? Yes No

If yes, was it you or your spouse? Myself My Spouse

When (mm/dd/yy)? _____

What is the status of the assisted reproductive technologies (i.e., undergone treatment in the past, currently undergoing treatment, sperm or embryos are being held in storage and could be accessed at a later date, etc.)? _____

If at a storage facility, do you have a contract with the facility? Yes No
If yes, please provide a copy of the Agreement.

Name of Storage Facility: _____

Address of Storage Facility: _____

Phone Number of Storage Facility: _____

Debts or Obligations

(such as mortgages, loans, credit cards, or any other major debts)

Creditor	Type of Debt	Account Holder Name(s)	Amount
			\$
			\$
			\$
			\$
			\$

Income

	Last Year's Annual Salary or Wages	This Year's Estimated Annual Salary or Wages	Average per Year
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 do you want the net income from the Trust distributed?

Distributed to:	Annually (Y/N)	Other (please specify)
Spouse		
Children		
Other (please specify)		

How do you want the Trust assets distributed?

Distributed to:	Annually (Y/N)	Other (please specify)
Spouse		
Children		
Other (please specify)		

Comments: _____

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

Name & Phone Number: _____

Address: _____

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

Name & Phone Number: _____

Address: _____

Trustee's Powers

Extensive Restrictive Other (please specify below)

At what age, if any, would you like to disburse any remaining trust funds to your beneficiary/beneficiaries? _____

