



STINSON, LASSWELL & WILSON, L.C.

ATTORNEYS AT LAW

* OLIVE W. GARVEY BUILDING | 200 WEST DOUGLAS, SUITE 100 | WICHITA, KANSAS 67202 | TEL: 316.264.9137 | FAX: 316.264.3791 *

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
---------------	--------------------	-------------------

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 yes, 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
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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	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

Have you been involved with any assisted reproductive technologies (i.e. had sperm or embryos stored)?

Yes No

If so, when? _____

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

Do you have a copy of the contract with the storage facility?

Yes No

If yes, please attach a copy of the contract with the storage facility when returning the questionnaire to this office.

List the name, address and phone number of the storage facility:

Has your spouse/partner been involved with any assisted reproductive technologies (i.e. had sperm or embryos stored, etc.)?

Yes No

If so, when? _____

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

Do you have a copy of the contract with the storage facility?

Yes No

If yes, please attach a copy of the contract with the storage facility when returning the questionnaire to this office.

List the name, address and phone number of the storage facility:

Debts or Obligations

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

Creditor	Type of Debt	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Income

Your current income
(estimated for current year)

	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 do you want the net income from the Trust distributed?

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

How do 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

Stinson, Lasswell & Wilson, L.C.
200 West Douglas, Suite 100
Wichita, KS 67202
(316) 264-9137 (voice)
(316) 264-3791 (fax)

-----@slwlc.com