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ESTATE PLANNING QUESTIONNAIRE

Today's Date: _____

About You

Full Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

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

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

Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Social Security Number: _____ Date of Birth: _____

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

About Your Spouse

Full Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

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

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

Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Social Security Number: _____ Date of Birth: _____

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	Deceased (Y/N)

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

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

Guardian: _____ Alternate: _____

Conservator: _____ Alternate: _____

Your choice for Trustee to administer any trusts created for the benefit of any minor children, if any:

Trustee: _____ Alternate: _____

About Your Grandchildren

Name of Grandchild	Their Parents	Age of Grandchild

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

Other Beneficiaries (include Great Grandchildren, nieces, nephews, etc.)

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: _____ County: _____

City: _____ State: _____ Zip Code: _____

Relationship to you: _____

First Alternative Choice

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Relationship to you: _____

Second Alternative Choice

Name: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Relationship to you: _____

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 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 to our office.

Do you have a Will?

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

What do you wish to place in Trust?

Automobiles:

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

Checking Accounts:

Bank	Address	Type of Account (Joint, Individual, POD, TOD, etc.)	Name(s) on Account	Balance
				\$
				\$
				\$
				\$
				\$

Savings Accounts:

Bank	Address	Type of Account (Joint, Individual, POD, TOD, etc.)	Name(s) on Account	Balance
				\$
				\$
				\$
				\$
				\$

Stocks and Bonds (Government or other)

Item	Type of Account (Joint, Individual, POD, TOD, etc.)	Name(s) on Item	Beneficiary on Stock or Bond	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 yes, 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 yes, 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 yes, 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 yes, 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 yes, state amount and beneficiary name:

Life Insurance

Personal

Insurance Company	Policy Number	Owner or Beneficiary	Amount
			\$
			\$
			\$
			\$
			\$

Group Life Insurance through your employer

Insurance Company	Policy Number	Owner or 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 yes, 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 to 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 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)

Yes No

If yes, 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 to 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 questionnaire to this office.)

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

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	Annually (yes/no)	Other (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:

Trustees 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.