

Date: _____

THE CORLEY LAW FIRM, P.C.
Phone 314-590-0001

**PERSONAL INFORMATION
QUESTIONNAIRE**

The following information is needed to assist us in planning your estate. Please complete the form and bring it to our initial meeting.

I. PERSONAL AND FAMILY

Husband

Wife

Full legal name _____

Name

Preferred on Documents _____

Social Security No. _____

Home Address _____

County of Residence _____

Home/Cell Telephone Nos. _____

E-mail address _____

Employer Name _____

Occupation _____

Address _____

Work Telephone No. _____

Date of Birth _____

Citizenship _____

State of Health _____

Married (date of marriage) _____

Widowed (enter date of death here and other information for deceased spouse above).

Divorced (date of dissolution): _____

Check if any prior marriages _____ (H) _____ (W) How ended _____

Children and Grandchildren

| <u>Full Legal Name</u> | <u>Social Security No.</u> <u>Relationship</u> | <u>Address and Telephone numbers</u> <u>(including city, state, zip)</u> | <u>Date of Birth</u> | <u>Marital Status</u> |
|------------------------|---|---|----------------------|-----------------------|
|------------------------|---|---|----------------------|-----------------------|

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

Do any of your children or grandchildren have a disability? If so, please describe

Do you have any adopted children or grandchildren? If so, please name _____

Do you have any pets that you wish to be provided for? If so, please name _____

Living Parents

| <u>Full Legal Name</u> | <u>Relationship</u> | check if financially independent | <u>Address and Telephone numbers</u> <u>(including city, state, zip)</u> | <u>Date of Birth</u> <u>Age</u> | <u>Marital</u> <u>Status</u> |
|------------------------|---------------------|--|---|------------------------------------|---------------------------------|
| _____ | | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | | <input type="checkbox"/> | _____ | _____ | _____ |

Siblings

| <u>Full Legal Name</u> | <u>Address and Telephone numbers</u> <u>(including city, state, zip)</u> | <u>Date of</u> <u>Birth</u> | <u>Marital</u> <u>Status</u> |
|------------------------|---|--------------------------------|---------------------------------|
| Husband's: _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Wife's:

II. PLAN OF DISTRIBUTION

Do you desire to leave property to any of the following: Relatives outside your immediate family? Employees and friends? (If any such person is to be provided for, please give his or her name, relationship and present address, if known, and identify the specific property or the amount of cash you wish to leave to such person.) Churches, charities, educational institutions, hospitals, and the like? (If so, please give exact legal name and present address, if known, of each such beneficiary and identify the specific property, percentage of total estate or the amount of cash you wish to give to such beneficiary. Also, if you wish to direct that any bequest or devise is to be used for a particular purpose, describe in detail.)

E. **IRAs and Retirement Plans:** If you (husband or wife) have an interest in any 401(k), 403(b) Pension Plan, Profit Sharing Plan, Keogh plan, IRA (indicate traditional or ROTH) or other tax deferred benefit plan, please list the following information:

| <u>Owner (H or W)/Employer</u> | <u>Type of Plan</u> | <u>Current Value of Account</u> | <u>Primary Beneficiary</u> | <u>Secondary Beneficiary</u> |
|--------------------------------|---------------------|---------------------------------|----------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

F. **Retirement Income Monthly and Health Insurance Costs:** If retired describe your monthly income from retirement sources and out of pocket health insurance costs:

(H) Pension: \$_____ Nature & Payor _____
 (H) Social Security: \$_____ Medicare \$_____ Other _____
 (W) Pension: \$_____ Nature & Payor _____
 (W) Social Security: \$_____ Medicare \$_____ Other _____

G. **Annuities:** Describe and indicate who is the beneficiary of each:

| <u>Owner (H or W)/Annuitant</u> | <u>Q or NQ</u> | <u>Current Value of Account</u> | <u>Primary Beneficiary</u> | <u>Secondary Beneficiary</u> |
|---------------------------------|----------------|---------------------------------|----------------------------|------------------------------|
| | | | | |
| | | | | |

H. **Stock Option Plans:** Describe and indicate who is the beneficiary of each:

I. **Brokerage Accounts and Listed Securities:** Describe accounts generally - need not list individual securities. Give estimated value. Also describe how securities are registered, i.e., individually, joint, etc. If in brokerage account, please name firm, broker and telephone number of broker.

J. **Interests in closely held corporations, LLC's or partnerships:** List entity name, percentage interest, how interest is titled, estimated value and names of partners, along with contact information for the general partner/manager:

K. **Life Insurance** (including group-term, term, whole life, variable life and second-to-die insurance):

| <u>Name of Company</u> | <u>Policy No.</u> | <u>Type</u> | <u>Face Amount</u> | <u>Cash Surrender Value</u> | <u>Insured</u> | <u>Owner</u> | <u>Beneficiaries</u> |
|------------------------|-------------------|-------------|--------------------|-----------------------------|----------------|--------------|----------------------|
|------------------------|-------------------|-------------|--------------------|-----------------------------|----------------|--------------|----------------------|

L. **Valuable Tangible Personal Property:** Please list vehicles you own (year, make, model, mileage and how titled and who drives) and particular items of personal property, which have great value; i.e., artworks, coins and stamp collections, antiques, etc. that you hold separate insurance riders on, burial plots. Please indicate how ownership is titled.

M. **Major Debts** (other than real estate mortgages):

N. Safe Deposit Box – Location: _____
Whose names are on the Box? _____

O. Gifts: Have gift tax returns previously been filed? If yes, please attach copies.

P. Property Received by Inheritances: Have you inherited any property within the last ten years?

Q. Do you expect to receive an inheritance from your parents or another? If so, please estimate the amount and state from whom:

- R. If previously divorced, attach divorce papers.
- S. Attach any premarital agreements.
- T. If you have lived in any other state while married to your current spouse please list each state in which you have resided:

- U. Do you have long-term care insurance? If so list the insurance company and policy number and benefit terms. _____

- V. Estate Planning Documents: Please attach copies of your existing Wills, Revocable Living Trusts, Irrevocable Trusts, Family Limited Partnerships, Health Care Powers of Attorney and Durable Powers of Attorney.

IV. DESIGNATION OF TRUSTED AGENTS and CARE TAKERS:

A. Trustees: List the persons or corporate trust companies you want to act as Trustee(s) or successor Trustee(s) of any Trust you may establish and the order in which you would like them to serve in case one or more of them are unable to act. A Trustee manages and invests Trust assets and makes distributions of Trust assets to the beneficiaries of the Trust in accordance with its provisions. In Missouri, a Trustee must be at least 18 years of age. A person residing out of Missouri may act as a Trustee. Please indicate the relationship of the named Trustee to you.

| | <u>Name & Relationship</u> | <u>Address</u> | <u>City, State, Zip</u> | <u>Telephone</u> |
|----|--------------------------------|----------------|-------------------------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

B. Guardians: In the event that you should both die, list those persons you would like to act as the legal guardian(s) or successor guardian(s) of your minor children and the order in which you would like them to serve in case one or more of them are unable to act. A legal guardian is a person appointed by a court to have the care and custody of minors (person less than 18 years of age) and to manage the assets of the minor's estate. In Missouri, a guardian must be at least 18 years of age. Please indicate the relationship of the named guardian to you.

| | <u>Name & Relationship</u> | <u>Address</u> | <u>City, State, Zip</u> | <u>Telephone</u> |
|----|--------------------------------|----------------|-------------------------|------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

C. Personal Representatives under Will: List the persons or corporate trust company you want to act as Personal Representative(s) or successor Personal Representative(s) of your Estate at the time of your death. The Personal Representative collects your assets, pays debts, expenses of administration and distributes the balance to your beneficiaries. Typically you would name the same persons as Trustees. Please indicate the relationship of the named personal representative to you.

| <u>Name & Relationship</u> | <u>Address</u> | <u>City, State, Zip</u> | <u>Telephone</u> |
|--------------------------------|----------------|-------------------------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

D. Health Care Declaration and Durable Power of Attorney: Please list in order the person or persons you would like to make health care and related decisions for you in the event you sustain a medical or mental incapacity or incurable or irreversible condition. Please indicate the relationship of the named personal representative to you.

| <u>Name & Relationship</u> | <u>Address</u> | <u>City, State, Zip</u> | <u>Telephone</u> |
|--------------------------------|----------------|-------------------------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Your thoughts about the following issues will be helpful:

Allowing your named agent to authorize Donation of some or all of your organs: _____

Signing a Living Will statement regarding removal of life support: _____

Cremation vs. Burial and place of internment - Please State Preferences: _____

Public or Private Visitation and Type of Funeral Service – Please note religious affiliations to consider and any particular wishes you may have with respect to the event: _____

E. Durable Power of Attorney: Please list in order the person or persons you would like to make financial decisions for you in the event you sustain a medical or mental incapacity or incurable or irreversible condition. Please indicate the relationship of the named personal representative to you.

| <u>Name & Relationship</u> | <u>Address</u> | <u>City, State, Zip</u> | <u>Telephone</u> |
|--------------------------------|----------------|-------------------------|------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

F. Your Professional Advisors/Insurance Agents/ Bankers/ and Physicians:

Financial Consultant: Name _____

Firm _____

Telephone Number _____

Tax Accountant: Name _____

Firm _____

Telephone Number _____

Life Insurance Agent: Name _____

Firm _____

Telephone Number _____

Liability Insurance Agent (Auto, House :
Umbrella) Name _____

Firm _____

Telephone Number _____

Banker: Name _____

Firm _____

Telephone Number _____

Primary Physician: Name _____

Practice Group _____

Telephone Number _____

The information above is accurate and complete to the best of my knowledge.

Date

Your signature

Date

Your signature