

Date Information Received: \_\_\_\_\_

**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**

Full Legal 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 \_\_\_\_\_

Widowed \_\_\_\_\_ (Date of Marriage) \_\_\_\_\_ (Date of Death) \_\_\_\_\_

Divorced \_\_\_\_\_ (Date of Dissolution) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

**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>
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- 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? 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>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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contract to Make a Will: Have you promised to remember anyone in your Will in return for services or other valid consideration? If so, please state recipients name and details of what they are to receive and nature of services or other consideration provided in exchange.

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Wipeout Clause: We will need to state in your Will or Trust who is to receive the balance of your assets if assets remain and you and all of your descendants (children and grandchildren) have passed away. Please consider your parents, siblings, favorite charitable organizations, nieces and nephews, etc and let us know who should share your assets in this event whether or not the chance of implementation is at all likely.

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**III. ASSETS AND PROPERTY (Include Time Share/Vacation Rentals)**

A. Real Estate	<u>Parcel A</u>	<u>Parcel B</u>	<u>Parcel C</u>
1. Address	_____	_____	_____
	_____	_____	_____
County	_____	_____	_____
2. Record Owner(s)	_____	_____	_____
3. Date of Acquisition	_____	_____	_____
4. How Acquired	_____	_____	_____
5. Estimated Fair Market Value	_____	_____	_____
6. Mortgage Balance	_____	_____	_____
7. Attach Copy of General Warranty or Quit Claim Deed	_____	_____	_____
8. Attach Copy of Title Ins Policy (if any)	_____	_____	_____



E. **IRAs and Retirement Plans:** If you 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 /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:

Pension: \$\_\_\_\_\_ Nature & Payor \_\_\_\_\_

Social Security: \$\_\_\_\_\_ Medicare \$\_\_\_\_\_ Other \_\_\_\_\_

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

<u>Owner /Annuitant</u>	<u>Q or NQ</u>	<u>of Account</u>	<u>Current Value Beneficiary</u>	<u>Primary Beneficiary</u>	<u>Secondary</u>

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

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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.

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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:

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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>
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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.

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

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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:

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R. If previously divorced, attach divorce papers.

S. Do you intend to live in any other state? Please list each state to which you may move:

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

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U. 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 &amp; Relationship</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Telephone</u>
1. _____			
2. _____			
3. _____			

B. **Guardians:** In the event that you should 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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.

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Date

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Your signature