



# Law in Kansas City

2 Westowne  
Liberty, MO 64068  
(816) 781-5905

## ESTATE PLANNING WORKSHEET

NAME	_____	SPOUSE	_____
ADDRESS	_____	2 <sup>ND</sup> ADDRESS	_____
	_____		_____
PHONE			
Home	_____		_____
Work	_____		_____
Cell	_____		_____
EMAIL	_____		_____

**\*\* If you do not wish us to discuss your file with your spouse, please let us know.**

**\*\* We will not discuss your case with any children unless they are listed below.**

OTHER INDIVIDUAL(S) AUTHORIZED TO RECEIVE INFO FROM OUR OFFICE; RELATIONSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT NEEDS	Wills	Trusts	Durable Power of Attorney		
	Durable Power Health Care	Child Care DPA	Deeds		
SPECIAL NEEDS	Elderly Parent	Disabled Child	Spendthrift		
PREVIOUS ESTATE PLANNING	_____				
MARITAL STATUS	Single	Married	Separated	Divorced	Widowed
	Date of marriage	_____			
	Lived in Community Property State at any time during marriage	Y	N		
	Prenuptial Agreement	Y	N	Date	_____
	Postnuptial Agreement	Y	N	Date	_____

Client \_\_\_\_\_  
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MARITAL STATUS CONTINUED

Date of Spouse's Death \_\_\_\_\_  
Date of Separation \_\_\_\_\_ Attorney \_\_\_\_\_  
Date of Divorce \_\_\_\_\_ County/State \_\_\_\_\_  
Name of Spouse or Ex-spouse \_\_\_\_\_  
Alimony Order      Y      N      Amount/mo \_\_\_\_\_      Ends \_\_\_\_\_  
Child Support Order      Y      N      Amount/ mo \_\_\_\_\_  
    Approx Date Order will change or will end \_\_\_\_\_  
    Last Revision/Review of Order \_\_\_\_\_

CHILDREN

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
    \*\* Additional Children Listed on Back of This Page      Y      N

GRANDCHILDREN

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
    \*\* Additional Grandchildren Listed on Back of This Page      Y      N

EMPLOYMENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
401K \_\_\_\_\_  
Cafeteria Plan      Y      N      Cafeteria Plan      Y      N

Estate Planning Worksheet

Client \_\_\_\_\_

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BUSINESS

DBA Corporation Partnership

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Owners \_\_\_\_\_

Stock Y N No. shares \_\_\_\_\_

Succession Planning Y N

Gross Income Current Year \_\_\_\_\_

Gross Income Previous Yr \_\_\_\_\_

Stock Y N No. shares \_\_\_\_\_

Insurance Y N

Gross Income Current Yr. \_\_\_\_\_

Gross Income Previous Yr \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY BENEFITS \_\_\_\_\_

\_\_\_\_\_

VETERANS BENEFITS \_\_\_\_\_

\_\_\_\_\_

PENSION \_\_\_\_\_

\_\_\_\_\_

Divided in Divorce Y N

Divided in Divorce Y N

BENEFICIARY OF TRUST Y N

BENEFICIARY OF TRUST Y N

Montly/ Yearly Income \_\_\_\_\_

\_\_\_\_\_

Approx. Amt to Inherit \_\_\_\_\_

\_\_\_\_\_

MONITARY GIFTS \_\_\_\_\_

\_\_\_\_\_

REAL ESTATE

Property \_\_\_\_\_

Names \_\_\_\_\_ Titled \_\_\_\_\_

Approx Value \_\_\_\_\_ Last Appraisal \_\_\_\_\_ Mortgage \_\_\_\_\_

Property 2 \_\_\_\_\_

Names \_\_\_\_\_ Titled \_\_\_\_\_

Approx Value \_\_\_\_\_ Last Appraisal \_\_\_\_\_ Mortgage \_\_\_\_\_

\*\*additional properties, please list on back of this sheet Y N

Estate Planning Worksheet

Client \_\_\_\_\_

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PERSONAL PROPERTY

Vehicle 1 \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

Vehicle 3 \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

Other Titled Vehicles \_\_\_\_\_

Other Titled Vehicles \_\_\_\_\_

Other Titled Vehicles \_\_\_\_\_

Antiques \_\_\_\_\_

Guns \_\_\_\_\_

Special Collections \_\_\_\_\_

Non-Marital Property Y N

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank Account (Checking)

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Names on Account

\_\_\_\_\_

Titled \_\_\_\_\_

POD Y N

Approx. Monthly Balance \_\_\_\_\_

Vehicle 2 \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

Boat \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

TOD Y N Value \_\_\_\_\_

Value \_\_\_\_\_

Value \_\_\_\_\_

Value \_\_\_\_\_

Non-Marital Property Y N

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POD Y N

\_\_\_\_\_

\*\* additional accounts listed on back of this page Y N

## Savings Account

Bank \_\_\_\_\_

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Account No. \_\_\_\_\_

Names on Account  
\_\_\_\_\_

Titled \_\_\_\_\_

POD            Y     N

POD            Y     N

Approx. Monthly Balance \_\_\_\_\_

\*\* additional accounts listed on back of this page            Y     N

## Certificate of Deposit

Bank \_\_\_\_\_

Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Account No. \_\_\_\_\_

Names on Account  
\_\_\_\_\_

Titled \_\_\_\_\_

POD            Y     N

POD            Y     N

Approx. Balance \_\_\_\_\_

\*\* additional accounts listed on back of this page            Y     N

## Bonds

Type \_\_\_\_\_            Face Value \_\_\_\_\_            Maturity Date \_\_\_\_\_

Type \_\_\_\_\_            Face Value \_\_\_\_\_            Maturity Date \_\_\_\_\_

Type \_\_\_\_\_            Face Value \_\_\_\_\_            Maturity Date \_\_\_\_\_

## IRA

Broker \_\_\_\_\_            Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Current Value \$ \_\_\_\_\_            Fund \_\_\_\_\_

IRA continued.

Broker \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Fund \_\_\_\_\_

Investment Account

Broker \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Fund \_\_\_\_\_

Broker \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Fund \_\_\_\_\_

Broker \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Current Value \$ \_\_\_\_\_ Fund \_\_\_\_\_

Investment Style      Aggressive/Higher Risk      Conservative/Low Risk      Mixed

**GOALS/CONCERNS**

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**WILLS:**

	Personal Representative		Name	Address	City	State
#1	<hr/>					
	Without Bond	Y	N	**if out of state then bond will be required		

#2	<hr/>					
	Without Bond	Y	N			

	Guardian of children		Name	Address	City	State
#1	<hr/>					
	If couple is married, will the non-relative still hold this position?				Y	N
	If certain age, will this person(s) continue to hold this position?				Y	N

#2	<hr/>					
	If couple is married, will the non-relative still hold this position?				Y	N
	If certain age, will this person(s) continue to hold this position?				Y	N

	Conservator of children		Name	Address	City	State
#1	<hr/>					
	If couple is married, will the non-relative still hold this position?				Y	N
	If certain age, will this person(s) continue to hold this position?				Y	N

#2	<hr/>					
	If couple is married, will the non-relative still hold this position?				Y	N
	If certain age, will this person(s) continue to hold this position?				Y	N

\*\*conservator may be different than the guardian.

Specific Bequests    Y    N    \*\*if yes, please attach a sheet to this worksheet

Beneficiaries	Name	Relationship	Address	City	State
<hr/>					
<hr/>					
<hr/>					

\*\*additional beneficiaries, including charitable donations, should be included on back of this sheet.

TRUSTS

\*\* Trustees are the same as are listed above as Personal Representative Y N

If different, please list on the back of this sheet.

Special Issues or concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age(s) children are to receive their money 18 21 25 30 35 40

Other \_\_\_\_\_

Step % Y N Age: \_\_\_\_\_ % Age: \_\_\_\_\_ %

Specific goals for the money left to children? Y N

School/college/ doctorate

Car Living expenses

House Health issues

Other \_\_\_\_\_

Total Discretion of the Trustee? Y N

Succession planning for business Y N

DURABLE POWER OF ATTORNEY

Full powers Y N

Begin immediately or incapacity immediate incapacity

One or two doctor(s) to determine incompetency One Two



DURABLE POWER OF ATTORNEY CONT.

1 <sup>st</sup> Attorney in Fact	Name	Address	City	State
2 <sup>nd</sup> Attorney in Fact	Name	Address	City	State
3 <sup>rd</sup> Attorney in Fact	Name	Address	City	State

Organ Donation	(H)	Y	N	(W)	Y	N
Organ Donation for children		Y	N			
Withhold artificially supplied nutrition and hydration	(H)	Y	N	(W)	Y	N
Withdraw artificially supplied nutrition and hydration	(H)	Y	N	(W)	Y	N
Withhold life-prolonging procedures	(H)	Y	N	(W)	Y	N
Withhold or withdraw Heart or lung resuscitation (CPR)	(H)	Y	N	(W)	Y	N
Withhold or withdraw Antibiotics	(H)	Y	N	(W)	Y	N
Withhold or withdraw chemo	(H)	Y	N	(W)	Y	N
Withhold or withdraw radiation	(H)	Y	N	(W)	Y	N
Withhold or withdraw respirator	(H)	Y	N	(W)	Y	N
Withhold or withdraw dialysis	(H)	Y	N	(W)	Y	N
Withhold or withdraw all other life prolonging medical or surgical procedure that are merely intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury	(H)	Y	N	(W)	Y	N

\*\* please read the attached sheet regarding powers given to Attorney in Fact

Concerns/ limitations about powers of attorney in fact

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CHILDCARE DURABLE POWER OF ATTORNEY

List of the persons authorized to act on behalf of the parent in their absence

Name	Relationship	Address	City	State	Phone Number
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any limitations on their powers?	Y	N	_____
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