# OSWALD ROAM & REW LLC ESTATE PLANNING QUESTIONNAIRE

Please PRINT and check spelling. This information is TOTALLY CONFIDENTIAL. Today's Date: , 20 .

Your Full Name: DOB S.S.# Spouse's Full Name: DOB S.S.# Current Marital Status: Single Married Separated Widowed Divorced Your Residence: Street: City: County: State: Zip:

Telephone - Residence:

Cell:

Email:

Your Employer: Phone:

Spouse's Employer:

# Children's Full Names:

Phone:

NAME DOB M/S ADDRESS HIS HERS OURS

1.

 ( ) ( ) ( )

2. ( ) (

) ( )

3. ( ) (

) ( )

4. ( ) (

) ( )

5. ( ) (

) ( )

6. ( ) (

) ( )

Are any children adopted? Yes No

Is there a physical possibility of more children? Yes No

Are there any handicapped children or children in poor health? Yes No

# CLIENTS’ GRANDCHILDREN

NAME CHILD OF DOB/AGE ADDRESS (IF DIFFERENT)

1.

2.

3.

4.

5.

6.

7.

8.

9.

Are there any handicapped grandchildren or children in poor health? Yes No

# CLIENTS' SIBLINGS

*[Only complete for those who may be included in documents in some way]*

NAME DATE OF BIRTH ADDRESS HIS HERS

1.

 ( ) ( )

2. ( ) ( )

3. ( ) ( )

4. ( ) ( )

# CLIENTS’ PARENTS

NAME DATE OF BIRTH ADDRESS HIS HERS

1.

 ( ) ( )

2. ( ) ( )

3. ( ) ( )

4. ( ) ( )

Do you have a Will? Yes No Where is the original?

Do you have an estate plan? Yes No

What does it consist of?

Why did you choose this law firm?

Did you serve in the military? Yes

No . If yes, what were your years of service?

# LISTING OF ASSETS

Please list all assets. Note any assets which are **not** owned in joint tenancy with your spouse, if you are married, or in your name alone if you are single. Also indicate the designated beneficiary/beneficiaries (TOD means "transfer of death" and POD means "pay-on-death") where applicable.

# Real Estate (land and any buildings thereon, if any):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Approximate |  | Estimated |  | How |  | TOD |
| Address or Legal Description |  | Loan Balance  |  | Market Value |  |  Owned  |  |  Beneficiary  |

# Corporate Stocks and Brokerage Accounts (other than IRAs and Qualified Plans):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Number of |  | Current Market |  | How |  | POD |
| Name of Company |  |  Shares  |  |  Value  |  |  Owned  |  | Beneficiary |

1. **Bonds, Debentures and Promissory Notes:**

Name of Payor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Market or |  | How |  | POD |
| Redemption Value |  |  Owned  |  | Beneficiary |

NOTE: If you list promissory notes above which are secured by Deeds of Trust or mortgages you hold on someone else's real estate, please list briefly below which of the notes are so secured and the location of the security.

# Checking Accounts:

POD

Name of Bank Location of Bank Normal Balance Ownership Beneficiary

# Savings Accounts:

POD

Name of Savings Institution Location Current Balance Ownership Beneficiary

# Certificates of Deposit (other than IRAs):

POD

Name of Savings Institution Location Value Ownership Beneficiary

# Retirement Plans (401Ks, IRAs, KEOGHs, SEPs, Tax-deferred Annuities etc.):

Contingent

Name of Plan Owner Beneficiary Beneficiary Current Value

# Life Insurance:

Insured/ Contingent Death

Name of Company Owner of Policy Beneficiary Beneficiary Benefit

# Long Term Care Insurance:

Insured/

Name of Company Owner of Policy Terms of Coverage

# Furniture and Household Goods: Value

1. **Automobiles & Other Vehicles (such as campers, boats, recreational vehicles):** Value
2. **Collectibles not included in VII above e.g. Jewelry, Stamp/Coin Collections:** Value
3. **Location(s) of Safety Deposit Box(es):**
4. **Cash in Safety Deposit Boxes or Otherwise in Your Possession:** Amount
5. **Other Assets not listed above (other than IRAs, Pensions, Qualified Plans or Life Insurance):**

POD/TOD

Description Current Value Ownership Beneficiary

# Expected Inheritances:

From Whom To Whom (husband or wife) Approximate Value Reason for Expectation

Have you ever filed a gift tax return (IRS Form 709)?

# Persons Nominated:

* 1. Guardian of Minor Children

NAME ADDRESS

First:

Successor:

* 1. Personal Representative (also known as Executor) HUSBAND/CLIENT:

NAME ADDRESS

First:

Second:

Third:

(Personal Representative Continued) WIFE:

First:

Second:

Third:

(Answer C. and D. if applicable to your estate plan)

* 1. Trustee

NAME ADDRESS

First:

Successor:

* 1. Trust Advisor or Trust Protector

NAME ADDRESS

First:

Successor:

* 1. Attorney-in-Fact for Financial Decisions

HUSBAND/CLIENT: (For Attorney: Effective immediately / Springing upon incapacity) NAME ADDRESS

First (Spouse):

Second:

Third:

WIFE: (For Attorney: Effective immediately / Springing upon incapacity)

NAME ADDRESS

First (Spouse):

Second:

Third:

* 1. Attorney-in-Fact for Health Care Decisions HUSBAND/CLIENT:

First (Spouse):

Second:

Third:

(Attorney-In-Fact For Health Care Decisions continued) WIFE:

First (Spouse):

Second:

Third:

Under Missouri law, you may leave tangible personal property to your beneficiaries through the use of a signed and dated list of property you wish to bequeath, if such a provision is in your will. Do you wish to have a paragraph in your will that does so? Yes No

(Items that you cannot include on your tangible personal property list are: real estate, money, evidences of indebtedness, assets that have documents of title, securities, and property used in trade or business. This tangible personal property list may be prepared by you at any time, but should be stored with your original will.)

If there are other specific gifts to beneficiaries that you would like to list in your will, other than those gifts to be set forth on your tangible personal property list, above-mentioned, please describe each gift you and name the recipient.

To Whom do you want the remainder or your estate distributed and in what percentages or fractions, in the event your spouse (if applicable) predeceases you:

Name/Address If they are deceased, who gets their Share (or does this bequest lapse)?

1.

2.

3.

4.

5.

NOTE: If any of the above-named beneficiaries are minors, do you want to include in your will (or trust, if applicable) a minor’s testamentary trust? If so, at what ages do you wish the minors to receive distributions after your death, and in what percentages or fractions at each such age? (For example, 50% at age 21, remainder at age 25, with ability to receive distributions for health, education, maintenance and support (HEMS) until age 25)

For Attorney: Pot Trust or Shares Trust? If Pot Trust, when does it split?