

Appointment Date: _____

TURNBULL & STARK, P.C.

PLANNING QUESTIONNAIRE – FOR COMPLETION PRIOR TO YOUR APPOINTMENT

(If more space needed, please attach additional sheets)

I. GENERAL INFORMATION

Yourself

Spouse (If applicable)

Full Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Social Security Number: _____

Telephone Numbers: (_____) _____

Home

(_____) _____

Cell

(_____) _____

Cell

E-mail address

E-mail address

Birthdate: _____

Birthdate: _____

Birthplace: _____

Birthplace: _____

Employer: _____

Employer: _____

Marital Status

Date of current marriage: _____

Do you have a Pre or Post-Nuptial Agreement? Yes No

Were you previously married? Yes No If yes, how many times? _____

Spouse previously married? Yes No If yes, how many times? _____

Please print your names EXACTLY how you sign them on formal documents such as deeds (for example, please indicate if you use your middle initial). This is how we will have you sign any documents that we prepare for you:

II. FAMILY INFORMATION

CHILDREN

Name	Date of Birth	Address & Phone Number	Miscellaneous
			Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Married? Yes <input type="checkbox"/> No <input type="checkbox"/> Children? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>

III. HEALTH INFORMATION

Please identify your current primary physician and list any major diagnoses or illnesses:

YOURSELF:

SPOUSE:

If there is a concern with the capacity to make decisions, such as with dementia or Alzheimer's Disease, please explain:

IV. CURRENT ESTATE PLANNING DOCUMENTS

Please bring copies of any documents you already have to our office for review during your appointment.

Do you have a Will?

Yourself: Yes No

Spouse: Yes No

Do you have an Advance Directive?

Yourself: Yes No

Spouse: Yes No

Do you have a Financial Durable Power of Attorney?

Yourself: Yes No

Spouse: Yes No

Do you have a Durable Power of Attorney for Healthcare?

Yourself: Yes No

Spouse: Yes No

Do you or your spouse have any beneficiary deeds or life estate deeds? Yes No

Do you or your spouse have a Trust or are you a beneficiary of a Trust? Yes No

If yes, Name: _____ Date: _____

Name: _____ Date: _____

Have you made your funeral or burial arrangements?

Yourself: Yes Please list funeral home and cemetery: _____

No What are your wishes? _____

Spouse: Yes Please list funeral home and cemetery: _____

No What are your wishes? _____

Do you or your spouse want your agent in a durable power of attorney to have the power to order an autopsy of your body?

Yourself: Yes No

Spouse: Yes No

Do you or your spouse want your agent in a durable power of attorney to have the power to donate your organs?

Yourself: Yes No

Spouse: Yes No

Either of you a Veteran? Yes No If yes, years of service: _____

Do you or your spouse have Long Term Care Insurance? Yes No If yes, company name: _____

Do you or your spouse have Medicare Supplement/Medigap Insurance, Medicare Advantage, or Health Insurance?

Yourself: Yes No

Spouse: Yes No

If yes, company name: _____

If yes, company name: _____

Do you or your spouse have Medicare Part D Prescription Drug Benefits or other prescription drug coverage?

Yourself: Yes No

Spouse: Yes No

If yes, company name: _____

If yes, company name: _____

V. ASSETS/DEBTS

Savings Bond Series	Issue Date	Face Value \$	Owner's Name
Total			

Bank/Credit Union Accounts	Name of Bank or Credit Union	Balance \$	Owner/Names on the Accounts (Include if POD)
Checking			
Checking			
Checking			
Checking			
Savings			
Savings			
Money Market			
Money Market			
Certificate of Deposit			
Certificate of Deposit			
Total			

Mutual Funds, Stocks/Bonds	Corporation/Company Name or Brokerage Name	Value \$	Enter Owner or Names on the Accounts (Include if TOD)
Stocks			
Stocks			
Stocks			
Bonds			
Total			

Business Name	Type	Ownership Interest	Value \$

Retirement Plan Types	Name of Company or Financial Institution(s)	Value \$	Name of Owner and Beneficiary(s)
IRA			Owner: Beneficiary(ies):
IRA			Owner: Beneficiary(ies):
IRA (Roth)			Owner: Beneficiary(ies):
IRA (Roth)			Owner: Beneficiary(ies):
401K Plan			Owner: Beneficiary(ies):
Deferred Comp.			Owner: Beneficiary(ies):
Deferred Comp.			Owner: Beneficiary(ies):
Annuity			Annuitant: Beneficiary(ies):
Annuity			Annuitant: Beneficiary(ies):
Annuity			Annuitant: Beneficiary(ies):
Total			

LIFE INSURANCE - Company Name	Face Value \$	Cash Value \$	Names of Insured, Owner & Beneficiary
			Insured: Owner: Beneficiary(ies):
			Insured: Owner: Beneficiary(ies):
			Insured: Owner: Beneficiary(ies):
Total Face Value of Life Insurance			

Promissory Notes, Accounts Receivable & Other Funds Owed to You or Your Spouse. Explain Nature of Debt (for example, personal loan or promissory Note secured by Deed of Trust)	Amount Owed to You &/or Your Spouse \$	Borrower's Name(s)
Total Value of Debt Owed to You		

Real Estate: give county, location, & property type (e.g., house on 1/4 acre at 135 Forest Hill Ave, Jefferson City, Cole County, MO 65109) Need copies of deeds.	How is it being used? (Home, 2nd home, rental, vacant, etc.)	Value \$	How is it titled? Whose name(s) are on the property?

Titled vehicles—autos, trucks, motorcycles, boats, motors, trailers. Enter make, model, year, & mileage.	How being used?	Value \$	Whose name(s) are on the property? Include any Transfer on death (TOD) beneficiaries.
Enter total value of titled vehicles			

Debts: Enter Creditor and type (e.g., mortgage on home, vehicle loan, credit card, personal loan, co-signing for family member)	How much owed? \$	Enter name(s) of person who owes the debt.
<u>Total Amount of Debt Owed</u>		

Special items of tangible personal property, such as jewelry or heirlooms? If yes, describe and give approx. value.

Farm machinery, equipment, livestock or crops? If yes, describe and give approx. value.

VI. INCOME

Type of Gross Monthly Income	Yourself \$	Spouse \$
Salary		
Social Security		
Retirement Pension		
IRA, Deferred Comp, 401(k), etc.		
Rent		
Interest		
Dividends		
Civil Service		
Veteran's Benefit		
Farm or Business Income		
Other _____		
Other _____		
<u>Total monthly income for each</u>	\$	\$
<u>Total monthly income for both:</u>	\$	

Do you or your spouse have a safe deposit box? If yes, identify location(s) & contents:

VII. FIDUCIARIES (i.e., Who will make decisions or manage your estate when you cannot)

When we prepare documents, a **fiduciary** is the person whom you entrust to take care of you when you are incapacitated or your assets if you are disabled or deceased. These fiduciaries might be an institutional trustee, such as a Bank Trust Department, or an individual, such as an adult child or a sibling. They will have very important specific duties and responsibilities as set out in state law for each type of document, such as a personal representative of a will and your agent designated in a health care durable power of attorney for medical decisions.

1. Successor Trustees for Trust (usually you – and your spouse, if married – are the initial trustees)

	<u>Name</u>	<u>Relationship</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

**NAME OF TRUST: If you plan to have a trust, what would you want to name it?
(EXAMPLE: "Smith Trust" or "Smith Family Trust," or "Tom and Myrtle Smith Trust"?)**

2. Personal Representatives for Wills

YOU
Name

Relationship

1) _____

2) _____

3) _____

SPOUSE
Name

Relationship

1) _____

2) _____

3) _____

3. Agents Under Financial Durable Power of Attorney

YOU
Name

Relationship

1) _____

2) _____

3) _____

SPOUSE
Name

Relationship

1) _____

2) _____

3) _____

4. Agents Under Healthcare Durable Power of Attorney

Yourself

Spouse

1st Agent: _____
Name

Address

City, State Zip

Telephone No(s)

Name

Address

City, State Zip

Telephone No(s)

2nd Agent: _____
Name

Address

City, State Zip

Telephone No(s)

Name

Address

City, State Zip

Telephone No(s)

3rd Agent: _____
Name

Address

City, State Zip

Telephone No(s)

Name

Address

City, State Zip

Telephone No(s)

5. Guardian/Conservator of Minor Children

If you have minor children, whom would you want to be their Guardian/Conservator if you died?

1st Choice

2nd Choice

Name

Address

City, State Zip

Telephone No(s)

Name

Address

City, State Zip

Telephone No(s)

VIII. HIPAA AUTHORIZATION TO RELEASE MEDICAL INFORMATION

“HIPAA” stands for “Health Insurance Portability and Accountability Act,” a law requiring certain safeguards to protect confidential medical information. If you want members of your family, friends, trustees, and others to find out about how you are doing in the hospital or nursing home, then you need to authorize the hospital, nursing home, and staff to release information to them.

