

CARNAHAN EVANS PC

PERSONAL DATA FOR ESTATE PLANNING

In order to properly advise you in your estate planning matters and maximize the use of your time in our initial conference, we will need the following information. Please respond to every question as it applies to you. If you are uncertain about any information, please give your best estimate. If you need additional space for any section, please attach an additional sheet.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL!

I. CLIENT INFORMATION

Your Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street and/or Apartment Number) (City, County, State) (Zip Code)

Home Phone: _____ **Business Phone:** _____ **Cell Phone:** _____

E-mail Address: _____
WE WILL NOT CONTACT YOU BY ELECTRONIC COMMUNICATION PRIOR TO YOUR APPROVAL.

Social Security No.: (Please bring to initial meeting) **Date of Birth:** _____ **Age:** _____

Occupation/Employer: _____

Business Address: _____

Are you a U.S. citizen? Yes No

Spouse's Name: _____
(Last) (First) (Middle) (Maiden)

Home Phone: _____ **Business Phone:** _____ **Cell Phone:** _____

E-mail Address: _____
WE WILL NOT CONTACT YOU BY ELECTRONIC COMMUNICATION PRIOR TO YOUR APPROVAL.

Social Security No.: (Please bring to initial meeting) **Date of Birth:** _____ **Age:** _____

Occupation/Employer: _____

Business Address: _____

Is your spouse a U.S. citizen? Yes No

II. MARITAL STATUS

If you are now married, date of your marriage: _____

Location of Marriage: _____
(City) (County) (State)

Were you or your spouse married to other individuals previously? Yes No

If yes, please indicate which of you was previously married, whether the marriage(s) ended by reason of death or divorce (and the date), and provide any information which might have a bearing on your estate plan (e.g. Premarital Agreement, Divorce Decree obligations).

III. CHILDREN AND OTHER FAMILY

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADOPTED?	BORN OF PRIOR MARRIAGE?	MARRIED?
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Please bring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any of your children have any special considerations we should be aware of, such as a disability, marital concerns, financial irresponsibility, or legal issues? If so, please detail.

Nearest Living Relatives: Please include the names, addresses, and relationship of any parents, grandchildren, siblings, etc. of each of you:

Name	Relationship	Address

IV. CURRENT ESTATE PLANNING DOCUMENTS.

Do either of you presently have:

- Last Will and Testament ----- Yes No
- Trust Agreement ----- Yes No
- Power of Attorney for financial matters ----- Yes No
- Health Care Directive/Living Will ----- Yes No
- Pre-nuptial or post-nuptial agreement ----- Yes No
- Settlement agreement with a prior spouse or a court decree
involving division of property, spousal or child support, etc. ----- Yes No

If so, where are the original documents located?

**If this office did not prepare the documents, please provide copies.*

V. ADVISOR CONTACT INFORMATION

ADVISORS - Please provide names and contact information for the following:

Accountant/CPA: _____

Bank Contact: _____

Insurance Agent: _____

Investment Broker/Financial Advisor: _____

Physician(s): _____

VI. MISCELLANEOUS

Are either of you veterans? Yes No If so, please indicate which spouse, service number, and any service disability.

Pension Yes No Beneficiary(s):

Safe Deposit Box Do you have? Yes No If so, name of bank(s):

Name(s) on lease: _____ Deputies, if any: _____

Gifts Have you previously made gifts of property, including cash, by direct gift, by creating a joint tenancy, or by creating a trust? Yes No

If yes, did the amount of gifts to any one person in any calendar year:

- (1) Involve a life insurance policy of any value? ----- Yes No
(2) Get reported on a gift tax return? ----- Yes No

If yes to any, please give detail and attach copies of any gift tax return(s).

Community Property During your marriage, did you ever reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI)? Yes No If yes, give detail concerning when (dates), and any property acquired while living in such state(s) which you still own:

Other Benefits Are there any other benefits which you own, or expect to obtain in the future, which should be considered, such as an inheritance, trusts, civil service, etc.? If so, list which of you is the beneficiary of such benefits and briefly describe:

VII. PROPERTY

All property owned by you and your spouse, or in which either or both of you have an interest, must be considered. The following pages provide for information on various types of property. Please provide as much information as possible, particularly the values. List the value under the appropriate column based on ownership. For example, if the residence has a value of \$50,000 and is jointly titled, put the \$50,000 value in the "Joint" column; or, if each of you own stock in your individual names, put the values in each applicable column. If there is not enough space, please check here and add the information on the last page of this form.

A. REAL ESTATE:

	You	Spouse	Joint
1. Address: Type of Property (e.g. residence, vacation, vacant land, rental, commercial, etc.): _____	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
2. Address: Type of Property (e.g. residence, vacation, vacant land, rental, commercial, etc.): _____	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
3. Address: Type of Property (e.g. residence, vacation, vacant land, rental, commercial, etc.): _____	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
4. Address: Type of Property (e.g. residence, vacation, vacant land, rental, commercial, etc.): _____	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)
5. Address: Type of Property (e.g. residence, vacation, vacant land, rental, commercial, etc.): _____	\$	\$	\$
Mortgage(s):	(\$)	(\$)	(\$)

B. MOTOR VEHICLES: Include all cars, boats, trailers, aircraft, recreational vehicles, campers, motorcycles, etc.

	You	Spouse	Joint
1. Year, make & model:			
Loan(s):			
2. Year, make & model:			
Loan(s):			
3. Year, make & model:			
Loan(s):			

C. BANK ACCOUNTS: Include all types of “cash” accounts, such as checking and savings accounts, certificates of deposit, credit union, etc.

	You	Spouse	Joint
1. Checking Accounts:			
2. Savings, CDs, Credit Unions:			
3. Money Market Accounts:			
4. Others			

D. SECURITIES: Include all stock (both public and closely held), bonds, promissory notes, mortgages, money market funds and other similar property in which you have any interest.

	You	Spouse	Joint
Securities on Listed Exchanges:			
Closely Held Stocks:			
Money Market Accounts:			
Others:			

E. RETIREMENT ASSETS:

Name of Company and Type of Plan	You	Spouse	Beneficiary(ies) (Primary and Contingent)
	\$	\$	
	\$	\$	
	\$	\$	

F. LIFE INSURANCE: Include all policies, even if there is no value, including insurance through your employer. Place face amount (amount payable at death) in column of owner.

Name of Company and Type of Policy and Name of Insured	You	Spouse	Beneficiary(ies) (Primary and Contingent)
	\$	\$	
	\$	\$	
	\$	\$	

G. BUSINESS INTERESTS: Include any interest in sole proprietorships, partnerships, joint ventures, LLCs, or corporations.

Entity Name, Address, Type of Business, Ownership Interest, Succession Plan	You	Spouse	Joint
Entity Name: _____ Address: _____ Type Of Business: _____ Ownership Interest: _____ Succession Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Entity Name: _____ Address: _____ Type Of Business: _____ Ownership Interest: _____ Succession Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

H. HOUSEHOLD & PERSONAL GOODS; OTHER ASSETS: Please provide your best estimate as to the value of your household and personal goods. Include all furniture, household goods, personal effects and similar items as one amount. List any antiques, pieces of art, collectibles, etc., separately if of significant value. List any other asset which has a significant value.

	You	Spouse	Joint
Household Goods, Furniture, Personal Effects, Etc.	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$

Do you own any copyrights, patents or other intangibles that might have value and would require special treatment? Yes No Are you the creator? Yes No If yes, please list and send copies of any filings:

Do you own any firearms? Yes No If yes, are any of these firearms federally registered (e.g. machineguns, semi-automatic, silencers, etc.)? Yes No

Do you own any cryptocurrency (e.g. Bitcoin, Dogecoin, Ethereum) or NFTs? Yes No

Do you own or possess any amounts of marijuana or related items made legal under Article XVI of the Missouri Constitution? Yes No

Do you possess any genetic material (e.g. sperm donation, frozen embryos, etc.)? Yes No

Have you ever donated such genetic material? Yes No

VIII. YOUR ESTATE PLANS

The most important part of our work is ensuring that your plans and desires are accurately reflected in your estate plan. Your initial objectives, concerns, and decisions, both generally and specifically, are therefore of utmost importance. Please attach any additional information you feel would be helpful. Keep in mind we will discuss these issues at our initial conference.

In general terms, what are your primary goals or objectives in setting up an estate plan?

In general terms, who should receive your property upon your deaths and on what terms (outright, in trust, other)?

If you have minor children, who would you prefer to act as guardian if both of you are deceased?

Who should serve as Trustee of your trust or as Personal Representative of your Wills to ensure your wishes are carried out according to your estate plan, and who should serve as backup(s)?

Items of personal property (e.g. jewelry, china, guns, etc.) can be distributed to specific individuals by a list separate from your will or trust. What items, if any, do you want to give to specific persons under your will or trust?

Would you like to include any charitable organizations as beneficiary of your estate plan:
 Yes No If so, please identify the organization(s) and the amount to be given to each:

Do you have any specific burial instructions (cremation, specific funeral arrangements)? Yes No

Do you want to make anatomical gifts upon your death (gift of your body for education, research and/or advancement of medical science, transplants, etc)? Yes No If yes, please describe any restrictions on such gifts:

Are you, or any potential beneficiary of your estate, a recipient of any need-based governmental benefit program, such as Supplemental Security Income (“SSI”) or Medicaid? Yes No If yes, please list the individual and the benefits that he/she is currently receiving.

Have you made any gifts under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA), sometimes referred to as custodial accounts? Yes No

If so, are you or your spouse the custodian of any such accounts? Yes No

Do you own property jointly with someone other than your spouse or do you own property which is payable on your death (by beneficiary designation) to someone other than your spouse? Yes No
If yes, please describe:

Do you hold any 529 college savings plans? Yes No

Does a third party (individual or corporation) own life insurance on your life? Yes No If so, please indicate the name of the owner, the cash value, and the face amount of the policy(ies).

Do you own life insurance on the life of someone else? Yes No If yes, please indicate the name of the insured, the cash value, and the face amount of the policy(ies).

Do any family members owe you money? Yes No If yes, provide details:

Do you have a prepaid funeral or burial plot? Yes No If yes, with whom?

Do you have long-term care insurance? Yes No If yes, with whom?

Do you have any income sources from online sales or other digital transactions? Yes No If so, please describe.

If you own pets, who should care for them after your deaths?

Do you have a complete list of e-mail addresses, passwords and answers to security questions for each online service that you use? Yes No

Do you have a list of all of your computers, notebooks, smart phones or other electronic devices that you use, as well as a list of the passwords that you use to access these devices? Yes No

Have you filled out a copy of our digital asset inventory list? Yes No If so, where will it be located?

Do you have specific desires on how you want your digital assets disposed of at death (e.g., who should manage, how distributed, destroyed or deactivated)?
