

LARSON & BROWN, P.A.
Estate Planning and Trust Administration Attorneys
7570 W. 21st Street, Bldg. 1026, Suite A
Wichita, KS 67205
(316) 729-0100 * (800) 388-8529 * Fax: (316) 729-0508
www.larsonbrown.law

ESTATE PLANNING INFORMATION

DATE COMPLETED _____

REFERRED BY _____

PART I: PERSONAL INFORMATION

A. CLIENTS

Client 1

Client 2

- | | | |
|---|--|--|
| a. U.S. Citizen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Full Legal Name: | _____ | _____ |
| c. Name You Use to Sign
Legal Documents: | _____
(please print) | _____
(please print) |
| d. Home Address: | _____
_____ | _____
_____ |
| e. County of Residence: | _____ | _____ |
| f. Home Phone: | _____ | _____ |
| g. Cell Phone: | _____ | _____ |
| h. Business Phone: | _____ | _____ |
| i. E-mail Address: | _____ | _____ |
| j. Social Security No.: | _____ | _____ |
| k. Age and Date of Birth: | _____ | _____ |
| l. Employer: | _____ | _____ |
| m. Occupation/Position: | _____ | _____ |
| n. Date and Place of Marriage: | _____ | |

B. CHILDREN, IF ANY

Parent: Mark one (X):

Full Name of Child (List married names, if applicable)	Sex	Date of Birth	Joint or Both	Client 1	Client 2
1.					
2.					
3.					
4.					
5.					

Please list any additional children on a separate sheet.

Children/Other Beneficiary Information Complete the following information about your children and their spouses and children, if any. If your child/beneficiary isn't married, please note "single," "widowed," or "divorced" on the line labeled "Spouse's Name." If you have a deceased child who has living children (your grandchildren), please indicate this below and list the grandchildren.

If you have no children, please provide information about persons you plan to name as beneficiaries of your estate plan.

1. CHILD/BENEFICIARY NAME: _____
 Special Needs? Medical Educational Financial

Complete Address: _____
 Telephone Number: _____; Social Security Number: _____
 If Married, Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CHILD/BENEFICIARY NAME: _____
 Special Needs? Medical Educational Financial

Complete Address: _____
 Telephone Number: _____; Social Security Number: _____
 If Married, Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. CHILD/BENEFICIARY NAME: _____

Special Needs? Medical Educational Financial

Complete Address: _____

Telephone Number: _____; Social Security Number: _____

If Married, Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. CHILD/BENEFICIARY NAME: _____

Special Needs? Medical Educational Financial

Complete Address: _____

Telephone Number: _____; Social Security Number: _____

If Married, Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. CHILD/BENEFICIARY NAME: _____

Special Needs? Medical Educational Financial

Complete Address: _____

Telephone Number: _____; Social Security Number: _____

If Married, Spouse's Name: _____

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include any additional children on a separate sheet.

C. GUARDIANS FOR MINOR CHILDREN, IF ANY. Who do you wish to be the guardian of any of your children under the age of 18. Please list in the order of preference who you wish to be guardian.

1ST CHOICE

Name(s): _____
Relationship: _____
Address: _____
Telephone: (Home) _____ (Cell) _____

2nd CHOICE

Name(s): _____
Relationship: _____
Address: _____
Telephone: (Home) _____ (Cell) _____

D. PERSONAL REPRESENTATIVES

These matters will be discussed in more detail during your initial consult; however, you may want to give some advance consideration as to who you may name as personal representatives.

1. TRUST

Initial Trustee(s): Typically, the trust maker is Trustee of his or her own trust. If married, both spouses may act jointly.

Successor Trustee(s): If initial Trustee(s) are incapacitated or deceased, who do you wish to name as successor Trustee(s)?

First _____
Second _____
Third _____

2. WILL

Executor(s): An Executor is the person admitting the Will to probate and oversees assets subject to probate, if any. Typically, the Executor is the spouse.

Successor Executor(s): If the Executor named above is unable or unwilling to serve, who do you wish to name as successor Executor(s)? Typically, the successor Executor(s) are the same persons as the successor Trustee(s) should you have a trust created.

First _____
Second _____
Third _____

3. **GENERAL DURABLE POWER OF ATTORNEY.** If you were unable to make financial decisions for yourself, who would you want to make such decisions for you? Typically, these persons are the same as your Trustee(s) and Executor(s).

	Client 1	Client 2
First:	_____	_____
Second:	_____	_____
Third:	_____	_____

4. **POWER OF ATTORNEY FOR HEALTHCARE DECISIONS.** If you are unable to make decisions concerning your healthcare, who would you want to make such decisions and should they act individually or jointly with another?

	Client 1	Client 2
First:	_____	_____
Second:	_____	_____
Third:	_____	_____

E. BENEFICIARY/DISTRIBUTION INFORMATION

1. List names of those who are to be primary beneficiaries of your estate.

2. If your plan for distribution of assets is anything other than outright to children equally after your death or the death of both spouses, please explain what you wish to accomplish. We will discuss the pros and cons of leaving assets in trust as opposed to outright distribution.

3. If you have a child who is deceased, how should that deceased child's share be passed? Should the deceased child's share go to his or her children, if any, or to deceased child's spouse, if any? Please be specific.

