

**Larson & Brown, PA**  
**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**

---

**PART I: PERSONAL INFORMATION**

CLIENT ONE Legal name: \_\_\_\_\_

How do you prefer to sign your name? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County of residence: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_ U.S. citizen? \_\_\_\_\_

Bus. Telephone: (\_\_\_\_) \_\_\_\_\_ Home telephone: (\_\_\_\_) \_\_\_\_\_

CLIENT TWO Legal name: \_\_\_\_\_

How do you prefer to sign your name? \_\_\_\_\_

Bus. Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_ U.S. citizen? \_\_\_\_\_

Children: Parent: Mark one (X):

Full Name of Child (List married names, if applicable)	Sex	Date of Birth	Joint/Both	Client 1	Client 2
1.					
2.					
3.					
4.					
5.					
6.					

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: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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: \_\_\_\_\_

Complete Address: \_\_\_\_\_

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Guardian(s) for minor children (if any) (list name(s), address, and relationship to you. If not related, indicate the relationship as “friend”).

---

---

---

Do you have deceased children who have living children? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, complete the information for the deceased child and your grandchildren in the section that begins on page 2 above.

Executor(s) (More than one person may be named on each line if desired – (Co-executors))

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_

Agents for Powers of Attorney

Medical POA (after both spouses)

First \_\_\_\_\_

Second \_\_\_\_\_

Non-Medical POA

First \_\_\_\_\_

Second \_\_\_\_\_

If plan for distribution of assets is anything other than outright to children equally after the death of both spouses, please explain what you wish to accomplish:

---

---

---

---

---

---

---

---

## PART II: ASSET INFORMATION

The following information is being requested of you so that we can assist you in assessing your estate planning needs. As with any information you provide to us, this data will remain personal and confidential. By determining the types of assets you are currently holding in your estate and the values of those assets, we can assist you in establishing a thorough and comprehensive estate plan that will provide for your financial and personal needs.

The information requested here is limited primarily to the asset make-up of your estate. It has been our experience that it is easier for our clients to gather their financial information when they are at home where there is access to financial documents. If you have this information in another format or a financial statement already prepared, a copy of it will be sufficient.

**DIRECTIONS:** Please complete the following sections. If a section does not apply, please write "N/A" in the space provided and go forward to the next section. If you are uncertain how to answer a question, leave it blank and bring the related documents to your appointment so we may assist you in answering the question.

### **KEY ADVISORS**

Accountant: \_\_\_\_\_

Banker: \_\_\_\_\_

Stockbroker: \_\_\_\_\_

Life insurance agent: \_\_\_\_\_

Other(s): \_\_\_\_\_

### **INCOME**

Client One: \$ \_\_\_\_\_ /month from employment or self-employment

Client One: \$ \_\_\_\_\_ /month from Social Security

Client One: \$ \_\_\_\_\_ /month from other (Please describe: \_\_\_\_\_)

Client Two: \$ \_\_\_\_\_ /month from employment or self-employment

Client Two: \$ \_\_\_\_\_ /month from Social Security

Client Two: \$ \_\_\_\_\_ /month from other (Please describe: \_\_\_\_\_)

Anticipated date of retirement (Please note year or age at which retirement is expected.)

Client One: \_\_\_\_\_ Client Two: \_\_\_\_\_

**FINANCIAL SUMMARY:** Please total amounts for each succeeding section, and write in the sums here in the appropriate spaces. Use the "Joint" column if the assets are owned jointly by both husband and wife, if applicable. If the assets are separately titled, please place the sum for those assets in either the "Husband" or "Wife" column as appropriate.

<u>ASSETS</u>	<u>Joint</u>	<u>Husband</u>	<u>Wife</u>
Liquid Assets	\$ _____	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Corporate Business			
Interests	\$ _____	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____	\$ _____
Sole Proprietorship			
Business Interests	\$ _____	\$ _____	\$ _____
Farm and Ranch	\$ _____	\$ _____	\$ _____
Oil and Gas	\$ _____	\$ _____	\$ _____
Anticipated Inheritance, Gift, or Lawsuit			
Judgment	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Personal Effects and			
Other Assets	\$ _____	\$ _____	\$ _____
Life Insurance Face			
Amounts	\$ _____	\$ _____	\$ _____
 TOTAL ASSETS	 \$ _____	 \$ _____	 \$ _____
 <u>LIABILITIES</u>			
Loans Payable	\$ _____	\$ _____	\$ _____
Accounts Payable	\$ _____	\$ _____	\$ _____
Real Estate Mortgages			
Payable	\$ _____	\$ _____	\$ _____
Contingent			
Liabilities	\$ _____	\$ _____	\$ _____
Loans Against Life			
Insurance	\$ _____	\$ _____	\$ _____
Unpaid Taxes	\$ _____	\$ _____	\$ _____
Other Obligations			
_____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
 NET ESTATE	 \$ _____	 \$ _____	 \$ _____

